



November 9, 2011

William M. Anderson, Director of Contracts Administration
Department of Correction
3rd Floor, Rachel Jackson Building
320 Sixth Avenue North
Nashville, TN 37243-0465

Re: RFP # 32901-31140

Dear Mr. Anderson:

Corizon, Inc. (Corizon) is pleased to submit this proposal in response to the State of Tennessee Department of Correction (TDOC) Request for Proposal (RFP) 32901-31140 to provide mental health services. Upon review, you will see that our mental health program makes us distinctively qualified to improve upon the total health and wellness of the inmates in the custody of the Tennessee Department of Correction (TDOC). Our experience and capabilities are unrivaled and, as the current provider for medical services for TDOC, we are in the unique position to facilitate an integrated healthcare program.

As your correctional healthcare partner, we are honored to have a strong collaborative relationship with the Department of Correction. This has allowed us to develop a singular understanding your expectations, systems, and institutional facilities. We recognize your challenges to provide quality healthcare with increasingly scarce taxpayer dollars. As part of our comprehensive mental health program, we are proposing solutions specifically developed for TDOC:

- An integrated healthcare management model;
- Pharmacy management with the ability to monitor clinical prescribing behavior;
- Evidenced-based practices with therapy first treatment solutions;
- An enhanced use of telepsychiatry; and
- A seamless transition process with no loss of services and swift implementation of quality improvement systems.

Integrated Healthcare

Many medical and mental health problems are interrelated. This is especially significant for the TDOC. The National Institute of Mental Health found that over 56% of inmates in state prisons suffer some form of mental illness. Additionally, according to the U.S. Bureau of Justice, more than half of those incarcerated experience mental health challenges, with one in six diagnosed with a serious mental illness. A serious mental illness diagnosis is associated with earlier mortality and increased morbidity from medical problems. Consequently, a consistent approach that merges mental health and medical care has proven essential for all aspects of inmate care.

By choosing Corizon for mental health services, you are not only choosing a qualified behavioral health provider, you are also selecting a more effective collaborative care. Because we are the provider of medical services for the TDOC, we will utilize an integrated healthcare model for our mental health services more efficiently. Our mental health services will readily integrate seamlessly with the TDOC established medical policies, personnel, and systems. No other mental health services provider will be

able to match the effectiveness of our reporting and pharmaceutical management. As mental health services provider to the TDOC, Corizon will implement an integrated model that will facilitate overall wellness for the inmate population with subsequent cost efficiencies for the TDOC.

Pharmacy Management

Corizon has developed evidence-based prescribing guidelines and we supervise and train our staff on these expert consensus standards of care. This has proved critical when monitoring Second Generation Antipsychotics and non-formulary authorizations. We benchmark prescribing behavior by coordinating our Clinical Quality Indicators with quantity prescribed and cost. In this way, pharmacy claims are analyzed, prescribers are messaged, and there is a resultant decreased use of non-formulary second-generation antipsychotics. Subsequently, the risk of side effects is reduced and therapy is utilized more proficiently.

An additional benefit from our proposed pharmacy management is an integrated Quality Improvement (QI) program monitoring. In other state correctional systems where we have worked closely with our clients and utilized an integrated QI program, we have found psychotropic medication expenses were decreased. We anticipate similar outcomes for the TDOC. Corizon alone can offer the TDOC this type of comprehensive and transparent pharmacy management.

Behavior Management

Proven experience is the ultimate teacher. Even with our more than thirty years of correctional behavioral health experience, our clinical programs continue to be refined from evidence-based best practices. We look forward to working closely with the TDOC to resolve challenging clinical issues. Our mental health interventions will be utilized within the framework of an assertive community treatment team model of care delivery.

One such issue of the TDOC's concern is inmate self-harm behavior known as Non Suicidal Self Injury (NSSI). Corizon currently tracks NSSI with unique processes through our Patient Safety Committee and Sentinel Event Review protocols. Corizon medical and mental health both report NSSI events and treatment plans are generated *before* a suicide attempt occurs.

NSSI events are continuously monitored, benchmarked collaboratively by correctional and clinical staff for the Corizon Sentinel Event Review process, and treatment plans are proactively initiated. This process has resulted in decreased episodes of NSSI, as well as decreased intensity and frequency of events. As a result, our integrated healthcare has reduced the cost of psychiatric medications and emergency room visits. We are the only correctional mental health services provider to utilize this effective process. For the TDOC, this Sentinel Event Review process for NSSI events will be in effect at the contract start date.

Another example of a unique treatment strategy Corizon mental health staff will use to help individuals who exhibit non-suicidal self-injurious (NSSI) behavior is our Emotional Empowerment Program (EEP). EEP is a therapeutic and psycho-educational program based on Dialectical Behavioral Therapy (DBT). Our program is designed to treat inmates who need help with coping skills, emotion identification and regulation skills. Such deficits often lead to the acting out behaviors that create much staff concerns and increase medical and mental health cost. The emphasis is on teaching the skills needed to learn adaptive coping solutions. DBT is currently in use in a number of correctional systems throughout the United

States and Canada.

By utilizing programs such as our EEP, we can help the TDOC decrease the need for the use of force and restraints. It is our belief that this may ultimately result in fewer correctional officer work related injuries and will help reduce the number and duration of mental health watches for suicidal behavior. Moreover, our EEP program should be effective in reducing the number of inmates requiring psychotropic medication.

Telepsychiatry

Corizon is excited and committed to expanding the current TDOC telepsychiatry abilities and are confident that our solution will meet the program needs of the State long term. Corizon is encouraged that the TDOC is committed to using innovative ideas and approaches in the delivery of offender healthcare. We are proposing to expand the use of telepsychiatry services by increasing the level of service provided onsite. In this way, we may reduce the need for off-site consultations in scenarios where doing so does not impede the level of care.

Our proposed telepsychiatry program for the TDOC will include using the technology currently purchased and installed at existing locations. Our telepsychiatry program and the existing video conferencing equipment and infrastructure will also serve to expedite the distribution of time-sensitive training programs, and help reduce travel expenses associated with multi-site meetings. To ameliorate the current scheduling and communication challenges between telemedicine and telepsychiatry programs at the TDOC facilities, Corizon is proposing a full-time Telehealth Coordinator above the RFP minimum staffing, at no cost to the TDOC.

Corizon Integration

Corizon recognizes that the TDOC has valid concerns about transitioning the current program; concerns for the Department, your employees, and your inmate population. Making this transition as seamless as possible will require a mental health services provider that will be more than just mental health services “vendor.” It will require a provider who is experienced in making the transition, and that actively wants to continue to be a partner with the Department of Correction.

Our past experience with the TDOC has taught us that a successful transition is built upon communicating effectively, operating transparently, and initiating efficiently. It is through an effective communications approach that we have been able to create a completely transparent operation at TDOC institutions. We will continue to emphasize a program built on collaboration as your chosen mental health services partner.

No one else will be able to provide as smooth and seamless a transition, devoid of service interruption. Our reporting ability is unrivaled in the industry and will be swiftly available upon contract start. As part of our effort to ensure accountability and share information with the TDOC, Corizon is proposing the enhanced use of our comprehensive client portal. Utilizing our comprehensive data collection and reporting system that is in place for our medical contract and approved by the State, we will be able to amalgamate our clinical, reporting and Quality Improvement systems in a format acceptable to the TDOC Director of Mental Health Services.



Stronger Together

Corizon is the nation's leader in correctional healthcare solutions. Our service delivery to our patients, clients and staffs are driven by our Vision, Mission and Values to achieve low cost and quality healthcare through a best in class workforce and partnership with our clients. Our expert team provides the collaboration and best-in-class practices you need in a mental health services partner. Provide us with this opportunity and we provide you with teamwork and dedicated service. Together, we become stronger; together, we find success.

Following your review of our program, Michael Miller, Corizon Senior Director of Business Development for the TDOC contract, can be contacted at 318-780-4248, or michael.miller@corizonhealth.com, for additional information or clarification to our proposal. We at Corizon look forward to developing a mutually beneficial agreement focused on partnership, that benefits the wellness of the inmates in the custody of the Tennessee Department of Correction.

Sincerely,

CORIZON, INC.

A handwritten signature in black ink that reads "Stuart K. Campbell". The signature is written in a cursive style.

Stuart K. Campbell
President and Chief Operating Officer



CORIZON™

Table of Contents

TABLE OF CONTENTS

Section	Corizon Proposal Page #	RFP Item Reference	RFP Page Number
TRANSMITTAL LETTER / EXECUTIVE SUMMARY			
TABLE OF CONTENTS	i	3.1	7
SECTION A: MANDATORY REQUIREMENTS			
Proposal Statement of Certifications and Assurances	3	Attachment 6.1	18
A.1. Proposal Statement of Certifications and Assurances	5	A.1.	19
A.2. Conflict of Interest	5	A.2.	19
A.3. Bank Reference	6	A.3.	19
A.4. Vendor Credit References	6	A.4.	19
A.5. Credit Bureau Reference	6	A.5.	20
SECTION B: GENERAL QUALIFICATIONS & EXPERIENCE			
B.1. Proposal Contact Information	11	B.1.	21
B.2. Form of Business	11	B.2.	21
B.3. Number of Years in Business	11	B.3.	21
B.4. Tenure Performing Services	11	B.4.	21
B.5. Employees, Client Base and Location of Offices	11	B.5.	21
B.6. Mergers and Acquisitions	13	B.6.	21
B.7. Felony Convictions	13	B.7.	21
B.8. Bankruptcy	13	B.8.	21
B.9. Pending Litigation	14	B.9.	21
B.10. Pending Security Exchange Commission Investigations	14	B.10.	21
B.11. Ability to Deliver Services	14	B.11.	22
B.12. Proposed Project Team	21	B.12.	22
B.13. Roster and Resumes	23	B.13.	22
B.14. Subcontractors	24	B.14.	22
B.15. Commitment to Diversity	24	B.15.	22
B.15.(a) Existing Programs	24	B.15.(a)	22
B.15.(b) Current Contracts	26	B.15.(b)	22
B.15.(c)(i) Level of Participation	26	B.15.(c)(i)	22
B.15.(c)(ii) Description of Anticipated Contracts	27	B.15.(c)(ii)	22
B.15.(c)(iii) Ownership Characteristics	27	B.15.(c)(iii)	22
B.15.(d) Employee Diversity Totals	27	B.15.(d)	22
B.16. Contracts with Tennessee	27	B.16.	23
B.16.(a) Contract Contact information	27	B.16.(a)	23
B.16.(b) Procuring Agency Name	27	B.16.(b)	23
B.16.(c) Scope of Services	27	B.16.(c)	23

Section	Corizon Proposal Page #	RFP Item Reference	RFP Page Number
B.16.(d) Contract Term	28	B.16.(d)	23
B.16.(e) Contract Number	28	B.16.(e)	23
B.17. References	28	B.17.	23
SECTION C: TECHNICAL QUALIFICATIONS, EXPERIENCE & APPROACH			
C.1. Illustration of Understanding	31	C.1.	
C.2. Work Plan	33	C.2.	
		RFP pro forma Contract Reference	
A. Scope of Services	33	A.	1
A.1. Service and Deliverables	33	A.1.	1
A.2. Institutions	33	A.2.	1
A.3. General Requirements	33	A.3.	1
A.4. General Requirements	35	A.4.	2
<i>Corizon Behavior Management Techniques</i>	35		
<i>Telepsychiatry</i>	38		
A.5. Mental Health Coverage	39	A.5.	3
A.6. Physician/ Advance Practice Nurse (APN) Coverage with Specialized Training in Psychiatry	39	A.6.	3
A.7. Nursing Protocols	40	A.7.	3
A.8. Clinical Supervision	40	A.8.	3
A.9. Internships and Practicum's	40	A.9.	3
A.10. Documentation	40	A.10.	3
A.11. Security Considerations	40	A.11.	3
A.12. Scheduling of Services	41	A.12.	3
A.13. Response to Grievances/Inquiries	41	A.13.	4
A.14. Facility Leadership	43	A.14.	4
A.15. Employee Orientation and Training	43	A.15.	4
A.16. Background Investigations	54	A.16.	4
A.17. Quality Improvement	54	A.17.	5
A.18. Contract Monitoring	60	A.18.	6
A.19. Pre-Release Planning & Mental Health Transitional Services	60	A.19.	7
A.20. Litigation Issues	63	A.20.	7
A.21. Contract Management	63	A.21.	7
A.22. Approval of Key Staff	66	A.22.	8
A.23. Staffing Requirements	66	A.23.	8
A.24. Tennessee Offender Management Information System (TOMIS)	66	A.24.	9
A.25. Psychiatric Services	67	A.25.	9
A.26. Pharmaceutical Responsibilities	71	A.26.	10
A.27. Psychological Services	75	A.27.	10

Section	Corizon Proposal Page #	RFP Item Reference	RFP Page Number
		RFP pro forma Contract Reference	
A.28. Northwest Correctional Complex (NWCX) Special Education Program	78	A.28.	12
A. 29. Substance Abuse Services	79	A.29.	12
A.30. Case Management Services	79	A.30.	12
A.31. Therapeutic Recreational Activity Services	80	A.31.	13
A.32. Reporting Requirements	81	A.32.	13
A.33. Laboratory Services	82	A.33.	15
A.34. Credentialing	83	A.34.	15
A.35. Employee Transition Process	85	A.35.	15
		RFP Item Reference	RFP Page Number
C.3. Transition Plan	86	C.3.	25
ATTACHMENTS			
1. Bank Reference Letter			
2. Vendor Credit References			
3. Credit Bureau Reference			
4. Resumes			
5. Job Descriptions			
6. Problem Behavior Worksheet			
7. Mental Health Evaluation Tools			
8. Case Studies			
9. Non-Formulary Procedure			
10. Correctional Officer Fact Sheets			
11. References			



Section A

Mandatory Requirements

Section A: Mandatory Requirements

TECHNICAL PROPOSAL AND EVALUATION GUIDE

PROPOSER LEGAL ENTITY NAME		Corizon, Inc.	
Proposal Page # (Proposer completes)	Item Ref.	Section A – Mandatory Requirement Items	Pass/Fail
		The Proposal must be delivered to the State no later than the Proposal Deadline specified in the RFP Section 2, Schedule of Events.	
		The Technical Proposal and the Cost Proposal documentation must be packaged separately as required (refer to RFP Section 3.2., <i>et. seq.</i>).	
		The Technical Proposal must NOT contain cost or pricing information of any type.	
		The Technical Proposal must NOT contain any restrictions of the rights of the State or other qualification of the proposal.	
		A Proposer must NOT submit alternate proposals.	
		A Proposer must NOT submit multiple proposals in different forms (as a prime and a sub-contractor).	
3	A.1.	Provide the Proposal Statement of Certifications and Assurances (RFP Attachment 6.1.) completed and signed by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract. The document must be signed without exception or qualification.	
5	A.2.	Provide a statement, based upon reasonable inquiry, of whether the Proposer or any individual who shall perform work under the contract has a possible conflict of interest (<i>e.g.</i> , employment by the State of Tennessee) and, if so, the nature of that conflict. NOTE: Any questions of conflict of interest shall be solely within the discretion of the State, and the State reserves the right to cancel any award.	
6	A.3.	Provide a current bank reference indicating that the Proposer's business relationship with the financial institution is in positive standing. Such reference must be written in the form of a standard business letter, signed, and dated within the past three (3) months.	
6	A.4.	Provide two current positive credit references from vendors with which the Proposer has done business written in the form of standard business letters, signed, and dated within the past three (3) months.	

PROPOSER LEGAL ENTITY NAME		Corizon, Inc.	
Proposal Page # (Proposer completes)	Item Ref.	Section A – Mandatory Requirement Items	Pass/Fail
6	A.5.	Provide an official document or letter from an accredited credit bureau, verified and dated within the last three (3) months and indicating a positive credit rating for the Proposer (NOTE: A credit bureau report number without the full report is insufficient and will not be considered responsive.)	
<i>State Use – RFP Coordinator Signature, Printed Name & Date</i>			

RFP ATTACHMENT 6.1.

RFP # 32901-31140 PROPOSAL STATEMENT OF CERTIFICATIONS AND ASSURANCES

The Proposer must sign and complete the Proposal Statement of Certifications and Assurances below as required, and it must be included in the Technical Proposal (as required by RFP Attachment 6.2., Technical Proposal & Evaluation Guide, Section A, Item A.1.).


The Proposer does, hereby, expressly affirm, declare, confirm, certify, and assure ALL of the following:

1. The Proposer will comply with all of the provisions and requirements of the RFP.
2. The Proposer will provide all services as defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma Contract* for the total contract period.
3. The Proposer accepts and agrees to all terms and conditions set out in the RFP Attachment 6.6., *Pro Forma Contract*.
4. The Proposer acknowledges and agrees that a contract resulting from the RFP shall incorporate, by reference, all proposal responses as a part of the contract.
5. The Proposer will comply with:
 - (a) the laws of the State of Tennessee;
 - (b) Title VI of the federal Civil Rights Act of 1964;
 - (c) Title IX of the federal Education Amendments Act of 1972;
 - (d) the Equal Employment Opportunity Act and the regulations issued there under by the federal government; and,
 - (e) the Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government.
6. To the knowledge of the undersigned, the information detailed within the proposal submitted in response to the RFP is accurate.
7. The proposal submitted in response to the RFP was independently prepared, without collusion, under penalty of perjury.
8. No amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Proposer in connection with the RFP or any resulting contract.
9. Both the Technical Proposal and the Cost Proposal submitted in response to the RFP shall remain valid for at least 120 days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract pursuant to the RFP.

By signing this Proposal Statement of Certifications and Assurances, below, the signatory also certifies legal authority to bind the proposing entity to the provisions of this RFP and any contract awarded pursuant to it. If the signatory is not the Proposer (if an individual) or the Proposer's company *President* or *Chief Executive Officer*, this document must attach evidence showing the individual's authority to bind the proposing entity.

DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE PROPOSING ENTITY

SIGNATURE:



PRINTED NAME & TITLE:

Stuart K. Campbell, President and Chief Operating Officer

DATE:

November 4, 2011

PROPOSER LEGAL ENTITY NAME:

Corizon, Inc.

PROPOSER FEDERAL EMPLOYER IDENTIFICATION NUMBER (or SSN):

43-1281312

This page left intentionally blank

Section A: Mandatory Requirements

The following will demonstrate Corizon's compliance with each of the mandatory requirements as detailed in of RFP Attachment 6.2. Section A. Corizon has met the following requirements:

- The Corizon proposal has been received by on or before the proposal deadline.
- The technical proposal and the cost proposal were packaged separately as required by RFP Sections 3.1 and 3.2.
- The technical proposal contains no cost or pricing data of any kind.
- Our technical proposal does not contain any restrictions of the rights of the State or other qualification of the proposal.
- Corizon has not submitted alternate proposals.
- Corizon has not submitted multiple proposals in different forms.

A.1. Statement of Certification and Assurances

Our completed and signed *Statement of Certifications and Assurances* (RFP Attachment 6.1) is found on the preceding page. Stuart Campbell, President and Chief Operating Officer, has signed in the required space and is empowered to bind Corizon to the provisions of the RFP and any resultant contract. Corizon has signed the *Statement of Certifications and Assurances* without exception or restriction.

A.2. Conflict of Interest

Based upon reasonable inquiry, neither Corizon nor any individual who shall perform work under the resulting contract has a possible conflict of interest (e.g. employment by the State of Tennessee).

Specifically, Corizon warrants that, as specified in RFP Section 3.3.8:

- Ownership of two percent (2%) or more is not held by an individual who is, or within the past six months has been, an employee of the State of Tennessee (this will not apply either to financial interests that have been placed into a "blind trust" arrangement pursuant to which the employee does not have knowledge of the retention or disposition of such interests or to the ownership of publicly traded stocks or bonds where such ownership constitutes less than 2% of the total outstanding amount of the stocks or bonds of the issuing entity);
- No employees are, or within the past six months have been, an employee of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purpose of furthering the private interest or personal profit of any person; and,
- It was not involved in assisting the State in the development, formulation, or drafting of this RFP or its scope of services (such person or entity being deemed by the State as having information that would afford an unfair advantage over other proposers).

A.3. Bank Reference

Corizon has included a letter of reference from Bank of America as **Attachment 1**. This letter serves to further validate our strong financial position and indicate our relationship is in positive standing.

Corizon is a privately held company, and therefore, information with regard to finances and earnings is not publicly disclosed. As disclosure of this information could harm Corizon's competitive advantage, Corizon takes steps to protect these materials from disclosure to competitors and to the general public. The RFP, Amendment Two, and Tennessee law, indicate all data submitted with each proposal will be available to the public. For these reasons, Corizon redacted the specific numbers as to Corizon's credit line and debt. In the event additional information is required, Corizon will provide such information upon request.

A.4. Vendor Credit References

Included as **Attachment 2**, Corizon has provided reference letters indicating both current and long-term positive credit from Biomedical Systems and Patterson Dental, with whom Corizon has done business.

A.5. Credit Bureau Credit Reference

Included as **Attachment 3**, we have provided a *Live Report* from Dunn & Bradstreet as the official document from an accredited credit bureau indicating a positive credit rating for Corizon.



Section B

General Qualifications & Experience

Section B: General Qualifications & Experience

TECHNICAL PROPOSAL AND EVALUATION GUIDE

PROPOSAL LEGAL ENTITY NAME		Corizon, Inc.
Proposal Page # (Proposer completes)	Item Ref.	Section B – General Qualifications and Experience Items
11	B.1.	Detail the name, e-mail address, mailing address, telephone number, and facsimile number of the person the State should contact regarding the proposal.
11	B.2.	Describe the Proposer's form of business (<i>i.e.</i> , individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and business location (physical location or domicile).
11	B.3.	Detail the number of years the Proposer has been in business.
11	B.4.	Briefly describe how long the Proposer has been performing the services required by this RFP.
11	B.5.	Describe the Proposer's number of employees, client base, and location of offices.
13	B.6.	Provide a statement of whether there have been any mergers, acquisitions, or sales of the Proposer within the last ten years. If so, include an explanation providing relevant details.
13	B.7.	Provide a statement of whether the Proposer or, to the Proposer's knowledge, any of the Proposer's employees, agents, independent contractors, or subcontractors, proposed to provide work on a contract pursuant to this RFP, have been convicted of, pled guilty to, or pled <i>nolo contendere</i> to any felony. If so, include an explanation providing relevant details.
13	B.8.	Provide a statement of whether, in the last ten years, the Proposer has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, include an explanation providing relevant details.
14	B.9.	<p>Provide a statement of whether there is any material, pending litigation against the Proposer that the Proposer should reasonably believe could adversely affect its ability to meet contract requirements pursuant to this RFP or is likely to have a material adverse effect on the Proposer's financial condition. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it would impair the Proposer's performance in a contract pursuant to this RFP.</p> <p>NOTE: All persons, agencies, firms, or other entities that provide legal opinions regarding the Proposer must be properly licensed to render such opinions. The State may require the Proposer to submit proof of such licensure detailing the state of licensure and licensure number for each person or entity that renders such opinions.</p>
14	B.10.	<p>Provide a statement of whether there are any pending or in progress Securities Exchange Commission investigations involving the Proposer. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it will impair the Proposer's performance in a contract pursuant to this RFP.</p> <p>NOTE: All persons, agencies, firms, or other entities that provide legal opinions regarding the Proposer must be properly licensed to render such opinions. The State may require the Proposer to submit proof of such licensure detailing the state of licensure and licensure number for each person or entity that renders such opinions.</p>

PROPOSAL LEGAL ENTITY NAME		Corizon, Inc.
Proposal Page # (Proposer completes)	Item Ref.	Section B – General Qualifications and Experience Items
14	B.11.	Provide a brief, descriptive statement detailing evidence of the Proposer's ability to deliver the services sought under this RFP (e.g., prior experience, training, certifications, resources, program and quality management systems, etc.).
21	B.12.	Provide a narrative description of the proposed project team, its members, and organizational structure along with an organizational chart identifying the key people who will be assigned to accomplish the work required by this RFP, illustrating the lines of authority, and designating the individual responsible for the completion of each service component and deliverable of the RFP.
23	B.13.	Provide a personnel roster listing the names of key people who the Proposer will assign to perform duties or services required by this RFP along with the estimated number of hours that each individual will devote to that performance. Follow the personnel roster with a resume for each of the people listed. The resumes must detail the individual's title, education, current position with the Proposer, and employment history.
24	B.14.	<p>Provide a statement of whether the Proposer intends to use subcontractors to accomplish the work required by this RFP, and if so, detail:</p> <p>(a) the names of the subcontractors along with the contact person, mailing address, telephone number, and e-mail address for each;</p> <p>(b) a description of the scope and portions of the work each subcontractor will perform; and</p> <p>(c) a statement specifying that each proposed subcontractor has expressly assented to being proposed as a subcontractor in the Proposer's response to this RFP.</p>
24	B.15.	<p>Provide documentation of the Proposer's commitment to diversity as represented by its business strategy, business relationships, and workforce— this documentation should detail all of the following:</p> <p>(a) a description of the Proposer's existing programs and procedures designed to encourage and foster commerce with business enterprises owned by minorities, women, persons with a handicap or disability and small business enterprises;</p> <p>(b) a listing of the Proposer's current contracts with business enterprises owned by minorities, women, persons with a handicap or disability and small business enterprises, including the following information:</p> <ul style="list-style-type: none"> (i) contract description and total value (ii) contractor name and ownership characteristics (i.e., ethnicity, sex, disability) (iii) contractor contact and telephone number; <p>(c) an estimate of the level of participation by business enterprises owned by minorities, women, persons with a handicap or disability and small business enterprises in a contract awarded to the Proposer pursuant to this RFP, including the following information:</p> <ul style="list-style-type: none"> (i) participation estimate (expressed as a percent of the total contract value that will be dedicated to business with subcontractors and supply contractors having such ownership characteristics — PERCENTAGES ONLY — DO NOT INCLUDE DOLLAR AMOUNTS) (ii) descriptions of anticipated contracts (iii) names and ownership characteristics (i.e., ethnicity, sex, disability) of anticipated subcontractors and supply contractors anticipated; and <p>(d) the percent of the Proposer's total current employees by ethnicity, sex, and handicap or disability.</p> <p>NOTE: Proposers that demonstrate a commitment to diversity will advance State efforts to expand opportunity to do business with the State as contractors and sub-contractors. Proposal evaluations will recognize the positive qualifications and experience of a Proposer that does business with enterprises owned by minorities, women, persons with a handicap or disability and small business enterprises and that offers a diverse workforce to meet service needs.</p>

PROPOSAL LEGAL ENTITY NAME		Corizon, Inc.
Proposal Page # (Proposer completes)	Item Ref.	Section B – General Qualifications and Experience Items
27	B.16.	<p>Provide a statement of whether or not the Proposer has any current contracts with the State of Tennessee or has completed any contracts with the State of Tennessee within the previous 5-year period. If so, provide the following information for all of the current and completed contracts:</p> <ul style="list-style-type: none"> (a) the name, title, telephone number and e-mail address of the State contact knowledgeable about the contract; (b) the procuring State agency name; (c) a brief description of the contract's scope of services; (d) the contract term; and (e) the contract number. <p>NOTES:</p> <ul style="list-style-type: none"> • Current or prior contracts with the State are not a prerequisite and are not required for the maximum evaluation score, and the existence of such contracts with the State will not automatically result in the addition or deduction of evaluation points. • Each evaluator will generally consider the results of inquiries by the State regarding all contracts • noted.
28	B.17.	<p>Provide customer references from individuals (who are not current or former officials or staff of the State of Tennessee) for projects similar to the services sought under this RFP and which represent:</p> <ul style="list-style-type: none"> • two (2) of the larger accounts currently serviced by the Proposer, and • three (3) completed projects. <p>All references must be provided in the form of standard reference questionnaires that have been fully completed by the individual providing the reference as required. The standard reference questionnaire, which must be used and completed as required, is detailed at RFP Attachment 6.4. References that are not completed as required will be considered non-responsive and will not be considered.</p> <p>The Proposer will be solely responsible for obtaining the fully completed reference questionnaires, and for including them within the Proposer's sealed Technical Proposal. In order to obtain and submit the completed reference questionnaires, as required, follow the process detailed below.</p> <ul style="list-style-type: none"> (a) "Customize" the standard reference questionnaire at RFP Attachment 6.4. by adding the subject Proposer's name, and make exact duplicates for completion by references. (b) Send the customized reference questionnaires to each individual chosen to provide a reference along with a new standard #10 envelope. (c) Instruct the person that will provide a reference for the Proposer to: <ul style="list-style-type: none"> (i) complete the reference questionnaire (on the form provided or prepared, completed, and printed using an exact duplicate of the document); (ii) sign and date the completed, reference questionnaire; (iii) seal the completed, signed, and dated, reference questionnaire within the envelope provided; (iv) sign his or her name in ink across the sealed portion of the envelope; and (v) return the sealed envelope containing the completed reference questionnaire directly to the Proposer (the Proposer may wish to give each reference a deadline, such that the Proposer will be able to collect all required references in time to include them within the sealed Technical Proposal). (d) Do NOT open the sealed references upon receipt. (e) Enclose all sealed reference envelopes within a larger, labeled envelope for inclusion in the Technical Proposal as required.

PROPOSAL LEGAL ENTITY NAME		Corizon, Inc.	
Proposal Page # (Proposer completes)	Item Ref.	Section B – General Qualifications and Experience Items	
		<p>NOTES:</p> <ul style="list-style-type: none"> • The State will not accept late references or references submitted by any means other than that which is described above, and each reference questionnaire submitted must be completed as required. • The State will not review more than the number of required references indicated above. • While the State will base its reference check on the contents of the sealed reference envelopes included in the Technical Proposal package, the State reserves the right to confirm and clarify information detailed in the completed reference questionnaires, and may consider clarification responses in the evaluation of references. • The State is under no obligation to clarify any reference information. 	
		<p>Score (for all Section B –Qualifications & Experience Items Above): (maximum possible score = 30)</p>	
<i>State Use – Evaluator Identification:</i>			

Section B: General Qualifications & Experience

B.1. Proposal Contact Information

Contact Person: Michael Miller, Senior Director Business Development
E-mail Address: michael.miller@corizonhealth.com
Postal Address: 434 Regency Boulevard
Shreveport, LA 71106
Telephone Number: 318-780-4248
Facsimile Number: 318-797-9495

B.2. Form of Business

Corizon, Inc. (Corizon) is a corporation, incorporated in the State of Missouri, operating as a privately held, for profit entity. Our **Corporate Headquarters** are located at the following address:

Corizon
105 Westpark Drive, Suite 200
Brentwood, Tennessee 37027-5010

Our **Operations Headquarters** are located at the following address:

Corizon
12647 Olive Boulevard
St. Louis, Missouri 63141

B.3. Years in Business

Corizon has been in business for more than thirty-two (32) years. Effective June 3, 2011, Correctional Medical Services, Inc. (CMS: established 1979) changed its legal name to “Corizon, Inc.” This name change has been instituted to reflect the merger of the CMS parent company, Valitás Health Services, Inc. (Valitás), with America Service Group Inc. (ASG), the parent company of Prison Health Services, Inc. dba PHS Correctional Healthcare (PHS: established 1978), now known as Corizon Health, Inc., to create one, best-in-class correctional healthcare company with two main operating subsidiaries, collectively referred to as Corizon throughout the proposal.

B.4. Tenure Performing Services

Corizon has been performing the correctional mental health services required by the RFP for more than thirty-two years.

B.5. Employees, Client Base, and Location of Offices

As a leader in providing evidence-based, quality healthcare, Corizon provides our healthcare services

only to correctional facilities. This allows us to focus our organization, management, and resources to maximize the effort in providing the best possible service to our clients.

We have been in the forefront of developing and operating healthcare programs that efficiently manage utilization and costs, while optimizing health care delivery and outcomes. Every corrections system is unique and Tennessee is no exception. There is no “one size fits all” solution to cost-containment, yet our approach has historically delivered a comprehensive standard by applying our expertise with proven managed care principles/systems to meet the unique client requirements.

Corizon has 11,000 employees and independent contractors in over 478 prisons, jails and other correctional facilities in 31 states. Our sole business is correctional healthcare. We apply our comprehensive expertise in correctional healthcare management across a diverse range of facilities and populations:

- Prisons and jails of all security classifications;
- Facility sizes ranging from small county jails to multi-site state prison systems with up to 40,000 inmates;
- Male, female and juvenile populations;
- Special needs facilities/populations including the aged, infectious disease, mental health care and female health.



No other competitor
has successfully sustained as **many long-term state prison contracts** as Corizon.

Following are our major regional office locations:

Alabama Regional Office
101 Airport Commons Drive
Calera, AL 35040

Maine Regional Office
89 Larabee Road
Westbrook, ME 04092

Pennsylvania Regional Office
872 Popular Church Road
Camp Hill, PA 17011

Arkansas Regional Office
6814 Princeton Pike
Pine Bluff, AR 71603

Maryland Regional Office
6990 Columbia Getaway Dr.
Columbia, MD 21046

Philadelphia Regional Office
8001 State Road
Philadelphia, PA 19136

Florida Region IV
8320 West Sunrise
Plantation, FL 33317

Michigan Regional Office
6452 Millennium Drive
Lansing, MI 48917

Riker’s Island Regional Office
49-04 19th Avenue
Astoria, NY 11105

Genesis Behavioral Services
6737 West Washington St.
West Allis, WI 53214

Minnesota Regional Office
2336 Lexington Avenue N.
Roseville, MN 55113

Tennessee Regional Office
1900 Church Street
Nashville, TN 37203

Idaho Regional Office
5420 West Franklin road
Boise, ID 83705

Missouri Regional Office
3702 West Truman
Jefferson City, MO 65109

Western Regional Office
1150 Ballena Boulevard
Alameda, CA 94501

Indiana Regional office
3737 North Meridian
Indianapolis, IN 46208

New Jersey Region
596 Bloomfield Avenue
Montclair, NJ 07042

B.6. Mergers and Acquisitions

As indicated previously, Corizon is the result of a merger in June of 2011, between ASG and Valitás. Following are statements of mergers, acquisitions or sales for each company within the last ten years.

Correctional Medical Services, Inc. (CMS)

In November 2001, CMS was owned by ARAMARK and under the umbrella of Spectrum Healthcare Services, Inc. (SHS). At that time, CMS and its affiliated companies in correctional healthcare, pharmacy, and substance abuse treatment separated from SHS. In May of 2002, Team Health of Knoxville, Tennessee acquired SHS. Following the divestiture, the CMS companies continued to be owned by Madison Dearborn Partners (MDP), ARAMARK, other private equity investors, and company management.

In May 2003, the CMS parent company discontinued use of the Spectrum name, and changed its name to VALITÁS Health Services, Inc. In December 2003, VALITÁS repurchased ARAMARK's remaining interest in the company. In December 2007, VALITÁS completed a recapitalization process. As part of the recapitalization, the private equity firm of Beecken Petty O'Keefe & Company increased its investment to a majority ownership position. As part of this transaction, MDP sold its interest in VALITÁS.

PHS Correctional Healthcare (PHS)

PHS Correctional Healthcare was a wholly owned subsidiary of America Service Group Inc. (ASG). Prior to 2007, ASG also owned Secure Pharmacy Plus, LLC, a distributor of pharmaceuticals and medical supplies. In 2007, ASG entered into an asset purchase agreement with Maxor National Pharmacy Services Corporation (Maxor). As a condition, Maxor and PHS entered into a long-term pharmacy services agreement where Maxor became the provider of pharmaceuticals and medical supplies to PHS.

Corizon

Valitás and ASG signed an agreement and plan of merger in March 2011. Following governmental and regulatory review, the transaction was approved June 1 by ASG shareholders. The transaction was formally closed June 3.

B.7. Felony Convictions

Corizon is proud of the thorough process involved in our site employee background investigations as well as our Human Resource Department's process for interviewing and screening corporate personnel. We hire individuals best suited for the job, and only those who demonstrate a clean history through our investigations. Corizon affirms to the State that none of our employees, agents, independent contractors, and subcontractors has been convicted of, pled guilty to, or pled *nolo contendere* to any felony.

B.8. Bankruptcy

Corizon has not filed (nor received a file against us) for bankruptcy or insolvency, nor have we

undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors.

B.9. Pending Litigation

There is no material, pending litigation against Corizon that Corizon should reasonably believe could adversely affect its ability to meet contract requirements pursuant to this RFP or is likely to have a material adverse effect on Corizon’s financial condition.

B.10. Pending SEC Investigations

There is no pending nor in progress Securities Exchange Commission investigations involving Corizon.

B.11 Ability to Deliver Services

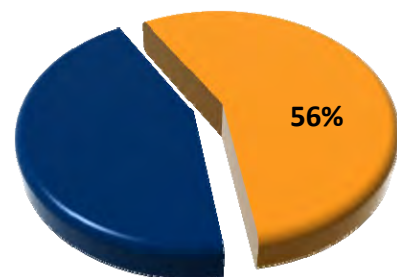
Corizon has an unmatched ability to deliver the services sought under the RFP. Our experience, training, certifications, resources, program and quality management systems are unsurpassed in the correctional healthcare field.

Experience the Difference

Correctional healthcare requires a special expertise, particularly in large statewide systems. Corizon has a long history of delivering comprehensive correctional healthcare programs that provide the level and quality of service that meets or exceed our clients’ expectations. Mental health services are an essential and integral part of our proven success facilitating inmate wellness. This is because we prefer to employ a healthcare model that integrates medical and mental health.

The American Psychological Association has endorsed an integrated health model. Moreover, numerous studies conducted by organizations such as the National Council for Community Behavioral Healthcare and the World Health Organization have demonstrated overall quality of care is higher and clinical outcomes are improved under an integrated medical and mental health model. This is because many medical and mental health problems are interrelated. This is especially significant for the correctional environment.

The National Institute of Mental Health (NIMH) has found that over 56% of inmates in state prisons suffer from some form of mental illness compared to 26% in our communities. Additionally, according to the U.S. Bureau of Justice, more than half of those incarcerated experience mental health challenges, with one in six diagnosed with a serious mental illness. A serious mental illness diagnosis is associated with earlier mortality and morbidity from medical problems. Consequently, a consistent approach that merges medical and mental health has proven essential for all aspects of inmate care as wellness is enhanced and risk decreases.



State Prison Inmates with Some Form of Mental Illness

Impact for Tennessee

Corizon, Inc. (formerly CMS) first began providing healthcare services in the State of Tennessee in 1988, when we partnered with TDOC as the provider for Riverbend Maximum Security Institution. The Tennessee Prison for Women added our services in 1989, and Corizon was awarded the first statewide contract with the TDOC in 2000. Currently, we provide comprehensive medical services at five TDOC facilities and at the remaining state operated facilities we furnish all provider services, hospitalizations, pharmacy, as well as optometry and x-ray services. Our experience and incumbency in Tennessee will only serve to enhance our mental health services to the inmates of the TDOC.

Because we are the provider of comprehensive services for TDOC, we will utilize an integrated healthcare model for our mental health services more efficiently. Our mental health services will readily integrate seamlessly with TDOC established medical policies, personnel, and systems. No other mental health services provider will be able to match the effectiveness of our reporting and pharmaceutical management. As mental health services provider to the TDOC, Corizon will implement an integrated model that will facilitate overall wellness for the inmate population with subsequent cost efficiencies for TDOC.

Long-term Contracts with Statewide Systems

We are encouraged that numerous statewide systems have chosen Corizon as their healthcare services provider. However, we are equally pleased that we have proven capable of maintaining long-term relationships in the often “unpredictable” correctional healthcare industry. While our ability to immediately improve and enhance each new healthcare program is evident, it is with time that our programs are optimized. Corizon has provided services in each of the following statewide systems for over 10 years:

- Missouri Department of Corrections, 18 years continued service, successfully bid in 1992, 1996, 2001 and 2007
- Arkansas Department of Corrections, 13 years continued service, successfully bid in 1997 and 2003
- Minnesota Department of Corrections, 12 years continued service, successful bid in 1998, 2003, and 2007

We are also in our ninth year of partnering with the Pennsylvania Department of Correction. In addition, the states of Alabama, Idaho, and New Mexico selected Corizon as their initial provider, changed to another provider in a subsequent procurement, only to return to Corizon as their provider of choice after experiencing services through a different provider. Our capacity to provide comprehensive mental health services for state correctional programs is illustrated by the following table:

Corizon Current State Mental Health Contracts	
State System	Program Model
Arkansas	Comprehensive Mental Health Services; Psychiatric Services Statewide
Florida	Comprehensive Mental Health Services for Region IV
Idaho	Comprehensive Mental Health Services Statewide
Indiana	Comprehensive Mental Health Services Statewide

Corizon Current State Mental Health Contracts	
State System	Program Model
Maine	Comprehensive Mental Health Services Statewide
Minnesota	Mental Health Provider Staffing Statewide
New Mexico	Psychiatric Services Statewide
Pennsylvania	Comprehensive Mental Health Services Statewide
Wyoming	Comprehensive Mental Health Services Statewide

Examples of our success implementing and providing comprehensive mental health services for state correctional programs have been provided as *Case Studies* in **Attachment 8**.

Training and Education

The Corizon Behavioral Health Corporate Team consists of adult and child psychiatrists, psychologists and masters level counselors and social workers with an MCF in correctional mental health. Our team provides clinical supervision to all Corizon mental health staff. We also conduct annual peer reviews and on-going clinical consultation. When integrated with medical staff, we share in the responsibility of providing the highest quality correctional health care via educating mental health staff and utilizing state-of-the-art, evidence-based practices.

The following narrative highlights our ability to deliver training and educational programs to Corizon clinical and administrative professionals, TDOC correctional officers, and the TDOC inmate mental health patient population. Comprehensive information regarding our proposed programs for orientation, training and continuing education are located in **Section C, item C.2.**, in our response to the RFP *pro forma Contract Scope of Services*, A.15. Employee Orientation and Training.

Behavioral Health Clinical Education Council

The Corizon Behavioral Health Clinical Education Council (CEC) is dedicated to the professional development of all Corizon behavioral healthcare staff by providing quality clinical education programs that have a corrections based focus.

Leadership

The Corizon CEC is chaired by the Senior Manager for Clinical Education and Training. This person reports directly to the Senior Director for Talent Management and Organizational Development (TM/OD). This person reports directly to the Vice President, Human Resources.

Membership of the Behavioral Health CEC

Membership of the BH/CEC is comprised of Behavioral Health Corporate staff who have a commitment to both the professional development of the clinical behavioral health staff as well as quality patient care. Staff assigned to the Corizon Clinical Education and Training Department (CET) are also members of the BH/CEC, providing administrative support to the operations of the council. The BH/CEC consists of the following corporate staff members:

- Michael Champion, MD, Behavioral Health Vice President
- Joseph Pastor, MD, Behavioral Health Vice President
- Mark Fleming, PhD, LPC, Behavioral Health Director
- Michelle Schmidt, MSW, LCSW, Behavioral Health Clinical Specialist
- Diane Wood, M.ED., LPC, Behavioral Health Manager
- Robert Marcello, PhD, Behavioral Health Director

Meetings and Material Distribution

The Corizon BH/CEC offers an innovative annual curriculum to update employee skills, keep employees abreast of innovations in the field of mental health, and assist with re-licensure requirements. Corporate Behavioral Health staff facilitates, at a minimum, monthly conference calls. Materials are released for review via electronic distribution. These materials are then discussed in virtual discussions or during conference calls.

Sources for Identification and Development of Training Materials

A variety of sources are used to guide the identification and development of training materials. These include but are not limited to:

- Direction from the Sr. Director TM/OD based on the company's Mission/Vision/Values and Goals for each year;
- Direct requests from field operations leaders and staff member;
- Input from course evaluations;
- Review of site assessments including CQI studies providing information regarding system-wide training needs;
- On-boarding and exit interviews with company staff;
- Subjects identified from trade and professional journals by members of the CEC; and
- Subjects identified to us by clients.

Corizon BH/CEC work in partnership with the sites to identify the specific behavioral health education and training needs for correctional behavioral health staff.

Operations Process of the CEC

As a rule, information is reviewed during the fourth quarter of the year for the coming year's program. This information is shared with the members of the BH/CEC. Based on the information reviewed, a clinical training program is developed. Differentiation is made between in-service education programs and continuing education programs that need to be developed.

Once the presentation is in a fairly complete draft form, it is then reviewed by members of the BH/CEC. Copies are distributed electronically and feedback is given to the author. Once the material has been fully approved by the Vice President of Behavioral Health, the article is released to the company for distribution.

Production of CE Training Certificates and Tracking of CE Credits

The CE programs are placed on the Corizon Intranet for access by all staff members. Courses are designed to be used as a group training exercise or as a self-paced program. Once the course is completed, the answer sheets and evaluations are sent to the CET CE Coordinator. The scores are recorded. The date and location of the program is noted, and all individuals who successfully completed the program are issued a certificate of completion. These certificates are sent to their facility for distribution.

The CET CE Coordinator retains and maintains the records of attendance and program completion for all CE programs developed and released by the BH/CEC.

In-service Education Distribution and Tracking

In-service education programs, as a rule, are documented and tracked at the site level. Completion is recorded in the employee training file. Some in-service education is released with the specific purpose of proving system-wide exposure to the training topic. For these topics, proof of training, usually in form of a site-wide roster, is completed and returned to the Sr. Manager, CET. These records are maintained by the Sr. Mgr. CET, and reported to the Sr. Director, TM/OD as a part of their routine reporting mechanisms.

LearnCenter: On-line Learning Management Systems

Corizon supports our onsite programs with two distinct on-line learning management systems. The first, *eLearning LMS* was launched in 2009, and now has over 100 courses. Our *Field Management LMS*, launched in 2010 already boasts 200 courses. Together, these two systems ensure that our onsite management and field staff across the country have on-line access to our Orientation Program, numerous software training applications and over 50 Nursing Continuing Education courses.

An industry first for private correctional healthcare providers, these innovative systems enable us to leverage the power of the Internet to deliver comprehensive professional development instruction to our management and field employees throughout the country. In concert with the exceptional traditional training programs we offer, our new e-learning component helps ensure our frontline staff has complete access to the latest materials necessary to be successful on the job 24/7.

Utilizing LearnCenter, Corizon can connect, inform, and educate our geographically dispersed workforce using a single, integrated on-line training and communication platform. Through a partnership with leading e-learning provider, *Learn.com*, Corizon is immediately able to provide a wealth of course material on topics such as Identifying and Solving Problems, Planning and Scheduling Work, and more than 40 Microsoft Office applications.¹

Users of the system can take the courses at their own pace and at a time that is most convenient. LearnCenter students are tested on their comprehension of many subjects, thus identifying precise strengths and areas for improvement. Managers can then track the completion and comprehension rates of users and use such data to aid in the development of future training programs.

¹ Microsoft Office applications are intellectual property of Microsoft Corporation and not associated with Corizon.

Curriculum

Currently, over 300 different courses are available for staff on a variety of professional development topics. In addition, this unique learning solution enables Corizon subject and instructional experts to create customized content unique to the correctional healthcare field and proprietary company technologies. Working in concert with TDOC, we can add additional courses as required as well. Topics have included our Business Management Application and Employee Safety in a Correctional Healthcare Setting. Our instructional designers continually monitor the evolving educational needs of our diverse workforce and will develop future study modules to best address these professional development areas.

All course content featured in this interactive learning system is designed to measure ability within four key areas: *Functional, Technical, Professional and Leadership*. Corizon's management team has identified a detailed set of competencies within each of these areas with the input of key field and support department subject matter experts. The system tests each employee on these competencies according to his or her expected skills/abilities and presents these findings to applicable managers.

The complete LearnCenter curriculum is designed to empower employees to take charge of their personal training programs. Each course is self-paced and can take from 30-60 minutes to complete. Users may start and stop the courses at any time, saving their place in the process. Employees can chart their progress in the system and view a record of courses completed, along with any applicable test scores. This material is provided to supervisors as clear evidence of topic mastery.

Certifications

Corizon will follow strict credentialing procedures to employ only those persons maintaining the proper training, licenses, certificates, cooperative agreements and registrations necessary to provide services in Tennessee. We are proud to continue to offer TDOC a robust, multi-faceted credentials program. We understand that the process by which mental health professionals are credentialed is critical to a safe and consistent healthcare delivery approach. Corizon will continually strive to collaborate with the Department of Correction to enhance and strengthen all of our human resource initiatives. We recognize that by assembling a team of dedicated, skilled mental health professionals, we can truly make a difference in well-being of TDOC inmates.

Not only do we require all Corizon professionals meet all Department of Correction applicable local, state, national and professional standards, we have also developed a series of value-added practices to ensure our mental health professionals are fully capable of managing the integrated healthcare needs of the TDOC inmate population. In addition to our recruiting staff that play a lead role in obtaining initial staff credentials, Corizon also employs full-time professionals dedicated solely to the practice of credentialing.

We have provided a comprehensive description of our credentialing program in **Section C, item C.2.**, in our response to the RFP *pro forma* Contract **Scope of Services, A.34. Credentialing**.

Resources, Program and Quality Management Systems

Corizon is the leader in providing evidence-based, quality mental healthcare to meet the needs of the correctional population. Our specialized mental health services program stands alone as the only one

developed to ensure quality, evidence-based, cost-effective services while maintaining complete accountability to our clients. Our position as the largest and most experienced provider has allowed us to make investments in our mental health program that far exceed our competitors. We lead the industry with programs and systems that seamlessly integrate with medical services, address co-morbid conditions, and work to decrease medical costs via the implementation of care pathways specifically for mental health treatment.

Corizon is dedicated to joining forces with TDOC for the delivery of quality correctional mental healthcare services. Our commitment to ensuring the Department of Correction that the inmates in your protection have access to mental healthcare services at a level of quality comparable to the community is steadfast. Our program provides clinically effective services that focus on client improvement and positive outcomes while effectively managing the risks associated with providing mental healthcare in the challenging correctional environment.

Specifics regarding our mental health program are located in our response to **Section C: Technical Qualifications, Experience & Approach Items**. In this Section, we describe our approach and include description and examples of specific guidelines, practices and reports. Additionally, we illustrate how we will manage our proposed mental health services and accomplish required objectives within the State's project schedule. Components of our proposed mental health program are as follows:

- Reception screening/assessment;
- Mental health and psychiatric evaluation;
- Individualized Service Plan;
- Individual and group therapy and counseling;
- Activity therapy;
- Consultation to institutional, administrative, and medical staff;
- Specialized segregation programming;
- Trauma-informed services;
- Staff training;
- Crisis stabilization unit and transitional care unit programming;
- Specialized mental health unit programming;
- Psychotropic medication management;
- Behavior management programs including self-injurious behaviors;
- Case management; and,
- Crisis intervention services/suicide prevention.

Continuous Quality Improvement (CQI)

Client collaboration for continuous quality improvement is the foundation of Corizon mental health program initiatives. As with our medical program, we will tailor mental health CQI projects in concert with TDOC.

Throughout our tenure in this industry, Corizon has partnered with clients in a wide variety of performance measurement activities from local site-based programs to gaining accreditation status to the development of a structured performance monitoring program targeted at achieving compliance with existing Stipulated Settlement Agreement directives. As demonstrated in our other statewide prison contracts, Corizon has the readily available resources to work together with TDOC and implement

information management systems fully capable of collecting, analyzing, and reporting statistical data necessary to evaluate and monitor our mental health services.

The mission of Corizon performance and quality improvement programs for TDOC focuses upon the following three key objectives:

- 1) Collaborate with TDOC to understand and implement processes and structures that affect high risk, high frequency, and problem-prone correctional mental health issues;
- 2) Work in concert with TDOC to design mechanisms to regularly measure staff performance and the clinical outcomes, and devise appropriate action plans when opportunities for improvement are identified; and,
- 3) Develop shared goals and demonstrate to TDOC Corizon performance and contractual compliance through the provision of objective, performance audit results.

A complete description of how we propose to team with TDOC and implement an exceptional CQI program is located in **Section C, item C.2.**, in our response to the RFP *pro forma* Contract **Scope of Services, A.17. Quality Improvement.**

Working together, Corizon CQI can help TDOC

Corizon has developed evidence-based prescribing guidelines and we supervise and train our staff on these expert consensus standards of care. This has proved critical when monitoring Second Generation Antipsychotics and non-formulary authorizations. We benchmark prescribing behavior by comparing our Clinical Quality Indicators with quantity prescribed and cost. In this way, pharmacy claims are analyzed, prescribers are messaged, and there is a resultant decreased use of non-formulary second-generation antipsychotics. Subsequently, the risk of side effects is reduced, therapy is utilized more proficiently and medication expenses decreased.

Additionally, ensuring adherence to psychotropic medication is an essential aspect for the provision of quality mental healthcare in the correctional environment. Medication non-adherence is a major factor in relapse of psychotic disorders, and non-adherence adversely affects the efficacy of the treatment for affective disorders. Recognizing the negative impact, poor prognosis and an increased utilization of resources that results from non-compliance of psychotropic medication treatment, Corizon will make certain to work in partnership with TDOC to implement Psychotropic Medication Compliance Monitoring performance measurement studies at all contracted institutional sites.

B.12. Proposed Project Team

The local Corizon management team will serve as the foundation for our mental health program at TDOC. The professionals assigned to the TDOC contract will provide the State with clinical and management expertise while maintaining accountability to TDOC administration. Corizon utilizes Regional Managers and Operational Vice Presidents to direct service delivery and enhance communication with our clients. Our regional management will supplement the expertise of the onsite management team, assure prompt resolution to TDOC and State administration inquiries, and will provide additional access to the resources within the Corizon corporate and operations offices. This will enable us to provide timely supervision and maintain closer contact with TDOC through key Corizon management personnel.

Responsibilities of the Corizon Regional Management team dedicated to the TDOC contract will include:

- Serving as direct liaisons with TDOC officials;
- Delivering services in accordance with contract and community standards;
- Coordinating and overseeing the operational activities of the TDOC contract;
- Supervising the fiscal management of the contract services;
- Establishing and maintaining productive working relationships with secondary care service providers in the community; and,
- Assuring the proper reporting mechanisms are functional between TDOC and Corizon.

Regional Team Members

Senior Vice President for State Corrections

JM Courtney will serve as the Corizon Senior Vice President for State Corrections for the TDOC contract. In this position, Mr. Courtney will serve as the senior operations executive over the contract and will be responsible for providing the Chief Operating Officer, Stuart Campbell and his executive team with input regarding TDOC operations strategy and outcomes. Mr. Courtney will ensure corporate strategies are translated and effectively implemented at TDOC.

Vice President Operations

Corizon Vice President Operations, Tom Voss will continue to serve as the administrator responsible for the delivery of TDOC contract medical services. Additionally, he will be responsible supervising personnel and budget, and liaison of services within the institutions of the region. Mr. Voss will report monthly to the JM Courtney regarding budget variances, pertinent changes affecting the contract, partnering activities with TDOC; contingency plans and the activities of all Corizon health services departments working to deliver services in Tennessee.

Regional Director

Corizon Regional Director, Zachary Morgan will be the local individual with the overall administrative responsibility for this Contract. Mr. Morgan will supervise the Clinical Director administratively (clinical supervision done by medical leadership) and provide input to the Corizon regional team to help shape corporate strategies. Mr. Morgan will translate and lead implementation of corporate strategies for the TDOC mental health services contract. He will be responsible for achieving desired outcomes and established objectives as defined by contract requirements and TDOC expectations. As Regional Director for this TDOC contract, Mr. Morgan will report to Corizon Vice President Operations, Tom Voss.

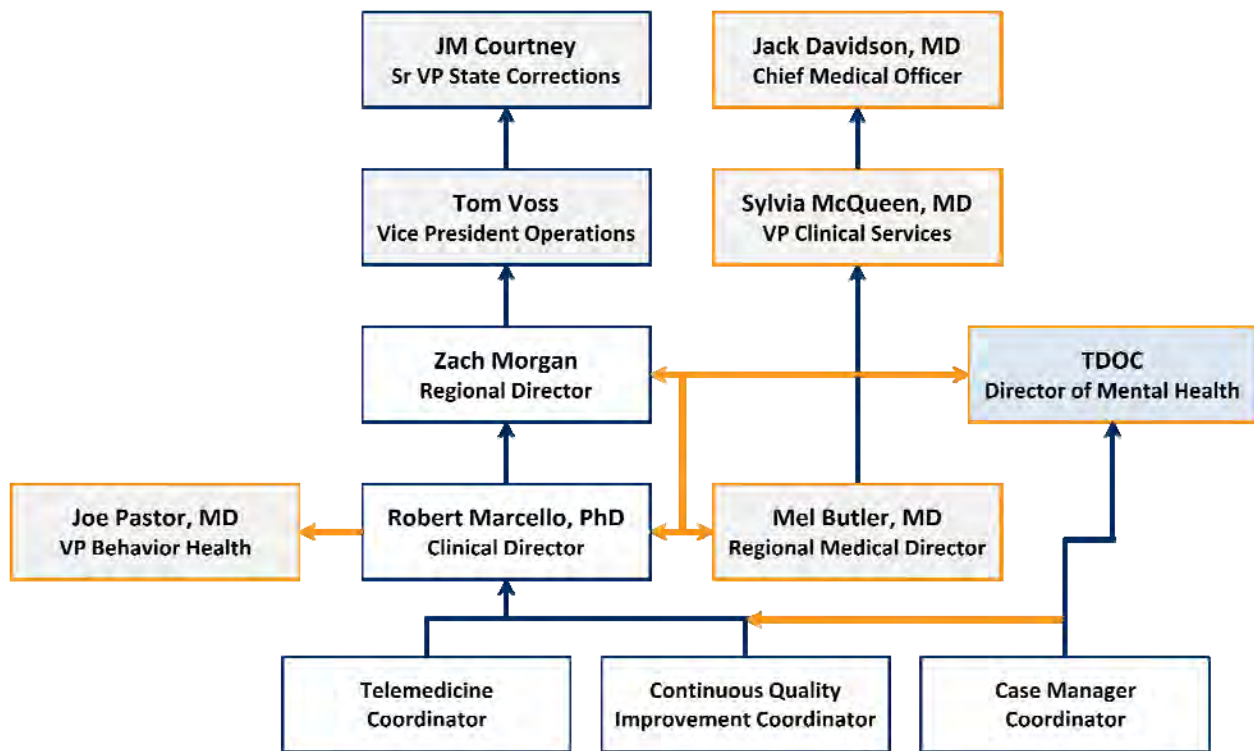
Clinical Director

Corizon has designated Robert J. Marcello, Ph.D. to serve as Clinical Director and Regional Director for Mental Health. Dr. Marcello is a Licensed Clinical Psychologist with more than twenty-five years of experience. He will be responsible for the clinical management of the Mental Health services for the TDOC contract. Dr. Marcello will be responsible for overseeing and setting direction for all Mental Health care professionals, disseminating and monitoring pathways and formulary use, and utilization management. Primary responsibilities of our Clinical Director will include:

- Oversight of the delivery of clinical services for all facilities
- Supervision of the mental Health utilization management and quality improvement programs
- Supervision of the annual review and updating of behavioral healthcare policies and procedures
- Liaison with TDOC Medical Director on all clinically related matters

As Clinical Director, Dr. Marcello will implement, direct, and oversee all professional aspects of the behavioral healthcare program. With the assistance of the Mental Health professionals at each facility, Dr. Marcello will coordinate all levels of behavioral healthcare and will review professional services to confirm inmate accessibility to all behavioral health services.

Proposed Mental Health Services Team for TDOC



B.13. Roster and Resumes

Corizon will provide a full complement of mental health staff for the TDOC contract. For this contract, Corizon will provide key staff, including the following positions. With the exception of the Senior Vice President State Corrections, all positions will be located on-site in Tennessee.

Proposed Regional Office Staff		
Position	FTE	Time Dedicated Solely to TDOC
Sr VP State Corrections*	1	20%
Vice President Operations	1	100%
Clinical Director	1	100%
Case Manager Coordinator	1	100%
Continuous Quality Improvement Coordinator	1	100%
Telemedicine Coordinator	1	100%

* Corporate position with TDOC contract oversight responsibility

Resumes for our proposed Senior Vice President State Corrections, Vice President Operations, Regional Director and Clinical Director have been included as **Attachment 4**. Although interviewing for the remainder of the regional positions, Corizon will present this staff to TDOC at the onset of the contract transition phase for authorization by the TDOC.

Job Descriptions for Case Manager Coordinator, Continuous Quality Improvement Coordinator and Telemedicine Coordinator are included as **Attachment 5**.

B.14. Subcontractors

Corizon will provide all services proposed herein and will not utilize subcontractors for its Mental Health services at TDOC.

B.15. Commitment to Diversity

B.15. (a) Existing Programs to Promote Minority Business

Corizon diversity covers a broad range of personal attributes and characteristics such as race, sex, age, cultural heritage, and personal background. Corizon is cognizant that developing and supporting a diverse workplace is integral to our success. Our intent is to develop all employees to their full potential. To achieve this goal, we have human resource systems in place that support individual development. We regularly review these systems to make sure they embrace each individual that comprises our workforce of 11,000 individuals, including women and the various population groups that make up our diverse personnel.

Corizon is fully committed to the challenge and opportunity to be an equal opportunity employer. We will make all decisions to recruit, select, train, transfer, promote, and release employees without regard to age, race, gender, religion, national origin, disability, or disabled veteran status. We will also ensure that equal employment opportunities are provided for qualified individuals with a disability. In addition, we will ensure that our human resources policies and practices, such as wages, benefits, layoffs, social and training programs will be administered without regard to age, race, gender, religion, national origin, disability or disabled veteran status.

Corizon complies with the following equal employment opportunity and nondiscrimination practices:

- The Civil Rights Act of 1964
- The nondiscrimination clause contained in Section 202, Executive Order 11246, as amended by Executive Order 11375, relative to equal employment opportunity for all persons without regard to race, color, religion, sex, or national origin; and the implementing rules and regulations prescribed by the Secretary of Labor.
- Section 504 of the Rehabilitation Act of 1973 as amended (29 USC 794) and requirements imposed by the applicable HEW regulation (45 CFR Part 84), and all guidelines and interpretations issued pursuant thereto.
- All requirements of the Americans with Disabilities Act (ADA), including:
 - In-depth training for field managers on ADA principles and technicalities of the law
 - Training programs on ADA law, legal interviewing techniques, and skills for successful interaction with individuals with disabilities for all field administrators and regional managers
 - Essential functions position descriptions for all major job titles
 - Employment applications and personnel policies that comply with ADA requirements
 - Employment advertising that complies with ADA requirements
 - Use of a Telephone Device for the Deaf (TDD) to facilitate employment consideration for those with hearing loss

Corizon is committed to promoting the growth and development of qualified minority businesses by focusing resources on a Minority/Women Business Enterprise (M/WBE) Program to increase and track participation levels. Corizon's M/WBE Program is designed to build relationships to create and increase business opportunities for all via promoting job development, neighborhood stabilization, and economic growth in the geographical areas Corizon conducts business. The Corizon Purchasing Department leads this effort by:

- Managing the program, providing direction and serving as an advocate;
- Qualifying M/WBE suppliers and expanding opportunities whenever possible;
- Participating and networking in local, regional and national M/WBE groups;
- Establishing goals and tracking participation levels.

Key performance measurements of the program include:

- Current certification of MBE suppliers;
- Tracking and reporting of M/WBE purchases and the percentage of total purchases;
- Proper racial, ethnic categorization of business types;
- Tracking dollars spent in each M/WBE product or service category;
- Diverse supplier base – percentage by service/good category and minority classification.

Corizon prides itself on creatively working with smaller M/WBE's to establish and grow their businesses. Prepaying for services and providing cash deposits up front are two examples of how Corizon has assisted M/WBE's with operating cash flows.

Corizon uses a computerized purchasing system that features a component that interfaces with company financial systems to track supplier credentials, purchase volumes and M/WBE participation levels. When a new supplier is added, forms are submitted from the Purchasing Department to the

Finance Department for system input. Computerized activity reports are generated to monitor performance and participation levels.

B.15. (b) Contracts with Minority Businesses

The following is a list of all current M/WBE contractors utilized by Corizon. Although the identification of qualified M/WBE providers can be very challenging in the unique industry of correctional healthcare, the following list demonstrates our commitment to the utilization of minority and women owned businesses.

Current Contracts With Minority Business							
Vendor	Contract Provisions Through Vendor	Annualized Dollars	City	State	Telephone	Owner(s)	Owner Characteristics
Mumby & Simmons	Dental	2,213,157	Baltimore	MD	410-664-2503	Ken Simmons	MBE
Quality Plan Administrators	Dental	0	Washington	DC	202-722-2774	Milton Bernard	MBE
CharDonnay Dialysis	Dialysis	2,340,560	Danville	IL	217-477-1490	Donna Combs-Williamson	WBE
Healthy Alternatives	Medical Supplies	2,317,784	Tyrone	PA	888-278-0202	Cynthia Banas	WBE
Etris Associates, Inc.	Wound Care	25,140	Philadelphia	PA	215-673-3600	Marie Brown-Etris	WBE
Global Diagnostic	Mobile X-Ray	24,541	Conyers	GA	770-602-0502	Marc Upshaw	MBE
Garcia Laboratory	Lab Services	3,746,967	Jackson	MI	517-787-9200	Mary Garcia	WBE
Lakewood Healthcare Associates	Physicians, Psychiatrists, Psychologists, Dentists	9,447,000	Annapolis	MD	301-925-7022	A. Getachew	MBE
Jackson Institutional Dental Services	Dental Services	3,472,000	Jefferson City	MO	(573) 619-9478	Ernest W. Jackson, DMD, MS, MCJ, DABFO	MBE
CharDonnay Dialysis, Inc.	Dialysis	4,358,000	Danville	IL	(217) 477-1490	Donna Combs-Williamson	WBE
En Pointe Technologies	Computer Technology Services	196,000	Gardena	CA	888-888-8223	Dr. Mansoor Shah	MBE
Opticians on Call	Eyeglasses	195,000	Owings Mills	MD	443-794-3919	Santana Nottage	MBE
Global Diagnostic Imaging	Mobile Ultrasounds	15,000	Conyers	GA	770-602-0502	Marc Upshaw	MBE
Indiana Minority Health Coalition	Psychiatric Services and Staffing	2,764,800	Indianapolis	IN	317-926-4011	Nancy Jewell	MBE
RepuCare	PT Services/Laboratory Services	1,007,000	Indianapolis	IN	317-578-2858	Billie Dragoo	WBE
Correct RX	Pharmacy Services	433,000	Linthicum	MD	(410) 636-9500	Ellen Yankellow	WBE
Answer Jefferson City	Answering Service	21,000	Jefferson City	MO	(573) 659-7907	Gail E. Cisco	WBE
Progressive HomeCare Services, Inc.	Infusion Therapy	18,866,000	Indianapolis	IN	304-723-7188	Sandra Stephens-Arbuckle	WBE

B.15. (c)(i) Level of Participation Estimate

Corizon will endeavor to utilize minority businesses as frequently as possible during our contract for Mental Health service provisions with the TDOC. However, without the use of subcontractors, the percentage of the total contract value subcontracted to minority, women, persons with a disability, and small business enterprises would be naught.

B.15. (c)(ii) Description of Anticipated Contracts

Corizon will provide all services proposed herein and will not utilize subcontractors for its Mental Health services at TDOC.

B.15. (c)(iii) Ownership Characteristics of Anticipated Subcontractors

Corizon will provide all services proposed herein and will not utilize subcontractors for its Mental Health services at TDOC.

B.15. (d) Employee Diversity Totals

The following chart demonstrates the breakdown of the current Corizon work force regarding minority employees. Although Corizon does not currently collect data on our hiring of professionals with disabilities, we make all decisions to recruit employees without regard to age, race, gender, religion, national origin, disability, or disabled veteran status.

Total Current Employees	
Minority Description	Percentage of Corizon Employees
American Indian/Alaska Native	0.49%
Native Hawaiian/Other Pacific islander	0.10%
Asian	1.35%
Black/African American	31.63%
Hispanic/Latino	4.03%
Female	81.25%

B. 16. Contracts with Tennessee

Corizon is honored to be a current partner of the Tennessee Department of Correction, as the provider for correctional healthcare services.

B.16. (a) Contract Contact Information

Donna K. White
 Director, Health Services
 (615)253-8157
 donna.k.white@state.tn.us

B.16. (b) Procuring Agency Name

Tennessee Department of Correction

B.16. (c) Scope of Services

Corizon provides comprehensive healthcare services including (but not limited to) primary care,

specialty care, dental, local emergency room care, hospitalization, pharmaceutical, staffing at the five (5) comprehensives sites,* and program support services at eleven (11) State institutions:

- Charles B. Bass Correctional Complex (CBCX)*
- Lois M. DeBerry Special Needs Facility (DSNF)
- Mark H. Luttrell Correctional Center (MLCC)
- Northeast Correctional Complex (NECX)
- Northwest Correctional Complex (NWCX)
- Riverbend Maximum Security Institution (RMSI)*
- Southeastern Tennessee State Regional Correctional Facility (STSRCF)
- Tennessee Prison For Women (TPW)*
- Turney Center Industrial Center* and Annex* (TCIX – Sites 1 and 2)
- West Tennessee State Penitentiary (WTSP)
- Morgan County Correctional Complex (MCCX)

B.16. (d) Contract Term

January 1, 2010 through December 31, 2012

B.16. (e) Contract Number

32901-28010

B.17. References

References from individuals have been provided with our *Technical Proposal Original* as **Attachment 11**, and are in a clear vinyl pocket at the end of our proposal response Attachments section. We have provided sealed reference questionnaires, in strict accordance with RFP specifications, from the following Corizon contracts:

- New Mexico Corrections Department
- Missouri Department of Corrections
- Arkansas Department of Community Correction
- Arkansas Department of Correction
- Bernalillo County Metropolitan Detention Center



Section C

**Technical Qualifications,
Experience & Approach**

Section C: Technical Qualifications, Experience and Approach

TECHNICAL PROPOSAL AND EVALUATION GUIDE

PROPOSAL LEGAL ENTITY NAME		Corizon, Inc.			
Proposer Page # (Proposer completes)	Item Ref.	Section C – Technical Qualifications, Experience & Approach Items	Item Score	Evaluation Factor	Raw Weighted Score
31	C.1.	<p>Provide a narrative that illustrates the Proposer's understanding of the State's requirements and project schedule.</p> <p>The Proposer shall include its plan for staffing clinical services for each of the eleven State managed facilities. The proposal shall include at a minimum the Minimum Mental Health Staffing Requirements listed under the RFP ATTACHMENT 6.6 - Pro Forma Contract, ATTACHMENT FIVE – Minimum Staffing Requirements.</p>		15	
33	C.2.	<p>Work Plan. The Proposer must provide a Work Plan that describes its approach for accomplishing the work outlined in the pro forma contract, Scope of Services. The Proposer must clearly set forth its understanding of the State's requirements of this RFP and its ability to successfully complete this contract.</p> <p>The Proposer's Work Plan must include a description and examples of specific guidelines, practices and reports that will be utilized in its contract with the State. Work Plans in narrative format may include photos, graphs, charts, or other visual aids to assist in the description.</p> <p>Mere reiterations of the pro forma's Scope of Services are strongly discouraged, as they do not provide insight into the Proposer's ability to meet the terms of the contract. The Proposer's response to this section should be designed to convince the State that its detailed plan and approach is realistic, attainable and appropriate to complete the Scope of Services and that its bid proposal will lead to the most successful contractual terms.</p>		45	
86	C.3.	<p>Provide a narrative that illustrates how the Proposer will manage the project, ensure completion of the scope of services, and accomplish required objectives within the State's project schedule. The narrative should include a detailed transition plan detailing how the Proposer will make an orderly and efficient transition from the current service provision.</p> <p>The Proposer must provide a detailed narrative of its 45-day Transition Plan. The plan must detail how the Proposer will make an orderly and efficient transition of the full delivery of services on the</p>		40	

PROPOSAL LEGAL ENTITY NAME		Corizon, Inc.			
Proposer Page # (Proposer completes)	Item Ref.	Section C – Technical Qualifications, Experience & Approach Items	Item Score	Evaluation Factor	Raw Weighted Score
		effective date of the contract(s). The Proposer must include a timeline that illustrates how the Proposer will manage the project, ensure completion of the scope of services, and accomplish required objectives within the State's project schedule.			
<i>The RFP Coordinator will use this sum and the formula below to calculate the section score. All calculations will use and result in numbers rounded to two (2) places to the right of the decimal point</i>					Total Raw Weighted Score: <i>(sum of Raw Weighted Scores above)</i>
Total Raw Weighted Score Maximum Possible Raw Weighted Score <i>(i.e., 5 x the sum of item weights above)</i>			X 35 <i>(maximum possible score)</i>	= SCORE:	
<i>State Use – Evaluator Identification:</i>					
<i>State Use – RFP Coordinator Signature, Printed Name & Date:</i>					

C.1. Illustration of Understanding

Corizon understands the objectives of the RFP. We have thoroughly analyzed the contents of the RFP, Amendments One and Two, TDOC answers to questions, and other related procurement information. Corizon has followed the format of the RFP in construction of this technical proposal and has addressed each subject in turn.

Through our previous experience in Tennessee and other statewide contracts we have operated throughout the United States, Corizon has developed a concept of best practices to bring to the TDOC contract, and an innovative approach to meet the requirements of the RFP. We also understand the project schedule as detailed in the RFP Schedule of Events, including the following key dates:

- November 9th, 2011 — Proposal Deadline
- November 17th, 2011 — State Completion of Technical Proposal Evaluations
- December 5th, 2011 — Contract Signing
- December 7th, 2011 — Performance Bond Deadline
- January 1st, 2012 — Contract Start Date

Corizon is fully prepared to meet each of the key dates identified by the RFP and its Amendments. Corizon warrants we have the experience and resources to meet all project timelines.

Staffing Plan

Corizon has developed our staffing plan based on our experience as a healthcare provider for TDOC, from our experience providing correctional Mental Health services for correctional institutions throughout the United States, and from the description of facilities provided in the RFP, information reported at the bid meeting and in response to questions. Because of this, we believe the minimum staffing plans included in the RFP will be adequate to meet mental health contractual requirements.

When we develop our staffing plans, we take in to consideration assignments or post orders that are required for each staff member. This involves an assessment of the staffing levels by shift, staff assignments, scope of care provided at each facility (infirmary, intake facility, etc.), institutional points of service and medication delivery, TDOC expectations of delivery, access to care and hours of operation at each unit. The implementation of staff assignments/post orders is critical for ensuring the accountability of staff and service delivery.

The Corizon operational start-up team will become actively involved with site management to make certain that assignments are developed and approved in order to manage the program service needs at each facility. Thirty (30) days into the contract, the Corizon start-up management team will re-assess the delegation of assignments and workflow, and make certain that program delivery will meet the contractual requirements at each facility. Our mental health program for TDOC is based on the following staffing plans, and consistent with the RFP minimum staffing sample.



Corizon Proposed Staffing for TDOC

Position	DSNF FTE	RMSI FTE	CBCX FTE	TPW FTE	MCCX FTE	WTSP FTE	NWCX FTE	MLCC FTE	TCIX FTE	STSR FTE	NECX FTE	Regional FTE
Psychiatrist	1.20	0.20	0.20	0.40	0.40	0.40	0.00	0.125	0.00	0.00	0.20	
Advance Practice Nurse	1.20	0.80	0.80	1.40	2.00	2.00	0.00	0.300	0.00	0.00	0.80	
Mental Health Administrator	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.000	0.00	0.00	1.00	
Psychologist	2.00	1.00	1.00	2.00	2.00	2.00	1.00	1.000	0.00	0.00	1.00	
SPE / LCSW	3.00	3.00	2.00	3.00	4.00	4.00	1.00	1.000	1.00	1.00	2.00	
LPC / PE	1.00	0.00	0.00	0.00	0.00	1.00	0.00	1.000	0.00	0.00	0.00	
Masters Behavioral Science Counselor	4.00	3.00	5.00	5.00	8.00	6.00	0.00	0.000	0.00	0.00	4.00	
Therapeutic Recreational Therapist	1.50	1.50	0.50	1.00	1.00	1.00	0.00	0.000	0.00	0.00	0.00	
Behavioral Specialist Counselor	1.00	1.00	0.00	2.00	1.00	1.00	0.00	0.000	0.00	0.00	0.00	
Regional Case Manager	0.50	0.50	0.00	0.50	0.50	0.50	0.00	0.400	0.00	0.00	0.50	
LADAC	0.25	0.00	0.50	1.00	1.00	0.50	0.00	0.000	0.00	0.50	1.00	
Mental Health Clerk	1.50	1.00	1.00	2.00	1.00	1.00	0.25	0.500	0.20	0.20	1.00	
Contract Administrator												1.00
Clinical Director												1.00
Case Manager Coordinator												1.00
CQI Coordinator												1.00
Telemedicine Coordinator												1.00
Facility Total	18.15	13.00	12.00	19.30	21.90	20.40	2.25	5.325	1.20	1.70	11.50	5.00

FTE Full Time Equivalent (2,080 annually inclusive of paid leave – personal, sick, vacation, training and orientation)

SPE / LCSW Senior Psychological Examiner and/or Licensed Clinical Social Worker

LPC / PE..... Licensed Professional Counselor and/or Licensed Psychological Examiner

LADAC..... Licensed Alcohol and Drug Abuse Counselor

C.2. Work Plan

The following sections describe our approach for accomplishing the work outlined in the RFP *pro forma* Contract, section **A. Scope of Services**. Corizon recognizes that a mere reiteration of the *pro forma* Scope of Services is discouraged. However, in order to set forth our understanding of the State's requirements for the RFP and highlight our ability to successfully complete the proposed contract, we have utilized the outline for the *pro forma* Scope of Services to direct our description and examples of specific guidelines, practices and reports that will be utilized in our contract with the State.

A. Scope of Services

A.1. Service and Deliverables (*pro forma* Contract pg.1)

Corizon will provide all service and deliverables as required, described and detailed in the RFP *pro forma* Contract.

A.2. Institutions (*pro forma* Contract pg.1)

Corizon will provide comprehensive mental health program services to inmates incarcerated at the eleven (11) State institutions:

- Charles B. Bass Correctional Complex (CBCX)
- Lois M. DeBerry Special Needs Facility (DSNF)
- Mark H. Luttrell Correctional Center (MLCC)
- Northeast Correctional Complex (NECX)
- Northwest Correctional Complex (NWCX)
- Riverbend Maximum Security Institution (RMSI)
- Southeastern Tennessee State Regional Correctional Facility (STSRCF)
- Tennessee Prison for Women (TPW)
- Turney Center Industrial Center and Annex* (TCIX – Sites 1 and 2)
- West Tennessee State Penitentiary (WTSP)
- Morgan County Correctional Complex (MCCX)

A.3. General Requirements (*pro forma* Contract pgs.1-2)

Corizon will provide mental health services tailored to the Department, the facilities, and the inmate population. Corizon will operate a specialized mental health department with mental health clinical and operational professionals. We will provide highly effective and specialized mental health services as well as seamless integration with medical services. The integration of medical and mental health services will be demonstrated at the highest levels by our organization, and reflected in our patient care.

Standards

Corizon will provide mental health care services that meet the accepted standards of mental health care in a uniform and consistent continuum of quality mental health services delivery statewide. At a

minimum, all care provided will be constitutionally adequate and designed to meet accreditation standards promulgated by the American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC). All Corizon clinical activity will be conducted in accordance with nationally identified standards and those of State Boards of Licensure. The Corizon mental healthcare program will conform with all applicable federal, state and local laws, court decisions, court orders, consent agreements, and Tennessee Department of Correction (TDOC) policies, whether currently existing or as may be enacted, rendered, issued or amended during the term of the contract.

Accreditation

Corizon is committed to providing a mental health program for TDOC in accordance with ACA and NCCHC standards. As these standards are updated, Corizon will make necessary adjustments and modifications to ensure that TDOC institutions remain in compliance. Our familiarity with NCCHC and ACA standards is unmatched in the industry, and our results are proven.

We are proud that we have **never failed to achieve ACA or NCCHC accreditation or re-accreditation of healthcare programs for our clients**. Given the opportunity to continue implementing the programs and processes necessary to maintain ACA accreditation for TDOC facilities, Corizon will ensure that its vast clinical and administrative resources will combine to partner with TDOC and each participating site.

It is important to note that 137 Corizon sites are ACA-accredited, and 93 are NCCHC-accredited, with some sites maintaining dual accreditation. Additionally, state and local accrediting bodies accredit other facilities in which we provide mental healthcare and health-related services. Corizon seeks accreditation for each of our healthcare programs at the request of our clients; both ACA and NCCHC require re-accreditation tri-annually.

Consistent Continuum of Care

Corizon will provide mental health services within the program format defined by the TDOC Director of Mental Health Services. When requested, we will provide consultation to the Director of Mental Health Services. We believe that a partnership with TDOC, defined by a spirit of collaboration and honest communication, will result in an effective and consistent quality mental health service delivery statewide. To provide exceptional services consistently at all facilities, Corizon will work in concert with existing TDOC mental health and medical professionals, and other applicable contract entities, in providing mental health care.

Corizon provides innovation to our field by integrating medical and mental health services. Our proactive approach results in decreased medical and psychiatric hospitalizations by applying behavioral management techniques and the evidence-based use of adjunctive psychiatric medications. Corizon will evaluate and diagnose in accordance with the current *Diagnostic and Statistical Manual of Mental Disorders*. As appropriate within clinical standards and the guidelines of TDOC, Corizon will provide clinical recommendations and assist with the coordination of referrals of patients to DeBerry Special Needs Facility, Tennessee Prison for Women, or other specialized TDOC treatment units, or community-based treatment providers.

A.4. General Requirements *(pro forma Contract pgs. 2-3)*

As delineated previously in **A.2 Institutions**, Corizon accepts responsibility for providing services at the eleven (11) state managed institutions. Corizon recognizes the TDOC definition of services as, “interventions which provide for the detection, diagnosis, treatment and referral of inmates/patients with mental health and substance abuse problems and the provision of a supportive environment when deemed clinically necessary, as well as, those services or programs that by policy, statute or patient need necessitate clinical intervention.” Furthermore, we acknowledge mental health services are time sensitive and may include psychological/psychiatric assessment and evaluation, intake, diagnosis, treatment plan development, pharmacological management, behavioral management, individual and/or group therapy, crisis management and case management

Corizon is prepared to provide the multiple levels of mental health care as exemplified in RFP *Attachment Six*. In conjunction with TDOC, we will utilize our industry-leading expertise to develop mental health programming and provide specialized training for the treatment of diverse inmate populations. Our appropriately credentialed and trained staff will provide an effective, integrated healthcare treatment program to include women, juveniles, sex offenders, trauma victims, and those with co-occurring disorders.

Corizon is prepared to provide all levels of mental health care as exemplified in RFP Attachment Six. In conjunction with TDOC, we will utilize our industry-leading expertise to develop mental health programming and provide specialized training for the treatment of diverse inmate populations. As requested, Corizon will provide technical assistance to the Director of Mental Health Services or designee or field personnel in developing programs that will address non-suicidal self-injurious behaviors, the clinical management of difficult behaviors, and telepsychiatry.

Corizon Behavior Management Techniques

Suicidal and Non-Suicidal Self Injury (NSSI) create substantial and ongoing management challenges for the facility, medical and mental healthcare staff. Corizon mental healthcare staff understands the importance of working as an integrated team in an effort to make accurate diagnostic and treatment decisions. Making a distinction between a behavior that is a result of an Axis I serious mental illness versus an Axis II disorder, thought mostly to result from a person’s environment, upbringing, and childhood events, is a critical step in a correctional setting. A large percentage of the correctional population has been traumatized by events in childhood of physical, sexual and/or emotional abuse. Many end up in the prison system due to risk taking, impulsive behaviors and/or substance abuse. Corizon mental health professionals conduct mental health evaluations to identify needs and implement state of the art treatment.

Treatment of an Axis II illness in prisons requires a multidisciplinary approach regarding “how to manage” their problem behaviors. Corizon mental health staff assess, plan and implement strategies to manage difficult behaviors. The principles of Dialectical Behavioral Therapy (DBT), developed by Marsha Linehan of the University of Washington in Seattle, have been found to be useful in focusing on behaviors rather than feelings. Dr. Linehan was interested in understanding and treating those suffering with chronic thoughts of suicide and multiple suicide attempts. Many of her approaches are Cognitive-Behavioral based, but also incorporates other modalities that focus on “acceptance” and “change” strategies. The seemingly polar opposites of change and acceptance create the “dialectics” of the model.

The treatment strategies emphasize the development of coping skills and holding the individual responsible for their behaviors, which are also important elements in the management of the behaviors that can be disruptive and require much staff time and resources.

An example of one such treatment strategy Corizon mental health staff will use to help individuals who exhibit non-suicidal self-injurious (NSSI) behavior is a Cognitive-Behavioral Chain Analysis (Linehan, 1993). It is a moment-to-moment account of the NSSI that the inmate takes responsibility for completing after an episode of self-injury. It can be one of the steps in the Behavior Management Plan. It serves several purposes, not the least being to reinforce that the inmate is responsible for the behavior and for finding ways to stop the behavior. It is the mental health team's responsibility to help the inmate learn to process his feelings and develop alternative solutions. The "Cognitive-Behavioral Chain Analysis of Problem Behavior Worksheet" may be used to help the individual exhibiting NSSI to understand the function the behavior is serving, so that he may find other healthier ways of meeting that need. It is an exercise that is to be repeated each and every time the inmate self-injures. An example of our *Cognitive-Behavioral Chain Analysis of Problem Behavior Worksheet* has been included as **Attachment 6**.

The Corizon Emotional Empowerment Program targets the NSSI. It is a therapeutic and psycho-educational program based on Dialectical Behavioral Therapy (DBT). The Emotional Empowerment Program (EEP) is designed to treat inmates who need help with coping skills, emotion identification and regulation skills. Such deficits often lead to the acting out behaviors that create much staff concerns and increase medical and mental health cost. The emphasis is on teaching the skills needed to learn adaptive coping solutions. DBT is currently in use in a number of correctional systems throughout the United States and Canada. These mental health interventions are utilized within the framework of an assertive community treatment team model of care delivery.

Our Success

Non Suicidal Self Injury (NSSI) is a challenging clinical issue. It is also a proposed new diagnosis in the upcoming Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Corizon currently tracks NSSI by unique processes through our Patient Safety Committee and Sentinel Event Review protocols. Corizon medical and mental health both report NSSI events and treatment plans are generated before a suicide attempt occurs.

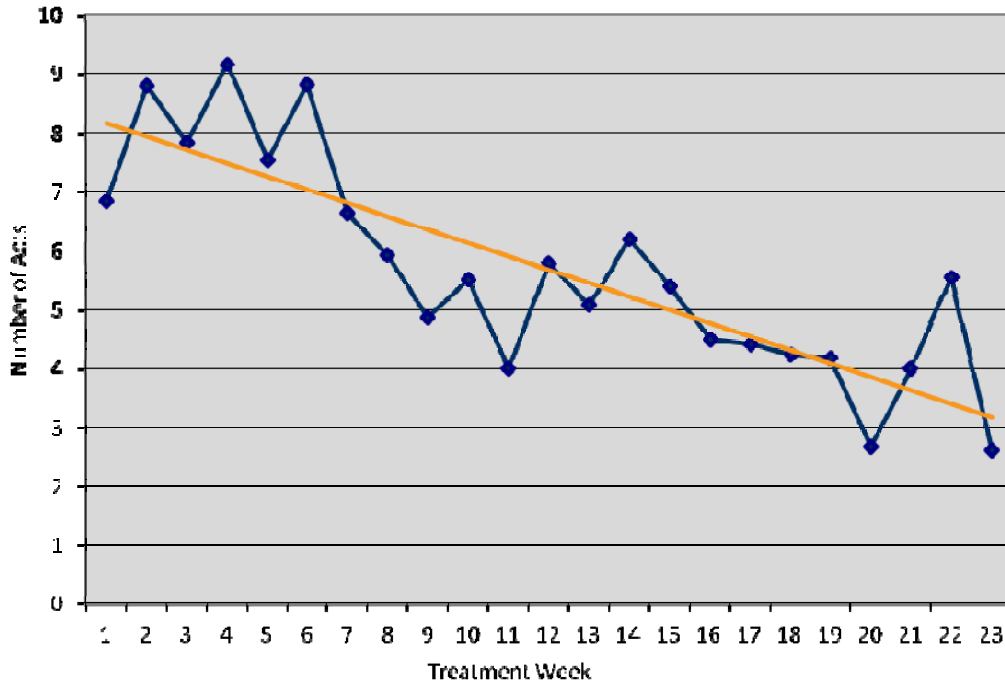
NSSI events are continuously monitored, benchmarked by the Corizon Sentinel Event Review process and treatment plans are proactively initiated. There are decreased episodes of NSSI, as well as decreased intensity and frequency of events. As a result, our integrated healthcare has reduced the cost of psychiatric medications and emergency room visits. We are the only correctional mental health services provider to utilize this effective process. For TDOC, this Sentinel Event Review process for NSSI events will be in effect at the contract start date.

Behavior Management

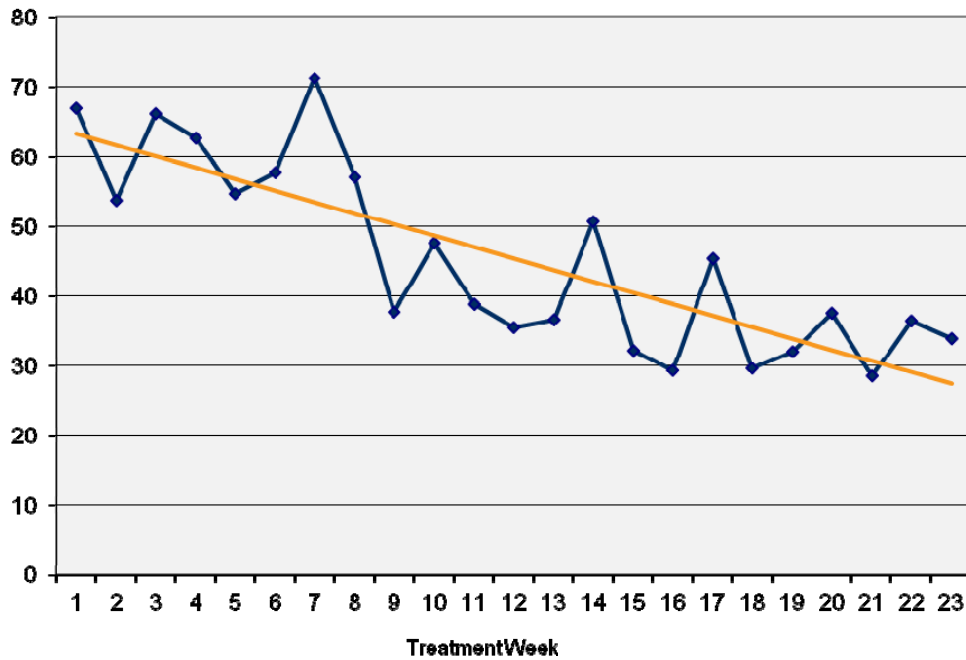
Proven experience is the ultimate teacher. Even with our more than thirty years of correctional behavioral health experience, our clinical programs continue to be refined from evidence-based best practices. The success of our therapy-first treatment approach is evident. The following charts with data collected from Corizon managed healthcare facilities illustrates how our Emotional Empowerment

Program reduced inmate acts of self-harm and the intensity of self-harm urges over the course of its 24-week treatment.

Self-Harm Acts Per Week



Intensity of Self-Harm Urges



By utilizing programs such as our EEP, we can help TDOC decrease the need for the use of force and restraints. It is our belief that this may ultimately result in fewer correctional officer work related injuries and will help reduce the number and duration of mental health watches for suicidal behavior. Moreover, our EEP program should be effective in reducing the number of inmates requiring psychotropic medication.

Telepsychiatry

Corizon is excited and committed to expanding the current TDOC telepsychiatry abilities and are confident that our solution will meet the program needs of the State long term. Corizon is encouraged that TDOC committed to using innovative ideas and approaches in the delivery of offender healthcare. We are proposing to expand the use of telepsychiatry services by increasing the level of service provided onsite. In this way, we may reduce the need for off-site consultations in scenarios where doing so does not impede the level of care.

Our proposed telepsychiatry program for the Department of Correction will include using the technology currently purchased and installed at existing locations. Our telepsychiatry program and the existing video conferencing equipment and infrastructure will also serve to expedite the distribution of time-sensitive training programs, and help reduce travel expenses associated with multi-site meetings. To ameliorate the current scheduling and communication challenges between telemedicine and telepsychiatry programs at TDOC facilities, Corizon is proposing a full-time staff person as coordinator.

Our proposed *Telemedicine Coordinator* will work with offsite providers, specialists, and Corizon healthcare staff to coordinate Telemedicine Services for TDOC. The Telemedicine Coordinator, operating from the Regional Office, will provide education, technical support and overall program guidance to ensure the telemedicine component of the healthcare services program is fully utilized. A *Job Description* for our proposed Telemedicine Coordinator is included in **Attachment 5**.

Measures of Success

Corizon will maintain a high level of accountability to TDOC regarding the efficacy of our program. In collaboration with the Department of Correction, we will develop and implement ongoing outcome measurements and targeted program objectives as an evaluation tool for the program. Due to the fact that we will implement telepsychiatry with the objective of improving offender access to mental health services, the following steps will be undertaken:

- Inclusion in our comprehensive CQI program to ensure that patient outcomes are appropriate and in keeping with appropriate standards;
- Mechanisms to track our ability to control costs while, in tandem, providing quality care;
- The inclusion of measurable processes and outcomes; and,
- A *Patient Satisfaction Survey* will be completed by each inmate patient at the end of his or her telepsychiatry encounter.

Telepsychiatry Integration

Providers at each site will be required to document all pertinent information for the psychiatrist on the consultation request, prior to the encounter. Providers will receive individual and group training on

utilizing this effective medium of patient care. This will include listing any/all patient medications that are relevant to that encounter. The patient's current psychotropic medication is noted on the consultation form, and if significant, any and all issues related to medication failure or medication conversions are noted as well.

After the telepsychiatry consultation takes place, the provider at the correctional facility will receive the consultation documents (via fax), and will incorporate the assessment, findings, diagnosis, and treatment plan into the patient's medical record. The consultation form will also be placed in the health record. This is consistent with the process that occurs when an offender is seen by a practitioner at an outside facility.

Based upon our review of site staffing needs and our incumbent status as medical healthcare provider, Corizon is proposing to leverage the TDOC existing telehealth equipment for the purposes of delivering the telepsychiatry program. We will collaborate with TDOC to discuss, ascertain and agree upon future expansion capabilities. Corizon will be responsible for cost and installation of any special lines installed required for telepsychiatry, and equipment such as scanners and/or facsimile machines for the transmission of required documentation for telepsychiatry services. Corizon will also be responsible for preventive maintenance, servicing and repair of such equipment as approved by the State.

A.5. Mental Health Coverage *(pro forma Contract pg. 3)*

Corizon will provide for emergency consultation with mental health and medical staff twenty-four (24) hours per day, seven (7) days per week per calendar year. Unless circumstances necessitate on-site delivery, emergency consultation availability may be telephonic. Corizon will comply with TDOC policies related to response to emergency calls.

On-call Mental Health Clinical Provider

Corizon will designate an on-call mental health clinical provider to deliver on-call coverage whenever a psychiatrist is not present at an institution. The mental health clinical provider will be on-call 24 hours per day, seven days per week. Corizon will provide after-hours on-call psychiatric services for consultation and emergency treatment orders in accordance with contractual requirements. An on-call schedule, including physician names and contact information, will be developed and maintained by the Corizon Program Administrator and distributed to designated TDOC and correctional facility administration on a monthly basis. Any changes to the on-call schedule after distribution will be promptly communicated to all parties by the Corizon Program Administrator.

A.6. Physician/ Advance Practice Nurse (APN) Coverage with Specialized Training in Psychiatry *(pro forma Contract pg. 3)*

Corizon will provide on-site physician coverage as specified in the RFP Minimum Staffing Requirements and RFP Attachment Five. Corizon physician coverage will provide supervision of Advanced Practice Nurses (APN) and mid-level providers and consultation to nursing staff. Physician/APN coverage will include psychiatric services for inmates in crisis stabilization units or cells.

As first delineated in A.5 above, Corizon will provide an on-call physician or APN to ensure 24-hour,

seven days per week, emergency coverage for each contracted TDOC facility, with a required telephone response within thirty (30) minutes of a notification call. In the telephone response, the physician or APN will determine whether his or her presence is required, give verbal orders and a treatment plan to nursing staff, and when necessary provide on-site treatment and mental health crisis intervention. If the situation warrants direct assessment, the on-call mental health clinical provider will report to the institution within one hour after notification by the chief administrator or clinical director.

A.7. Nursing Protocols *(pro forma Contract pg. 3)*

Corizon will submit nursing protocols for written approval by the TDOC Medical Director of Mental Health Services within the first 30 days of the contract start date (and annually thereafter). Nursing protocols will be developed in concert with the Department of Correction, and will be consistent with existing TDOC nursing protocols. Corizon recognizes that nursing protocols will require the prior written approval of the TDOC Medical Director, and any subsequent changes will require written approval by the State.

A.8. Clinical Supervision *(pro forma Contract pg. 3)*

Corizon's properly licensed clinical staff will supervise non-licensed providers in accordance with Tennessee Health Related Boards' Rules and Regulations. We understand that Licensed Alcohol & Drug Abuse Counselors will only provide supervision for substance abuse services.

A.9. Internships and Practicum's *(pro forma Contract pg. 3)*

Corizon recognizes that each psychologist or other licensed clinician can be requested by the State to supervise at least two interns. Therefore, when applicable and with the approval of the TDOC Director of Mental Health, the appropriately licensed Corizon clinician will provide clinical supervision to internship or practicum students.

A.10. Documentation *(pro forma Contract pg. 3)*

Contractor's staff will complete each inmate's medical record with appropriate and legible entries utilizing the Simple Object Access Protocol (SOAP) format using only standard forms approved by TDOC. Corizon understands that any non-standard forms will require specific approval by the Director of Mental Health Services (or designee) before they are made part of any medical record.

A.11. Security Considerations *(pro forma Contract pg. 3)*

Corizon understands the nature of correctional facilities and the importance placed on security regulations. Corizon will be accountable to the TDOC for operating within the required security considerations. We will cooperate with TDOC security staff and abide by all security rules for the safety of our personnel and others at the State's institutions. In recognition of these considerations, Corizon has established the following criteria:

- All healthcare personnel follow the security rules and regulations established for the facility at which they are employed. (This means complying with TDOC and specific facility security regulations).
- All healthcare personnel must pass a security clearance.
- Corizon has established procedures for the security of pharmaceuticals, medical equipment, and supplies.
- Healthcare personnel attend regularly scheduled meetings on administrative and security concerns of the facilities.
- All healthcare personnel establish close and cooperative working relationships with the security staff.
- Recognizing the risk of transporting inmates to offsite healthcare facilities for services, Corizon closely monitors the appropriateness and necessity of offsite referrals.
- Corizon mental health Utilization Management Coordinator monitors inmate out-patient and hospitalization to ensure that the length of stay and security risks are minimized.

A.12 Scheduling of Services *(pro forma Contract pg. 3)*

When coordinating medical appointments, Corizon will present in advance the necessary logistical information for transportation to the affected institution and Central Transportation, which will then make appropriate arrangements. In addition, Corizon will provide the TDOC Central Office, Central Transportation and affected institutions with weekly electronic schedules of all inmate medical trips. This will be provided no later than Friday of the preceding week, and will include the following:

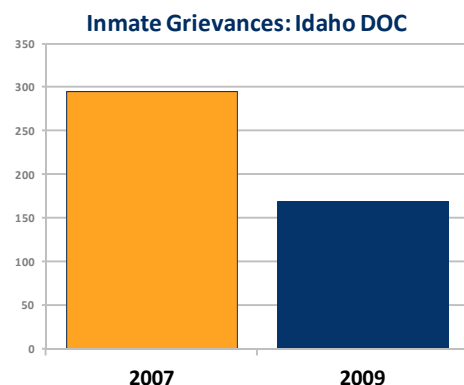
- Inmate name
- TDOC numbers
- Type of appointment
- Dates and times of the appointment
- Location of the appointment
- Name of the healthcare professional to which the inmate is being transported

In order to ensure safety and maintain security, Corizon will not provide any inmates, family members, friends, or associates of the inmate with transportation information such as time, or date, etc.

A.13. Response to Grievances/Inquiries *(pro forma Contract pg. 4)*

Corizon has a unique approach to inmate healthcare grievance resolution, one that requires face-to-face interviews between our onsite healthcare administrators and inmates, and has significantly reduced the amount of lawsuits we receive on an annual basis.

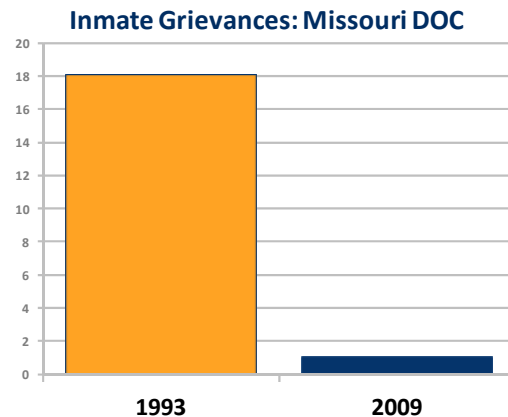
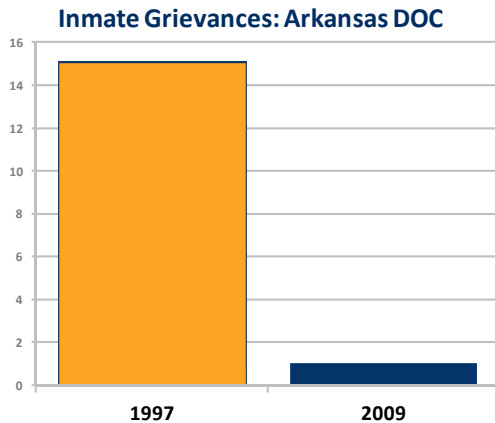
As the charts on this and the following page illustrate, Corizon has reduced inmate grievances in many of our statewide contracts. Dramatic declines in grievances and resultant lawsuits for our clients have been notable. We expect similar results at TDOC. Notable is the fact that these results are achievable in a short amount of time, as our results at the Idaho DOC demonstrate.



Grievance Management Process

Subsequent to local interventions, Corizon has found the face-to-face method of managing grievances and inmate issues significantly reduces the amount of formal grievances and lawsuits filed against Corizon and our clients on an annual basis. The majority of inmates simply want their problem resolved and most issues can be resolved through face-to-face communication.

Dramatic Declines in Grievances:



In the rare instance when a lawsuit does develop, our philosophy toward inmate lawsuits is one of solid defensive action rather than compliant lawsuit settlement, even during occasions when the cost of litigation may be more expensive than that of settlement.

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

As part of our focus on open, collaborative communication, Corizon will provide all grievance information (original formal and informal grievances) to TDOC in a timely manner. We will continue and enhance our utilization of our proprietary grievance tracking system, Resolve™ to include mental health services grievance tracking.

Corizon will maintain an inmate grievance log that will be available for TDOC review. The inmate grievance log will include the following:

- Name of inmate
- Number or date of birth
- Date of grievance
- Date received
- Nature of grievance
- Grievance category

If necessary, unresolved complaints will be forwarded to the Vice President Operations, who will review and attempt to substantiate the claim, taking appropriate action as necessary. Complaints concerning

mental health services will receive written responses, which will be shared with the appropriate TDOC officials. Corizon will provide a monthly electronic report to the State summarizing the month-to-date and year-to date inquiries, resolutions, and status of the resolution.

We understand that complaints regarding treatment will be subject to review by the TDOC Director of Mental Health Services or such other physician authority designated in accordance with the circumstances of the disputed care. Based upon this medical review, the State will reserve the right to direct the provision of care in disputed cases, and, in such event, Corizon will comply with the State's directives for medical care.

For any matter of litigation arising from the delivery of healthcare services pursuant to this contract, upon request by the State or its attorneys, Corizon will provide all information, consultation, case review, and related documentation that the State may seek in review of such claims.

Grievance Tracking System

One of the technological innovations that we alone can offer TDOC, is singular Web-based system that will track all medical, dental, pharmaceutical *and* mental health related grievances.

We developed our proprietary Resolve™ Grievance Tracking System to enhance our ability to ensure each inmate grievance is addressed and resolved in a timely manner. It is currently implemented for comprehensive medical services at TDOC facilities, and designated TDOC officials have access to the Resolve system from their office and home computers. Implementation for Corizon mental health services will be nearly immediate at contract start.

Resolve is a comprehensive, secure, and flexible system designed to manage the inmate grievance process in its entirety. Using a secure web site, the Resolve application tracks each inmate grievance from initiation to resolution, manages the responsibilities for each inquiry, and logs all completed work during the process in an easy to use Web-based system.

A.14. Facility Leadership (Amendment Two pg. 17 and *pro forma* Contract pg. 4)

Corizon mental health services leadership at each contracted TDOC institutional facility will consist of a mental health administrator. At the TDOC institutional level, mental health clinical staff will report administratively to the mental health administrator. At the regional level, the Corizon Clinical Director will be responsible for the overall mental health administrative and clinical service program at each facility. The Clinical Director will be clinically supervised by the Corizon Vice President Behavioral Health and have the entire resources of our Corizon Behavioral Health Team available.

A.15. Employee Orientation and Training (*pro forma* Contract pg. 4)

Corizon is committed to maintaining a successful partnership with TDOC. Toward that end, Corizon service providers will coordinate a block of time with each TDOC warden, to receive pre-service (basic) training and orientation. In accordance with TDOC Policy 110.01, Corizon mental health services providers will complete training and orientation prior to actively working on site.

General Requirements

Corizon has created an extensive correctional mental healthcare orientation and training program unrivaled by any other correctional healthcare provider. We utilize in-person training, web-based education, and written materials and manuals. We will finalize a plan for initial orientation and training of our staff, and will submit our plan for approval by the State. Corizon will provide a minimum of forty (40) additional hours of job-related training for all Corizon full time employees at TDOC facilities for each subsequent year of the contract. Corizon will work closely with the Department of Correction to ensure annual training includes at least (8) hours of update training on TDOC policies.

Staff Training Curriculum

Corizon will submit its training curriculum for Corizon staff at TDOC by December 31, 2011, and December 31 of each successive contract year, to the Director of Mental Health for approval.

Corizon Behavioral Health Training and Education Programs

Behavioral Health Staff Training and Education programs begin with a detailed orientation of new employees to their role and the correctional environment, and continue with regularly scheduled, relevant In-Service training related to the employee's respective position/profession. Specifically designed for the mental health care staff, Corizon also offers a mental health Provider Orientation and a 30-day mental health and Substance Abuse Counselor orientation. Training and education is also a fundamental component of our Continuous Quality Improvement (CQI) Program.

Our Training and Education Department utilizes the data from the site-based QI program to develop educational programs and tools based on identified best practices as well as opportunities for improvement. Information is shared with the Department of Correction and our senior management, to ensure we learn from current experiences and plan for the future. This method also benefits both TDOC as well as other sites that have similar needs or challenges.

Training and Education Components

For the past decade, the American Correctional Association (ACA) and the National Commission on Correctional Health Care Standards (NCCHC) have placed an increasing emphasis on the need to provide training and continuing education for correctional health care staff, correctional staff, inmate patients, and inmates. In response to this initiative and to ensure that Corizon mental health care staff is properly trained in the provision of quality mental health care, Corizon has developed a multi-faceted training and education program that provides:

- Employee orientation programs
- Continuing Education programs
- Educational materials for staff, TDOC, and inmate patients
- Nursing and Mental Health Evaluation Tools
- In-Service training programs

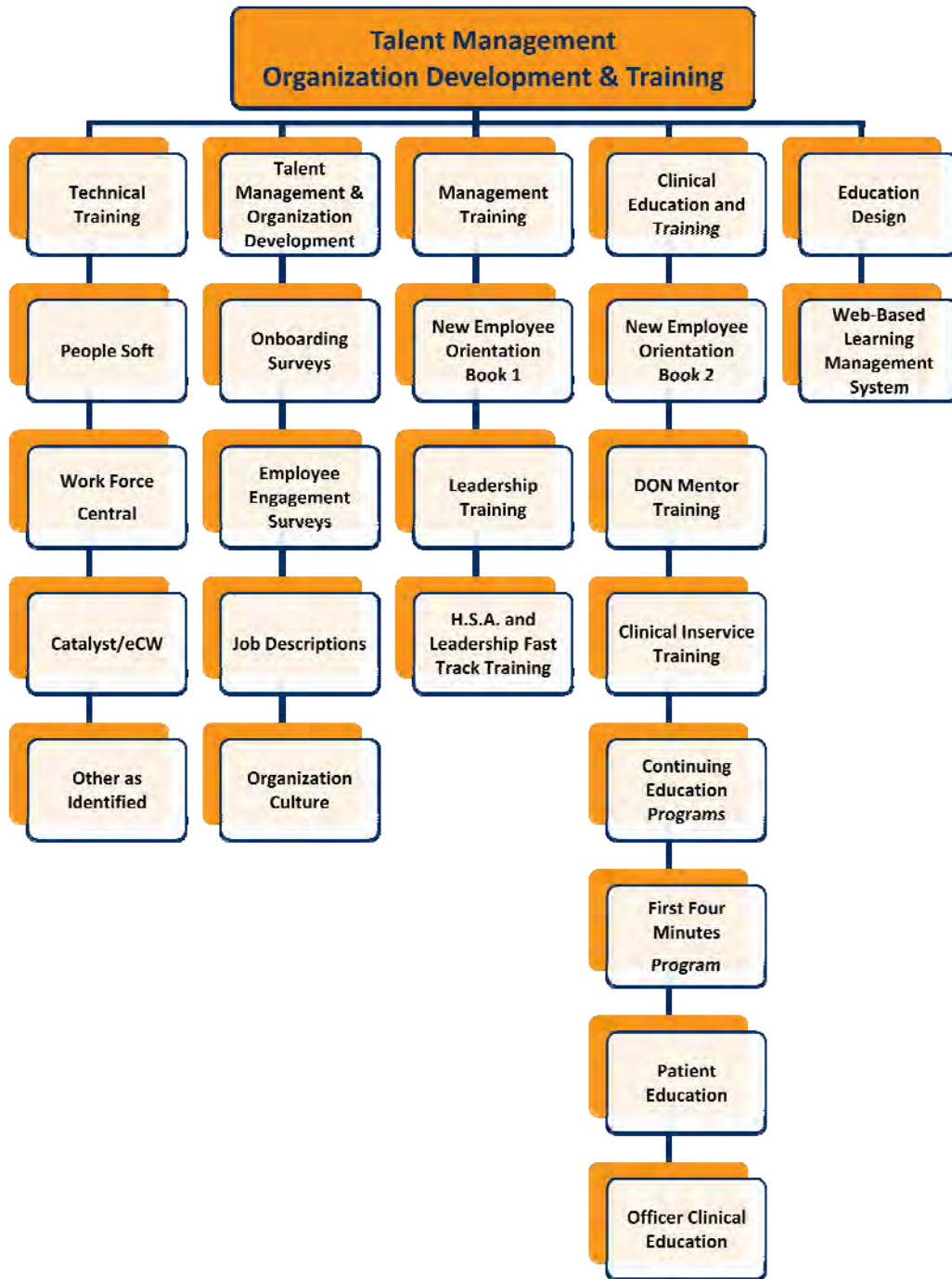
TDOC employees will have the opportunity to be included in relevant educational offerings.

Corizon behavioral health care personnel receive a written plan for orientation and staff development/training customized to their position and scope of practice. The program outlines the training for each staff position and allows the preceptor(s) to sign off as each component is reviewed and completed. The new employee signs a copy of the orientation and/or development or training plan upon completion as attestation that he/she has received the training commensurate with their job description.

Corizon maintains a continuing education log for each mental health care staff member that documents orientation, current training in CPR, and completion of required annual training. Documentation to support evidence of completion of each orientation program is included in each employee's on-site file. Corizon also requires an attestation post-test for new Corizon clinical employees. Graded post-tests of credentialed employees are maintained in the credentialed employee's file at the Corizon's Corporate Credentialing Department. Post-tests for non-credentialed employees are placed in the employee's file and kept on-site.

As shown by the chart on the following page, our Training and Education program encompasses a number of programs designed to reach multiple disciplines through the implementation of a comprehensive training program. The components of this program include, but are not limited to, the following:

- Develop, manage and update the Corizon Employee Orientation Program for clinical services.
- Manage the Corizon Continuing Education Program (CEU).
- Develop the annual Continuing Education Calendar for medical and mental health staff (this schedule of topics is addressed in the monthly Corizon Continuing Education self-study packet)s.
- Write Continuing Education self-study packets for the Corizon Continuing Education Program.
- Develop and deploy patient education materials: Patient Information Fact Sheets (PIFSs) to Corizon sites.
- Develop and deploy Correctional Officer Fact Sheets (COFSs) to Corizon sites.
- Develop Nursing Evaluation Tools (NETs) and deploy to Corizon sites.
- Develop and deploy Mental Health Evaluation Tools (METs) to the Corizon sites.
- Develop and deploy Medical Assessment Protocols (MAPs) to Corizon sites.
- Develop in-service and PowerPoint training modules for medical, mental health and correctional staff on new and pertinent information regarding correctional health.
- Develop and maintain the educational literature.
- Act as an educational resource for all Corizon sites
- Develop, update, and make available the Corizon *Policy & Procedures Manual* for contractually applicable sites.



On-Site and Corporate Orientation Programs

We are proud of our initial group orientation for new mental health care personnel. This initial group orientation is structured to address topics specific to employment, NCCHC and ACA standards, TDOC standards, and policies and procedures. Additional orientation programs for medical and mental health

providers, nursing staff, Health Service Administrators (HSAs), and mental health and substance abuse counselors have been developed based on client and employee recommendations.

Orientation of New Mental Health Care Personnel:

- Philosophy and ethics
- Functions and roles
- Legal authority
- Description of the organization structure of the facility and the Corizon health care delivery system
- Implementation of Standard Universal Guidelines
- Implementation of program standards related to documentation and medical records management
- Identification of appropriate strategies for procurement of essential supplies/equipment
- Location, on each unit, of policies and procedures related to the delivery of health care services
- Tennessee specific licensure requirements

Mental Health Provider Orientation:

- Confidentiality Agreement
- Medical Management Model Decision support system
- Clinical Initiatives
- Company Intranet
- Training and Education
- Continuous Quality Improvement
- Infection Control
- Disease Management
- Risk Management
- Patient Safety Committee Credentialing
- Contract

Mental Health and Substance Abuse Counselor Orientation:

- Suicide Prevention Training
- Security Orientation
- Manuals and Guidelines
- Policies and Procedures
- Inmate Care and Treatment
- Civil Commitment Criteria
- Forensic Commitment
- Receiving Screening
- Mental Health Assessments
- History & Physicals
- Mental Health Sick Call MET
- Triage/Referrals/Refusal of Care
- Pharmacy Formulary
- Review of Forms/Logs

- Pregnancy and Psychographics
- Reports/Grievances
- Infirmary (if applicable)
- Medical Restraints/Forced Psychotropic Medication Policy
- Special Inmate Program/Needs

Medication Training

Corizon will provide written policy and procedure that requires Corizon personnel who administer medication to have appropriate training. Working with TDOC, personnel will receive training regarding matters of security and accountability for administering medications in a timely manner. Personnel will also be trained on how to record the administration of medications on a form approved by the Director of Mental Health or designee.

Emergency Response Training – The Corizon First Four Minutes Program

The successful management of an emergency event in a correctional setting requires that the participants, whether medical or correctional, know their specific roles and perform those roles effectively and efficiently. The most successful outcomes are achieved when each member of the response team is able to perform their role, communicate effectively, and work as a team. With this goal in mind, the Corizon Training and Education Department developed the *First Four Minutes Program*, an Integrated Emergency Response Scenario Program, for each of its contracted facilities.

First Four Minute Programs Goals

- To provide practical readiness testing for common emergencies encountered in correctional medicine
- To correlate the scenarios with the educational materials provided on a regular basis
- To stimulate frequent practice of the most critical skills needed for emergency situations
- To document compliance with NCCHC and ACA requirements for “Man Down” drills

The *First Four Minutes Program* provides a variety of simulated emergency events that can or may occur at any time in the correctional setting. Each drill includes:

- The circumstances leading up to the emergency
- The potential diagnosis of the emergency
- The sequence of actions that took place
- Open forum to critique the event
- Form to document the drill or actual event

In- Service Training

In-Service Training gives us an opportunity to work with TDOC and drill down on specific educational requirements; it includes:

- Annual In-Service Calendar
- TDOC and mental health staff will have input on the topics offered throughout the year.

- In-Service education will be documented – topic outlines, dates/times offered, instructor and attendance rosters.
- A file will be maintained on each staff member documenting orientation, current CPR certification, and satisfactory completion of required annual training.
- Participants will receive proof of proficiency at the time a course is completed.

In-Service Education Topics include:

- Medication Administration
- Psychiatric Interview
- Mental Status Examination
- Mental Health Assessment
- Suicide Prevention and Intervention
- Disaster Plan
- Medical Emergencies
- Recognition of Mental Illness Signs and Symptoms
- Infection Control
- Recognition and Treatment of Chemical Dependency
- Basic Principles of Using Individual and Group Psychotherapy in a Correctional Setting
- Infection Control
- OSHA Safety and Compliance
- Patient Education
- Documentation Requirements
- Other training as identified by the TDOC Director of Mental Health

Training Tools

Corizon has a variety of training tools that are available for use at TDOC institutions. We recognize Corizon should anticipate purchasing any additional equipment or furnishings required, and any such purchases or upgrades should be approved by the State.

Mental Health Evaluation Tools (METs)

Corizon has developed a series of METs that can be distributed to TDOC institutional sites upon approval by the TDOC Director of Mental Health. The METs, which are similar to Corizon’s Nursing Evaluation Tools (nursing protocols), comply with Tennessee State guidelines and can be used to facilitate clinical decisions. Our METs can also be used as an orientation tool or to collect and communicate information for the appropriate clinician.

The following is an excerpt from our General METs:

Mental Health Evaluation Tools (METS): GENERAL

OBJECTIVE: Mental Status

Appearance / Behavior:	<input type="checkbox"/> Adequate grooming & hygiene <input type="checkbox"/> Calm & cooperative <input type="checkbox"/> Other: _____	<input type="checkbox"/> Normal social rhythm <input type="checkbox"/> Angry & agitated
Mood / Affect:	<input type="checkbox"/> Euthymic mood <input type="checkbox"/> Stable affect	<input type="checkbox"/> Dysphoric mood <input type="checkbox"/> Other _____
Speech:	<input type="checkbox"/> Normal <input type="checkbox"/> Difficult to interrupt	<input type="checkbox"/> Pressured <input type="checkbox"/> Other _____
Thought Form:	<input type="checkbox"/> Goal directed <input type="checkbox"/> Perseverative <input type="checkbox"/> Loosely associated <input type="checkbox"/> Illogical	<input type="checkbox"/> Circumstantial <input type="checkbox"/> Obsessional <input type="checkbox"/> Tangential <input type="checkbox"/> Fragmented
Thought Content:	<input type="checkbox"/> Delusional content <input type="checkbox"/> Auditory hallucinations <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flight of ideas <input type="checkbox"/> Visual hallucinations
Cognitive Functioning:	<input type="checkbox"/> No gross cognitive deficits apparent <input type="checkbox"/> Other findings: _____	

ASSESSMENT:

Provisional Diagnosis: _____

Referral **NOT REQUIRED**

Referral **REQUIRED** due to the following: _____

Additional information on our Mental Health Evaluation Tools (METS) is located in A.27. *Psychological Services*, found later in this section. Samples of our METS have been provided as **Attachment 7**.

Continuing Education Program

Corizon offers an innovative annual curriculum for behavioral health care staff. These courses provide an opportunity for our educational team to work with TDOC to verify employee skill sets, inform staff of new clinical advances, and assist with re-licensure requirements.

In February 2009, we received approval for permanent sponsorship of our mental health continuing education activities. We are approved providers through several recognized counseling boards. This sponsorship means that Corizon mental health counselors will be able to submit the mental health continuing education courses completed to their respective licensing boards for credit toward licensure continuing education requirements.

The following chart outlines our 2011 Behavioral Health CEU Calendar.

CONTINUING EDUCATION 2011 BEHAVIORAL HEALTH	
Subject	Credits
JANUARY / FEBRUARY Clinical Management of Difficult Behaviors	1.0
MARCH / APRIL Suicide Prevention	1.0
MAY / JUNE Motivational Interviewing	1.0
JULY / AUGUST Importance of Differential Diagnosis	1.0
SEPTEMBER / OCTOBER Multicultural/Diversity Awareness in Counseling	1.0
NOVEMBER / DECEMBER Evidence-Based Practice and Outcome Measures: Why They Apply to Correctional Mental Health	1.0
TOTAL CEU HOURS AVAILABLE	6.0

Education Opportunities for Inmates

Education is a fundamental component in the delivery of safe, effective and efficient correctional health care. We see this as a significant opportunity to inform inmate/patients and the correctional staff who work with us. Placing a priority on inmate and staff education — particularly on preventive health care — saves money by improving outcomes.

Health prevention programs for inmates include:

- Smoking Cessation
- Chronic Illnesses
- Substance Abuse
- Fitness and Exercise
- Personal Hygiene
- Nutritional Counseling
- Gender-Specific Health Issues
- Other Relevant Topics (as TDOC inmate population requires)

Our programs may be delivered in a number of ways:

- Educational and instructional pamphlets,
- Posters
- Patient Information Fact Sheets
- Videos/DVDs
- Group sessions (where appropriate)

We also developed a series of health-specific Patient Information Fact Sheets (PIFs) that cover a variety

of topics, including mental health-related issues:

- Major Depression
- Bipolar Affective Disorder
- Generalized Anxiety Disorder
- Post-traumatic Stress Disorder
- Schizophrenia
- Suicide Prevention
- Sleep Hygiene
- Anger Management

Four (4) areas are identified:

1. WHAT IS (name of disease)?

Example: Anger Management

WHAT IS ANGER?

- Anger is a normal emotion.
- It is one of the most basic feelings that everyone feels, but often denies.
- Even though it is one of the most basic of feelings it is often feared and misunderstood.
- It is usually a reaction to another or to an event over which we feel we have no control.
- It is often used to hide other feelings, such as fear.
- It is often used in negative ways, but when released in a safe way it can help build confidence and actually help improve and build relationships.

2. WHAT SHOULD I DO?

Example: Bipolar Affective Disorder

WHAT SHOULD I DO?

- Two simple rules to remember: Stay on your medications and avoid drugs and alcohol.
- Talk to your Psychiatrist about your illness and medications.
- Ask about the results of blood tests.
- A healthy diet is important, limit caffeine and sugar.
- Choose a daily exercise activity, even if only a walk on your housing unit.
- Talking therapy can help you cope and feel better. Ask about support groups.
- Attend all scheduled appointments and sick calls.
- If you are doing none of the above to care for yourself, ask yourself "why not".
- If you have any questions about the suggestions offered, talk to your mental health care provider.
- Continue your medication and see a mental health specialist when you are released.

3. PUT IN A SICK CALL SLIP IF: You begin to have the following:

Example: Schizophrenia

PUT IN A SICK CALL SLIP IF: You begin to have the following:
<ul style="list-style-type: none">• You begin to feel overwhelmed by your thoughts or feelings.• You think your medicine is causing problems.• You begin to feel unsafe or feel like someone is going to hurt you.• You feel lightheaded, weak or dizzy.• You are running a fever, vomiting or have diarrhea.

4. EMERGENCY! TELL A CORRECTIONAL OFFICER TO CALL MEDICAL IF:

Example: Major Depression

EMERGENCY! TELL A CORRECTIONAL OFFICER OR DEPUTY TO CALL MEDICAL IF:
<ul style="list-style-type: none">• You are having suicidal or homicidal thoughts.• You are having difficulty breathing, swallowing or bleeding that won't stop.

Education Opportunities for Correctional Staff

With the TDOC approval, Corizon will deliver a training program at each institution for all non-healthcare staff; this training will consist of four hours of classroom time annually. Our training session will address a variety of topics necessary for the health and safety of the officers and prompt medical and mental health treatment of inmates.

The objectives of our Security Staff Education Program will be to train officers to:

- Identify inmates requiring immediate mental health attention;
- Recognize symptoms of conditions requiring referral to mental health professionals;
- Take appropriate steps when triaging and obtaining medical or mental health services for an inmate in an urgent or emergent situation.

Our mental health training for officers will encompass the following topics:

- Recognizing and Dealing with Signs and Symptoms of:
 - Mental Health Emergencies;
 - Mental Illness;
 - Chemical Dependency;
 - Mental Retardation;
 - Psychological Trauma; and,
 - Acute and Chronic Serious Functional Impairments.

- Suicide Prevention and Management
 - Recognizing Suicidal Behavior; and
 - Policies and Protocols for Suicide Prevention.

Corizon will include any additional topics TDOC deems appropriate and necessary.

A.16. Background Investigations (*pro forma* Contract pg. 4)

For the good of our clients and safety of our other personnel, Corizon performs extensive background investigations on prospective health staff prior to employment. This ensures all Corizon mental health professionals and ancillary staff members are in good standing and are qualified to perform the job for which they were hired. For the TDOC mental health services contract, Corizon will comply with all RFP and contract requirements concerning background investigations, including electronic fingerprinting in accordance with procedures established by the Commissioner.

Corizon will not hire ex-felons or relatives of currently incarcerated felons. Corizon' thorough criminal and employment histories for the TDOC will go back a minimum of five years, and will be available to the State upon request. A "Criminal History Request" from the National Crime Information Center (NCIC) will be immediately prompted and completed for each individual hired to work at a TDOC institution. In order to verify the Criminal History Request has been initiated, Corizon will forward this request to the State and process it in accordance with procedures established by the Commissioner of the TDOC.

Corizon understands that in no instance will an employee be allowed to begin work in a facility until the NCIC check has been completed; however, the employee may participate in pre-service training while the check is in process. A prospective Corizon/TDOC healthcare professional will not be further considered for employment at the TDOC until after the State has notified Corizon whether or not the employee is cleared. The criminal history obtained from NCIC or FBI will be used by CMS solely for the purpose requested, and will not be disseminated outside the TDOC or the affected employee.

A.17. Quality Improvement (*pro forma* Contract pg. 5)

The purpose of Corizon's Continuous Quality Improvement (CQI) program is to establish a comprehensive, collaborative, organization-wide clinical and information-driven review process. Our CQI program will comply with the State's quality improvement initiatives in accordance with TDOC policy.

The mission of Corizon performance and quality improvement programs for TDOC focuses upon the following three key objectives:

- 1) Collaborate with TDOC to understand and implement processes and structures that affect high risk, high frequency, and problem-prone correctional mental health issues;
- 2) Work in concert with TDOC to design mechanisms to regularly measure staff performance and the clinical outcomes, and devise appropriate action plans when opportunities for improvement are identified; and,
- 3) Develop shared goals and demonstrate to TDOC Corizon's performance and contractual compliance through the provision of objective, performance audit results.

Corizon is excited to propose a CQI program specially tailored to include the performance indicators

identified by TDOC as important criteria requiring improvement; these indicators will serve as the foundation of the program.

Development Schedule

As the incumbent medical provider for TDOC, Corizon currently actively participates with the State’s Quality Improvement program. Subsequently, our mental health Quality Improvement Coordinator, who will work at the direction of the TDOC Director of Mental Health, will make an immediate impact in the ongoing development of Quality Improvement Indicators and studies to develop, implement and oversee clinical guidelines, services and practices to enhance quality and support continuity of care throughout the TDOC mental health delivery system. Building upon our experience at TDOC facilities, Corizon will actively collaborate with the Department of Correction to provide an expansive CQI program for the mental health delivery system that meets the needs of each TDOC institution:

- Corizon will propose in writing to the Director of Mental Health Services within 90 days after Contract Commencement Date, the standardized outcome measures to be utilized statewide;
- In consultation with the TDOC Director of Mental Health Services, Corizon will develop initial standardized performance measurement instruments that can be used statewide within 120 days after Contract Commencement Date.

All Corizon staff will participate in institution specific, region and TDOC initiatives to provide the foundation for the CQI program. Our staff will attend all meetings and will support the program through involvement in audits, meetings, corrective action plans, and other ongoing activities.

Corizon Corporate Support for CQI

As we did with our medical CQI program for TDOC, we will devote corporate resources via the corporate CQI Committee to organization-wide quality improvement efforts. We will continue to work in concert with the Department of Correction to continue to refine the TDOC CQI program model and to develop staff understanding of the CQI program.

Our mental health implementation plan will incorporate staff education and policy and procedure development to promote and ensure compliance upon execution of the contract. Specialized CQI training will be provided to all Corizon employees during orientation and for our in-service and continuing education programs. Corizon believes that mental health staff are key participants in performance and quality improvement efforts. Our experience in this area continues to demonstrate that frontline staff embrace quality improvement efforts more readily when they understand the rationale for and impact of improvement efforts, and believe in the value of their contribution. Therefore, Corizon site, regional and statewide mental health staff will involve institutional medical,



What our Clients are Saying.....

Corizon Administration here in our state has been very active in working with my office in ensuring that the services provided have been adequate in meeting the needs of our inmate population. At this point in time, I have nothing negative to say in regard to how Corizon has been meeting this contractual obligation.”

*Robert A. Parker, MS, LPE-I
Mental Health Administrator
Arkansas Department of Correction*

mental health and administrative staff in these initiatives through communication of improvement efforts and enlisting TDOC input and participation.

CQI Made Simple

Corizon utilized a program of resources to develop staff understanding of a CQI program when we implemented our medical services. Our successful implementation program featured the Corizon *CQI Made Simple* manual. We will utilize this resource again to assist the mental health staff with understanding the collaborative effort necessary for effective service delivery at TDOC institutions. Our *CQI Made Simple* manual provides a complete overview of the TDOC/Corizon CQI program model, including:

- Purpose of CQI;
- Understanding the process;
- Getting started;
 - Developing the committee;
- Agenda samples;
- Meeting format;
- Planning a calendar of scheduled studies and reporting statistics;
- Assigning responsibilities;
 - Conducting study audits;
 - Reporting studies;
 - Reviewing study results;
 - Reporting monthly statistics;
 - Reviewing annual reports;
- Peer review;
- Disaster drill;
- Suicide prevention;
- Suicides and suicide attempts
 - Critical incidents (sentinel events);
 - Documenting meeting minutes;
 - Action plans and follow-up;
 - How to complete a Root Cause Analysis; and
 - Implementing process changes.

Inclusive in the *CQI Made Simple* manual are performance measurement study tools to monitor and assess the quality of mental health services provided across the continuum of care, from point of entry through release. The performance measures have been defined by standards and guidelines of the ACA, NCCHC, JCAHO, and established psychiatric and mental health community practices. The tools were developed for ease of use and with the capacity for modification based on contract specific measures.

The study tools are designed to present a comprehensive CQI format without taxing site staff with burdensome tasks. The tools contain all the requirements of an effective QI study, including:

- Purpose of the study;
- Methodology for a random selection of a “targeted” process or population;
- Audit tool with defined performance measures;

- Automated scoring of results from audit;
- Analysis of each individual performance measure;
- Analysis of overall study performance; and
- Performance improvement plan format for documenting action plan when indicated and plan for follow-up.

Corizon's Continuous Quality Improvement Plan for TDOC will include regularly scheduled monthly audits. We will not publish any outcomes based on data obtained from the operation of our contract with TDOC without prior written consent of the Department of Correction.

Monthly CQI Meeting

Corizon developed a monthly CQI meeting with TDOC. Upon contract start, this meeting will include our mental health practices, and will continue to monitor the success and outcomes of the Corizon program and to facilitate communication between the disciplines integral to the implementation of our integrated healthcare services program. The monthly CQI meeting will be conducted with the objective of monitoring the healthcare services provided, collecting, trending, and disseminating data, and developing and monitoring corrective action plans. In our continued partnership with TDOC, Corizon will develop a reporting structure to facilitate the flow of data and the analysis and development of strategic plans.

Behavioral Health Specific CQI Audit Tools

Our established and comprehensive CQI process is complete with audit tools designed to encompass high volume, high risk, and problem-prone aspects of correctional mental healthcare. We will work tirelessly with TDOC to identify areas for improvement and, when necessary, implement improvement plans that include of follow-up compliance monitoring. Following are audit tools that can be effectively utilized upon contract start with the current Corizon CQI system at TDOC:

- Therapeutic Restraints
- Infirmary Healthcare Record
- Medication Compliance Monitoring
- Psychotropic Medication Monitoring
- Forced ER Psych Meds – non-court ordered
- Intake Training
- Intake Inmate in Segregation
- Intake Screening and Assessment
- Inmate Request for MH Services – Sick Call
- Refusal of Treatment
- Mental Health Treatment Plans
- Bipolar Disorder
- Major Depression
- Schizophrenia
- Chart Review
- Suicide Prevention Program
- Management of Suicide Inmate
- Suicide Process

- Seclusion
- Psychotropic Medication Prescribing
- Psychotropic Medication Verification
- Psychotropic Medication Review Form
- Psychotropic Medication Monitoring
- Bridging Psychotropic Medications
- Transfers – Intra-system Custody
- Release Planning

Performance Measurement Survey Tools

Corizon regularly monitors our provision of services and staff against performance indicators and standards for care delivery and outcomes. The Corizon performance measurement survey tools that will be used in all performance and quality improvement activities for the TDOC, are based on National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards and practices. These tools will assist us with validating and continually improving our mental health services program, to ensure we meet or exceed contract requirements.

Performance Indicators

With client satisfaction in mind and the inherent need to provide a cost-conscious quality service, Corizon consults regularly with our clients on identifying and refining key performance indicators. These performance indicators focus on clinical and business support, as well as operational functions, and serve as cornerstones for Corizon quality initiatives. Each month, to quantify successes and challenges within each of our contracts, data are compiled, measured and reported at site, regional and corporate levels. Monthly operational and clinical reviews are completed with performance scores developed in partnership with our clients. These performance indications are reported monthly to Corizon senior management and quarterly to our corporate Medical Advisory Board.

Mental Health Focused Performance Indicators

Corizon fully appreciates the duty to participate in compliance activities, specifically with regard to the use of a structured system for monitoring performance and demonstrating sustained improvement. As such, Corizon strongly advocates a philosophy of proactive and concurrent monitoring and intervention to promote prompt identification of areas of non-compliance, implementation of appropriate corrective action, and ongoing monitoring to ensure that corrective actions are effective and maintain compliance.

As noted earlier, our Performance Monitoring/Quality Improvement Program for TDOC will encompass all key aspects of mental healthcare, with a particular focus upon regular monitoring. The performance indicators are focused on mental health issues that have historically proven to be a challenge to providers of mental health services. Outcomes based initiatives to address suicide prevention and psychotropic medication compliance are evaluated for compliance with Corizon practices based on clinical practice guidelines established NCCHC, ACA, American Psychological Association (APA) and American Medical Association (AMA) standards. Regular reports will be provided to TDOC that are integrated with our medical services.

Suicide Process Study and Management of the Suicidal Inmate

As providers of mental health services, we have an in-depth understanding of the devastating impact of a completed suicide from an emotional perspective, as well as a liability perspective. Corizon concentrates effort and resources on identifying and implementing best practices toward managing risks in preventing suicide. In addition to the extensive suicide prevention orientation and training programs Corizon has in place, we have developed performance measurement studies in which we evaluate our suicide risk monitoring processes.

Corizon can provide innovation to TDOC by providing integrated medical and mental health services. Using an integrated and proactive approach has resulted in decreased medical and psychiatric hospitalizations at other State correctional institutions. We accomplish this through behavioral management techniques and our use of evidence-based, adjunctive psychiatric medications.

Non Suicidal Self Injury (NSSI) is a challenging clinical issue. It is also a proposed new diagnosis in the upcoming *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*. Corizon currently tracks NSSI by unique processes through our Patient Safety Committee and Sentinel Event Review protocols. Corizon medical and mental health both report NSSI events and treatment plans are generated before a suicide attempt occurs.

Through our CQI program, NSSI events are continuously monitored, benchmarked by patient, and incidences are trended over time. Our treatment protocols have proven effective; Corizon has documented decreased episodes of NSSI, as well as decreased intensity and frequency. As a result, our integrated healthcare has reduced the cost of psychiatric medications.

Monitoring Psychiatric Medications

Corizon has developed evidence-based prescribing guidelines and we supervise and train our staff on these expert consensus standards of care. This has proved critical when monitoring Second Generation Antipsychotics and non-formulary authorizations. We benchmark prescribing behavior by coordinating our Clinical Quality Indicators with quantity prescribed and cost.

By monitoring psychiatric medications in this way, pharmacy claims are analyzed, prescribers are messaged, and there is a resultant decreased use of non-formulary second-generation antipsychotics. Subsequently, the risk of side effects is reduced and therapy is utilized more proficiently. As an additional benefit from our integrated CQI program monitoring, we have found psychotropic medication expenses are decreased.

Peer Review

Corizon mental health staff will comply with and contribute to the TDOC requirements for Peer Review. We will utilize our peer review clinical enhancement process at least annually for licensed mental health providers. However, more frequent reviews may be utilized as indicated. Corizon will have a peer review plan that is approved in writing, by the TDOC Director of Mental Health for the approval of the Statewide CQI Committee within sixty (60) days of the contract execution and annually thereafter, no later than January 1 of each calendar year.

Peer review is not only performed for our psychiatric providers but also for behavioral health clinicians. Clinically equivalent clinicians will review the work of all licensed mental health staff at least annually.

The peer review clinical performance enhancement process provides a collaborative forum to enhance the healthcare provided to the inmate. The mental health clinician receives insight into his/her clinical skills and focused feedback regarding clinical outcomes. In addition, the reviewer obtains a better understanding of the processes, needs, and challenges with which the clinician must deal on a daily basis in a difficult jail or prison setting. While not a performance review, the fluid interchange between the reviewer and clinician through dialogue and conversation is found to enhance competence and focus resources on areas needing improvement. New providers receive a peer review during the first quarter of providing services. This information assists with initial development planning.

Corizon will notify the State of all peer review actions. Corizon will share results of the peer review with the State's Peer Review Chairperson and the Director of Mental Health Services. Corizon understands the State will review peer review reports and when necessary must approve the Corizon plan of corrective action for peer review deficiencies for licensed mental health providers at TDOC.

A.18. Contract Monitoring (a. through d.) (*pro forma* Contract pgs. 6-7, RFP Amendment Two pgs. 18-19)

Corizon has read and understands all areas as detailed in this section of the RFP. We are aware of and respect the role of TDOC Contract Monitors, we acknowledge the performance measures as listed in RFP Attachment Three, we accept the stipulations surrounding the liquidated damages as detailed in Attachment Four and revised in Amendment Two of the RFP for mental health services.

A .19. Pre-Release Planning & Mental Health Transitional Services (*pro forma* Contract pg. 7)

Corizon will work closely with corrections, community providers, community agencies, community substance abuse treatment centers, and probation and court personnel to establish policies, procedures, and relationships appropriate to guide transitional services for TDOC inmates. TDOC pre-approved cross training of correctional staff and clinical treatment personnel will be pursued early and extensively in Corizon programs in an effort to maximize synergy and minimize disruption and waste. Our practical experience providing release planning services to both prison and jail populations has allowed Corizon to develop a program based on the procedures that we have found to be successful.

Corizon fully supports the philosophy that release planning efforts begin during the intake process and continues through the continuum of incarceration. From the time of reception, Corizon healthcare staff will incorporate release planning into the intake process, clinical assessment and treatment planning. The release planning process will evaluate the inmate's post-release needs in the following areas:

- Ongoing mental health/substance abuse care;
- Psychotropic medication;
- Housing;
- Healthcare benefits;
- Income/Financial support;
- Transportation;

- Transition assistance needs; and
- Release management resources, internal and external.

Corizon has developed a wide-ranging program with the goal of addressing each issue that may prevent a released inmate from successfully returning to the community. Corizon will tailor each TDOC institution's program to fulfill the needs of that facility and the communities to which inmates return.

We will partner with the TDOC to not only support and facilitate reentry planning services, but to evaluate, monitor, and modify the system for the presence, adequacy, and continued enhancement of the reentry process. The hallmarks of this program, as described below, will be developed and implemented in a four phase process, and will include the following components:

- Begin reentry planning during the intake process;
- Reentry planning integrated into the Individualized Treatment Plan of all special needs/mentally ill/chemically dependent inmates;
- Invest in family reunification services for inmates who may have family support;
- Provision of medication and medical records to inmates at the time of their release;
- Designation of staff person to monitor/coordinate reentry at each facility;
- CQI processes specific to reentry to monitor the effectiveness of our reentry planning efforts;
- Utilizing telehealth to enhance the continuity of care between the correctional facility and community agencies and providers of care, especially for agencies and providers of care in rural locations; and,
- Use technology (i.e., video-conferencing, electronic messaging) to facilitate coordination of services.

Coordinating Care with Community Providers

Corizon will continue to develop collaborative working relationships with key local community providers, public agencies, and state affiliated departments to facilitate post-release discharge plans and promote the inmate's compliance with ongoing care. The overall goal of our release planning is to connect the inmate to the community resources necessary to maintain optimal mental health and functioning thereby avoiding relapse and potential re-offending due to the inmate's mental health condition.

Corizon will engage in regularly scheduled multidisciplinary meetings with the TDOC in collaboration with the following participants:

- TDOC Central office leadership staff;
- TDOC divisions – Probation and Parole;
- Facility management;
- Legislative committees; and,
- Community providers/stakeholders.

In addition to utilizing these meetings to improve overall care delivery, transitional planning will be implemented in a collaborative approach between identified participants to accurately identify inmates in need of ongoing services and to ensure coordination of ongoing services after release.

Coordination with Community Providers

In an effort to initiate release planning efforts during the intake process, Corizon mental health staff will assess if the inmate has a history of mental health treatment. If the inmate has previous mental health treatment with any community providers, the inmate's signed authorization for release of information from previous providers will be secured at the time of the mental health intake assessment. Refusals to authorize release of information from previous providers are clearly documented. The original signed authorization(s) is forwarded to the provider(s) and copies of the authorizations will be filed in the inmate's chart.

Coordination with previous community providers, beginning at intake, will assist Corizon mental health staff with clinical assessment, treatment planning and release planning. Corizon will ensure continued coordination of care with previous community providers, so that ongoing services are established after release.

Follow-up Scheduling

Corizon mental health staff will work closely with each facility's healthcare staff and correctional administration to ensure that potential release dates are known for inmates with a mental disorder or serious functional impairment so that release planning is arranged accordingly. In addition, Corizon staff will obtain the appropriate release of information from the inmate and contact the designated community provider/agency to make a referral and to obtain an initial appointment for the inmate.

Corizon staff will initiate working relationships and regular communication with key providers/agencies. By working collaboratively with these representatives, arrangements for services can be established prior to release for inmates whose release dates are known in advance.

Release Medications

Corizon will provide each inmate who is being released directly into the community or treatment program with no less than a fourteen (14) day supply of medication, or a prescription to bridge medications until the next scheduled appointment with a provider. When the inmate's release date approaches one week, an inmate-specific discharge prescription will be ordered from the TDOC pharmacy provider PharmaCorr, so that the inmate will take with them upon release. This prescription will have pertinent patient data, including name and directions for use, to assist any applicable after-care programs in medication management.

Utilization of Community Providers

Corizon strives to incorporate re-entry efforts for those inmates with serious and persistent mental illness. We will facilitate successful reentry for TDOC by utilizing the community providers described as follows.

Community Mental Health Centers

Corizon will establish working relationships and regular communication with key contacts at local mental health centers, including emergency community response teams. By working collaboratively with these

representatives, arrangements for housing, financial support, and post-release care can be established prior to release for inmates whose release dates are known in advance. In addition, this has proven valuable in resolving challenges with transition of inmates in need of placement in state psychiatric facilities or residential treatment centers.

Community Groups

Corizon will proactively participate in statewide and/or local community groups such as local *National Alliance of the Mentally Ill* chapters. This has assisted in raising awareness of the many challenges faced by correctional institutions in not only providing mental healthcare to incarcerated persons, but also to the need for services in the community that will help provide necessary care and ultimately improve recidivism rates.

Community Health Centers

Corizon will coordinate services for released inmates at local community health centers. Corizon is aware that many community health centers have expanded their availability of services, particularly in the areas of behavioral health, where currently there are widespread problems with access for the medically underserved.

Transfer of Mental Health Records

After obtaining the appropriate release of information from the inmate, all necessary information will be provided including coordination of care issues so that the receiving provider/agency has an understanding of the plan of care and the needs of the inmate for successful transition. A discharge summary, written and typed, will be provided to referring or receiving providers. Upon request, a transfer of the medical and mental health records will be initiated to ensure coordination of discharge care.

A.20. Litigation Issues (*pro forma* Contract pg. 7)

With our current contractual relationship with TDOC, Corizon has agreed to cooperate with the TDOC and the State in all litigious matters arising from our delivery of healthcare services pursuant to the current contract. We will cooperate in this same manner during the term of the contract that results from this procurement.

As necessary and requested, Corizon will furnish evidence, and provide general and expert testimony in connection with inmate litigation. Corizon will notify the State whenever an agent, affiliate, independent subcontractor, or any person performing services under this contract is asked to testify or provide an opinion or evidence in any litigation involving the TDOC, its staff, or any inmate.

A.21. Contract Management (*pro forma* Contract pgs. 7-8)

In order to properly facilitate the services required by the TDOC, we have chosen key Corizon management personnel to oversee our TDOC contract. These positions include:

- Administrator
- Clinical Director
- Case Manager Coordinator
- Continuous Quality Improvement Coordinator
- Telemedicine Coordinator

Administrator

Corizon Regional Director, Zachary Morgan will be the local individual with the overall administrative responsibility for this Contract. Mr. Morgan will be available to consult and coordinate daily operations of service delivery with the State Director of Mental health and other designated state officials.

The Regional Director supervises the Clinical Director administratively (clinical supervision done by medical leadership) and provides input to the Corizon regional team to help shape corporate strategies. Mr. Morgan will translate and lead implementation of corporate strategies for the TDOC mental health services contract. He is responsible for achieving desired outcomes and established objectives as defined by contract requirements and TDOC expectations. As Regional Director for the TDOC contract, Mr. Morgan will report to Corizon Vice President Operations, Tom Voss.

Vice President Operations

As Corizon Vice President Operations, Mr. Voss supervises regional support and operational staff. He currently serves as Contract Manager for our TDOC medical contract. *Resumes* for Mr. Morgan and Mr. Voss has been included as part of **Attachment 4**.

Behavioral Health Team

The Corizon Behavioral Health Team consists of adult/child psychiatrists, psychologists and masters level clinicians. This team will be involved in clinical oversight of behavioral health services for TDOC and is available to the Clinical Director.

Clinical Director

Corizon has designated Robert J. Marcello, Ph.D., as Clinical Director. Dr. Marcello is a Licensed Clinical Psychologist with more than twenty-five years of experience and is a Corizon Director of Behavioral Health. He recently served as Regional Mental Health Director for a Corizon statewide contract. Dr. Marcello will serve as the clinical liaison to the TDOC medical and mental health directors. As Clinical Director, Dr. Marcello will be responsible for communications of clinical information from TDOC to contract providers and will serve as a point of contact for the Mental Health Director on contract related issues.

A resume for Dr. Marcello has been included as part of **Attachment 4**.

Case Manager Coordinator

Corizon has provided for a 1.00 FTE Case Manager Coordinator in our staffing plan. The statewide case manager coordinator will be responsible for providing a full range of mental health program services to

the inmate population, under the direction of the mental health program director. This professional will assist with the coordination of patient referrals to other specialized DOC programs and community based treatment programs when applicable; will assist in the control of utilization of resources, pre-occurrence monitoring, concurrent monitoring, intervention and retrospective review. They will track, trend and evaluate appropriateness and quality of care issues with the implementation of education plans and process improvement initiatives.

A *Job Description* for our Case Manager Coordinator has been included as part of **Attachment 5**.

Continuous Quality Improvement Coordinator

Corizon has provided for a 1.00 FTE mental health Continuous Quality Improvement (CQI) Coordinator in our staffing plan. This professional will be responsible with the Director of Mental Health or designee for developing and implementing our mental health Continuous Quality Improvement Program. Our CQI Coordinator will assist in the development of clinical guidelines and enhancing the quality of the State's mental health operations. The CQI coordinator will work closely with the TDOC Central Office and visit all facilities frequently to survey the CQI program to assure compliance with ACA Standards, Corizon and TDOC policies.

A *Job Description* for our Continuous Quality Improvement Coordinator has been included as part of **Attachment 5**.

Telemedicine Coordinator

Corizon has provided for a 1.00 FTE Telemedicine Coordinator in our staffing plan. The Telemedicine Coordinator will work with offsite providers, specialists, and Corizon healthcare staff to coordinate Telemedicine Services for the Department of Correction. The Telemedicine Coordinator, operating from the Regional Office, will provide education, technical support and overall program guidance to ensure the telemedicine component of the healthcare services program is fully utilized.

A *Job Description* for our Telemedicine Coordinator has been included as part of **Attachment 5**.

Corizon Vice President Behavior Health

The mental health program at TDOC will have the benefit of the expertise of Corizon Vice President Behavior Health, Joe Pastor, MD, CCHP. Dr. Pastor has over 20 years of medical practice experience and an extensive knowledge of psychiatry, mental health and the integration of physical and behavioral medicine. He is trained in adult and child/adolescent psychiatry and recognized by the NCCHC as a Certified Correctional Health Professional. Dr. Pastor provides and supervises direct patient care utilizing telepsychiatry in jails and prisons. Based in Tennessee at our corporate offices in Brentwood, Dr. Pastor will provide supervision of TDOC psychiatrists and will be a ready resource for Dr. Marcello, our proposed Clinical Director.

A resume for Dr. Pastor has been included as part of **Attachment 4**.

A.22. Approval of Key Staff *(pro forma Contract pg. 8)*

Corizon understand the State reserves the right to approve or disapprove individuals or business entities Corizon seeks to utilize for this contract. Our successful recruiting and extensive credentialing process will ensure the TDOC receives the healthcare expertise of highly qualified, compatible health staff. Our process will include interviews of key prospective Corizon/TDOC employees with the Director of Mental Health Services prior to the employee's contract assignment. After receiving written approval from the State, Corizon will then assign key personnel to the most appropriate TDOC institution. We further understand that written State approval for the following must be obtained prior to employee contract assignment:

- Corizon personnel with overall responsibility for this contract (Vice President Operations);
- Mental health administrators assigned to any TDOC institution(s); and
- Licensed Mental Health Providers.

A.23. Staffing Requirements (a. through c.) *(pro forma Contract pgs. 8-9, RFP Amendment Two pgs. 17 and 19-20, Attachment Five)*

Corizon has read, understands and agrees to all areas as detailed in this section of the RFP. Corizon will provide adequate and qualified staff to fulfill our obligations and at a minimum be in accordance with the staffing plans as shown previously in section C.1. Illustration of Understanding. Corizon has utilized the State's approved minimum staffing plan for each institution. Upon contract award, we will submit monthly staffing reports on or before the fifteenth (15th) of each month demonstrating the preceding month's actual staffing compared to the staffing plan for each institution.

When reasonable circumstances dictate, Corizon and the State agree to review and modify staffing requirements as appropriate. Additionally, the State may require Corizon to modify staffing provisions if, upon formal review, the provision of services is deemed unacceptable for meeting the clinical or program needs at any given TDOC facility. Corizon further acknowledges the following:

- When a mental health professional leaves Corizon's service at TDOC, Corizon will have thirty-one (31) days to secure a replacement;
- Corizon assures that adequate backup replacement coverage will be in place to address the clinical service needs of any State facility

A.24. Tennessee Offender Management Information System *(pro forma Contract pg. 9)*

Corizon agrees to honor the security of the TDOC Tennessee Offender Management Information System (TOMIS) information. Corizon warrants its authorized employees and contractors will not knowingly misuse, abuse, alter, or attempt to alter the information contained within TOMIS, except as pertains to the use and data entry requirements necessary to fulfill Corizon's obligations under the terms of this Contract.

Authorized Corizon employees and contractors will enter specific mental health classification information, diagnostic codes, levels of service, service delivery information and any other reasonable information into TOMIS as requested by the TDOC Director of Mental Health or as required by

established TDOC Policy. Corizon understands training and access to the equipment will be provided by the State.

A.25. Psychiatric Services *(pro forma Contract pgs. 9-10)*

The psychiatrists provided by Corizon will be licensed to practice medicine in the State of Tennessee and board certified or board eligible by the American Board of Psychiatry and Neurology. Any psychiatric provider who is board eligible will be encouraged to pursue board certification as a condition of their contract. As described in the section of this proposal titled “A.34. Credentialing,” every independent contractor position is verified and documented by our experienced credentialing staff. Especially in the corrections setting, the process by which psychiatrists are credentialed is key to a safe and clinically sound healthcare delivery approach.

Under protocols approved by the supervising psychiatrist, appropriately trained and credentialed Advanced Practice Nurses may also provide psychiatric services in associated with the Corizon program. We will ensure that the institutional health and mental health administrators have a copy of the protocol and signed agreement between the psychiatrist and the APN onsite.

Corizon will ensure that standards of practice will be according to those of the community and in compliance with state and federal laws. The credentials of psychiatrists and APN’s will be presented to the TDOC Director of Mental Health Services for review and approval prior to hire. Further, we understand that the TDOC Director of Mental Health Services reserves the right to request that the candidates are interviewed by the TDOC Director of Health Services or designee.

Psychiatric Evaluations/Assessments

Corizon psychiatric evaluation and assessment will be completed by a mental health Therapist/Psychologist, and will focus on past psychiatric problems, family history of mental illness and substance abuse, current mental status and level of adaptive functioning, educational and vocational history, the inmate patient’s social support system and social/cultural influences on developmental history. This assessment will address important diagnostic or treatment questions including evaluation for depression, suicidal ideation, and psychosis. Psychological testing will be completed if an assessment indicates that additional testing is warranted. The overall goals of this assessment are as follows:

- Evaluate and diagnose inmates exhibiting signs and symptoms of an Axis I and II mental illness;
- Provide a safe, structured environment where an inmate patient can be observed and evaluated over time; and,
- Provide therapeutic and medication interventions to treat and reduce current symptoms that interfere with ability to function in a less restrictive environment.

Individual Treatment Plan

Corizon’s qualified mental health professionals at each TDOC site will develop a written Individualized Treatment Plan (ITP) for each inmate with severe mental impairments and/or intellectual deficiencies requiring close mental health supervision, including chronic and supportive care.

The Individualized Treatment Plan is a critical component of the mental healthcare provided to inmates,

and provides a “roadmap” for ongoing care that includes the inmate’s strengths and weaknesses, specific needs for care, timeframes for the achievement of measurable goals, and the staff members responsible for assisting the offender to achieve his/her goals. The ITP for each inmate will address at a minimum the following issues:

- Mental illness;
- Substance Abuse (if applicable to the individual offender);
- Motivation for treatment ;
- Gender-specific needs and approach;
- Coping skills necessary to manage mental illness/addiction;
- History of physical/sexual abuse (if applicable to the individual offender);
- Criminality (as applicable/appropriate to the individual offender); and,
- Re-entry.

Corizon’s approach to individualized treatment planning is centered around a multidisciplinary context. The inmate’s assigned mental health therapist will be primarily responsible to develop the ITP with the involvement and input of the inmate, but will do so in collaboration/consultation with the psychiatrist, mental health nurse, and psychologist (whenever possible and available). The ITP will be signed at minimum by the assigned therapist, the psychiatrist, the psychologist (whenever possible and available), and the inmate.

The process Corizon will use to complete ITPs for every offender with severe mental impairments, intellectual deficiencies, and/or cognitive impairment is the following:

- The offender will be assessed at intake and assigned a *mental health classification score*.
- It is preferable to have the initial ITP developed at the facility where they are initially assigned, and with the therapist with whom they will be able to develop an ongoing therapeutic relationship. For these reasons, offenders who are classified with an MH score of 3 or above, or who have been identified as having intellectual deficiencies and/or cognitive impairment requiring an ITP as described above, will have an initial ITP developed within 30 days of arrival to the facility where they will be housed.
- Because the ITP is the “roadmap” for the course of treatment, it needs to be reviewed and updated on a regular basis. Corizon will update the ITP for each inmate every six months at minimum, but more frequently as treatment goals are completed and/or as new areas requiring therapeutic intervention are identified.

Segregation Reviews

Corizon understands that the psychiatrist/APN may be requested to perform 30-days and/or 90-days segregation reviews. In addition, Corizon mental health staff will provide weekly segregation rounds to assess the following:

- Inmates who demonstrate or express stress-related difficulties as a result of the placement in segregation;
- Inmates who demonstrate a decline in personal hygiene;
- Inmates who demonstrate or express signs of psychological decompensation;

- Inmates who demonstrate or express symptoms of a mental illness (depression, anxiety, mania, psychosis, etc.); and,
- Inmates who demonstrate or express an increase in irritability and/or disruptive/violent behavior.

Any evidence of the above signs of distress or decompensation, will be assessed by Corizon mental health staff, who will document the assessment in the inmate's medical record. Additionally, placement in segregation will be included as an issue to address on the ISP.

Corizon will provide the following services for inmates with mental illness in administrative segregation:

- Individual treatment;
- Group participation treatment;
- Socialization activities;
- Daily living skills; and,
- Recreation/physical activities.

Timely Direct Assessment

Corizon will provide a direct assessment for inmate patients within seventy-two (72) hours from the time a telephone order was given for cases involving restrictive therapeutic dispositions. We will provide a direct assessment to inmates placed in therapeutic restraints for a total of 24 continuous hours.

Psychotropic Medication Prescription

A psychiatric evaluation will be completed prior to initially prescribing psychotropic medications.

Required laboratory tests will be ordered for the initiation and follow-up of psychotropic medication administration. Informed consent forms for each psychotropic medication shall be obtained and documented. For patients receiving antipsychotic medications, AIMS testing will be administered at the initiation of treatment as a baseline, and then at least every six (6) months thereafter.

Psychotropic medications will be prescribed when clinically indicated and adjusted to maximize clinical effectiveness while minimizing potential side effects for TDOC inmate patients. Corizon will provide a medication treatment program in accordance with TDOC established policies and procedures. As with all of Corizon's psychiatric practices, treatment with psychotropic medication will be conducted in accordance with current regulatory standards of the NCCHC, the ACA, and established clinical guidelines and community standards of practice for psychiatric care.

Treatment with psychotropic medication is a part of a multidisciplinary approach and will be detailed in the individualized service plan. Each inmate who is prescribed psychotropic medication will receive case management services by mental health staff.

Medication Review

Corizon mental health personnel will ensure that medications are reviewed, and orders renewed if necessary, at least every ninety days. Review of non-physician provider records will be done in accordance with the laws of Tennessee and applicable professional credentialing organizations.

Direct Assessment for Medication

Patients receiving psychiatric medications will receive a direct assessment from an approved prescribing mental health provider prior to ninety (90) days of the prescription elapsing.

Psychiatric Monitoring/Psychotropic Medication Intervention

Psychotropic medication will be used only to treat serious mental health disorders. Inmates that do not present with a serious mental illness will be referred to mental health counseling before psychotropic medication is started. Prior to prescribing psychiatric medication, the benefits, side effects, and risks will be explained to each inmate and a signed consent will be obtained by the prescribing practitioner. No inmate will receive psychotropic medications for the purpose of chemical restraint or for other punitive reasons.

Laboratory monitoring when indicated and ongoing assessment will occur at least monthly until the inmate is determined to be stable on psychiatric medication. Follow-up evaluation of inmates on psychotropic medication will be documented in the Progress Notes and conducted by a psychiatrist or qualified nurse practitioner. Follow up psychiatry evaluations will be conducted as clinically indicated but no less than:

- Bi-weekly for the first 30 days of medication administration;
- Monthly for the next 60 days of medication administration; and,
- Every 60 to 90 days thereafter.

Medical record documentation of psychiatric provider contact will include evaluation of the inmate's response to medication, presence of side effects including metabolic disturbances resulting from medication, compliance with medication, notation of improvement or deterioration in the inmate's clinical condition, and patient education relative to psychotropic medication. Corizon psychiatric providers will provide information regarding individual inmate's psychotropic medication response during multidisciplinary treatment planning review for all patients on psychotropic medications.

Our psychiatric providers will communicate regularly with nursing staff to discuss any issues regarding medication noncompliance, such as inmate refusal of medication. Corizon psychiatric providers will document an assessment of the appropriate issues for each inmate refusing three or more consecutive doses, or a pattern of missed doses, to assess the reason for noncompliance and develop an appropriate plan of action. These encounters will be documented in the medical record.

Clinical Placement in Transition Centers/Release Centers

Corizon agrees that upon request by the TDOC Director of Mental Health and/or institutional mental health administrator, we will assess and follow established TDOC guidelines for clinical placement in TDOC contracted Transition Centers and/or release centers.

Clinical Protocols for Drug Testing

Corizon will develop clinical protocols for drug testing inmates on psychotropic medications. In

accordance with the directives of the RFP, we will submit the protocols to the TDOC Director of Mental Health Services or designee for review and approval no later than thirty (30) days after our contract with TDOC commences.

A.26. Pharmaceutical Responsibilities (*pro forma* Contract pg. 10)

Cost of Psychiatric Medications

Corizon will be responsible for the costs of all psychiatric medications prescribed by our providers. We understand that the State will reimburse Corizon for fifty percent (50%) of the cost of all psychiatric medications as further detailed in the RFP, Payment Methodology, Section C.3.

Guidelines/Delivery of Psychiatric Medications

Corizon will provide our guidelines for the delivery of psychiatric medications to the TDOC Director of Mental Health Services or designee for review and approval no later than thirty (30) days after the Corizon/TDOC contract commences. We understand that all future revisions will be required to be approved by the State prior to implementation by Corizon providers.

Universal Stock List

Corizon will provide a universal stock list of psychiatric medications for approval by the TDOC Pharmacy and Therapeutic Committee prior to or upon the start of services under this contract, and annually thereafter in accordance with TDOC policy.

We will ensure that stock medications are available at each site and that they are available for administration by medical staff.

Pharmacy and Therapeutics Involvement

Corizon has been an active participant on the TDOC Pharmacy and Therapeutics committee in place for our current TDOC program that will support the mental health services program if Corizon is determined the vendor of choice. This committee meets quarterly and Corizon is represented on that committee by:

- Tiffany Sarell, Pharm. D. Regional Clinical Pharmacist
- Melvin Butler, M. D. Regional Medical Director
- Glen Babich, M. D., Associate Regional Medical Director
- Tom Voss, Vice President Operations

If awarded the mental health contract, the Clinical Director and a staff Psychiatrist will be added to the committee membership.

Corizon currently participates in all Pharmacy and Therapeutics Committee meetings to engage in discussions regarding needed clinical, operational, and cost saving strategies for the TDOC program. During these meetings our representatives provide documented feedback regarding facility CQI and inspection reports, review all medication errors for that quarter, discuss any issues regarding the medication rooms, and evaluate overall pharmacy operations. Formulary additions and/or deletions are

proposed taking into consideration evaluations of bio-availability and bio-equivalency. In addition, Corizon's Clinical Pharmacist provides the necessary research and data investigation to support all formulary decisions.

We recognize that providing a competitive drug price is only one aspect to providing cost-effective pharmacy services. As a result, the Regional Clinical Pharmacist for our current TDOC program attends each regularly scheduled TDOC Pharmacy and Therapeutics Committee meeting for information sharing and coordination.

Collaboration with the Current Pharmacy Vendor

As the TDOC is undoubtedly aware, PharmaCorr, our wholly owned subsidiary pharmacy, is currently in place as the pharmacy provider to the TDOC. PharmaCorr is one of the largest correctional pharmacy programs in the nation with over 13 years of experience providing pharmacy services to correctional facilities varying in size from small county jails to multi-site, statewide prison systems. PharmaCorr's growth in the industry over 13 years is notable:

- PharmaCorr currently serves over 215,000 inmates in 16 states;
- PharmaCorr employs over 130 staff, including 45 pharmacists;
- PharmaCorr dispenses between 15,000 and 25,000 prescriptions per day.

PharmaCorr services at TDOC are provided in accordance with NCCHC and ACA standards, State Board of Pharmacy rules and regulations, Tennessee State laws and pharmacy regulatory boards, and all DEA and federal laws, rules, and regulations.

PharmaCorr, as is current practice, will continue to be responsible for all aspects of pharmacy services for the medical and mental health services program at TDOC. *Reed Heflin, President of PharmaCorr, will continue to serve as the primary liaison between PharmaCorr and our current TDOC management team.*

If awarded the mental health component of the TDOC contract, PharmaCorr will ensure that we have a list of all prescribing providers subcontracted or employed by Corizon for the purposes of prescription approval and billing purposes within one working day of Corizon's contract commencement.

Submission of Formulary

Corizon, in coordination with PharmaCorr, has submitted for and attained approval from TDOC Pharmacy and Therapeutics Committee the formulary in place for the current TDOC program. This formulary will continue to be used to support the addition of the mental health component of the TDOC contract. Corizon will submit any proposed changes of this formulary to the TDOC Pharmacy and Therapeutics Committee for written approval prior to the start of the contract and further changes would be submitted quarterly to the TDOC P&T Committee for consideration, as is the current practice.

The current TDOC approved formulary includes an acceptable range of psychiatric medications that encompass clinically appropriate medications including generic equivalents.

PharmaCorr Clinical Pharmacist Intervention Program

Close oversight of the formulary by TDOC and PharmaCorr ensures that when non-formulary medications are ordered, the system alerts PharmaCorr pharmacists to the status, which triggers prescription review by our PharmaCorr *Clinical Pharmacist Intervention Program*.

The Clinical Pharmacist Intervention Program is designed to provide real-time input to prescribers relating to clinical recommendations for appropriate medication use, including formulary compliance. The PharmaCorr clinical pharmacists operating in our distribution centers, when alerted to non-formulary prescribing or prescribing which may have more efficient alternatives, contact the prescribers to make pharmaceutically sound recommendations.

PharmaCorr has documented success in acceptance of our recommendations in over *70% of our interventions*. All recommendations are consistent with current pharmaceutical literature and community practice. These processes are in place in each of our current large correctional healthcare contracts.

Utilization Review of High-Cost Medication Management

PharmaCorr has the ability to provide immediate consultation to our client sites a program priority. PharmaCorr employs clinical pharmacists at both the Oklahoma City and Indianapolis pharmacy locations. In addition to serving as excellent drug information resources and reviewing all prescription orders for clinical appropriateness (e.g. drug-drug interactions, drug-disease interactions, duplicative therapy), *our clinical pharmacists also play a substantial role in formulary management and cost management*.

Our clinical pharmacists document thousands in monthly savings by intervening with therapeutic recommendations at the point of care, rather than relying fully on retrospective chart reviews and drug utilization evaluations. Our recommendations are evidence-based, patient-specific, and rely on direct communication with the prescriber. The ability by PharmaCorr to control costs for Corizon clients through the Clinical Pharmacist Intervention Program is proven.

PharmaCorr will tailor our clinical pharmacy interventions and formulary management activities to the mental health program at TDOC. In addition, it is notable that our clinical pharmacists also make clinically appropriate recommendations that are cost-neutral or that may increase therapy cost. We do not jeopardize the quality of care or clinical review to focus solely on cost-saving interventions. The types of services offered are described below:

- Sole responsibility for managing non-formulary medication process (medical director only consulted when required);
- Primary review of all non-formulary medication orders (Before the Medical Director);
- Secondary review of all non-formulary medication orders (post medical director);
- Review of targeted drugs/therapies for statewide cost containment or clinical initiatives;
- Integration of pharmacy interventions into Electronic Medical Record (if applicable); and
- Reporting of all pharmacist interventions by prison complex, provider, therapeutic category, drug, and outcome with documented cost savings/additions.

Reports demonstrating outcomes in our current large healthcare contracts are provided as *Case Studies, Attachment 8*.

Process for Approval of Non-formulary Requests

Corizon and PharmaCorr believe that accepting the challenge to become pharmacotherapy content experts on behalf of our clients is the focal point for non-formulary management. With content expertise, we can communicate a clear medication or disease strategy with the goal of maximizing clinical care in the most efficient manner.

PharmaCorr will continue to fill non-formulary prescriptions that are approved by the State. In recent months, PharmaCorr worked with TDOC to amend the PharmaCorr policy to allow patient specific non-formulary requests to be applicable for 120 days. Once the 120 days have passed, the same process (new signed request form) must be used to renew the prescription. The policy we propose for approval by the Department of Correction, and which PharmaCorr currently has in place for our medical TDOC contract has been included as **Attachment 9**.

Non-formulary Management

PharmaCorr clinical pharmacy staff is trained and prepared to intervene with alternative pharmacotherapy recommendations for both clinical and financial reasons. Our clinical pharmacists are available to intervene with therapeutic recommendations at the point of care, rather than relying fully on retrospective chart reviews and drug utilization evaluations. Our recommendations are evidence-based, patient-specific, and rely on direct communication with the prescriber.

Clinical Guidance and Education

As mentioned previously, our formulary management is not predicated on cost alone. There are times when safety and efficacy trump cost-containment. A perfect example would be our management of thiazolidinediones for the treatment of diabetes. Throughout 2008 and early 2009, prominent medical journals were rife with clinical trials, meta-analyses, and editorials concerning the adverse cardiovascular profile of rosiglitazone (Avandia®). There was significant debate between medical experts, the pharmaceutical industry, and the FDA that left a rather cloudy picture for P&T committees trying to determine the proper place of glitazones, and specifically, rosiglitazone (Avandia®). We conducted an extensive analysis of the medical literature surrounding this controversy. Importantly, we then summarized our analysis in a provider information document that explained and supported our position that both products remain non-formulary but that pioglitazone (Actos®) should be the preferred thiazolidinedione. We offered our customers a clear, concise review of a controversial pharmacy topic with specific recommendations. Although this did not result in appreciable pharmacy savings, we felt confident that we were recommending a safer product less likely to incur the significant medical costs associated with cardiovascular events.

In addition to the guidance and education provided above, the following is a partial list of formulary guidance materials presented recently:

- Gonadotropin-Releasing Hormone Receptor Agonists
- Aminosaliculates for inflammatory bowel disease

- Clopidogrel therapeutic review with quick reference guide
- Clopidogrel-PPI drug interaction summary
- Erythropoietic Stimulating Agents (ESA) safety review
- NSAID review with focus on meloxicam and naproxen
- Omega-3 fatty acids – place in therapy
- “Statin” formulary rationale
- Oral PowerPoint presentations at regional meetings:
 - CATIE-CuTLASS – Impact on Corrections
 - Diabetes Pharmacotherapy
 - Beyond Statins for the Management of Hyperlipidemia

A.27. Psychological Services (*pro forma* Contract pgs. 10-12)

Psychological Services Delivery

Corizon will ensure that the delivery of psychological services are provided by psychologists, with health service provider designation, Senior Psychological Examiners (SPE), Licensed Clinical Social Workers (LCSW), Psychological Examiners and/or Licensed Professional Counselors who are licensed by the State of Tennessee or who have legal reciprocity to practice in the state of Tennessee or Master Level Staff under the supervision of a licensed provider. Corizon will ensure that standards of practice are in accordance with those of the community and with state and federal laws.

Psychological Evaluations and Individual Treatment Plans

Corizon will complete psychological evaluations/assessments as requested and will provide an individual treatment plan for those patients requiring psychological intervention(s). For additional information regarding our approach, please refer to the previous sections titled, “Psychiatric Evaluations/Assessments” and “Individual Treatment Plan.”

Special Education Evaluations

Corizon psychologists will provide special education evaluations upon request by the TDOC Director of Mental Health and institutional mental health administrator. We understand that we may utilize an appropriately trained educator to provide the education-testing portion of these services.

Provision of Group Therapy

Corizon will ensure that a Psychology/SPE/LCSW/PE or a master level provider (under the clinical supervision of a psychologist/SPE/LCSW) will be responsible for providing group therapy when indicated. Therapy Groups will be designed to target symptoms identified in the mental health treatment plan. We will also ensure that a Psychology/SPE/LCSW/PE or a master level provider under the clinical supervision of a psychologist/SPE/LCSW provides in-cell programs to segregated inmates.

Justification for Individual Therapy

Corizon agrees that the Psychologist/SPE/LCSW/PE will provide individual therapy only when indicated

and, after twelve (12) individual sessions, will present justification for continuing individual therapy in writing in a copy of the treatment plan to the Director of Mental Health. We will ensure that every reasonable effort will be made to incorporate individuals on the mental health case load into group therapy.

Clinical Director Participation/Treatment Team Reviews

Corizon's Clinical Director, Dr. Robert Marcello will review a representative sample of treatment team documentation and will participate in the treatment team reviews as necessary.

Clinical Supervision of Mental Health Staff

Corizon will assess each facility, inmate population and mental health grades to determine psychiatric needs and will schedule psychiatry clinics accordingly. Our Clinical Director, Dr. Robert Marcello will provide supervision of the Psychologists.

Our Dr. Marcello will be available to discuss patient care issues with the Psychologists and other clinical staff. Such issues include, but are not limited to:

- Appropriate treatment plans to address a patient's risk of dangerousness to self or others;
- Need for emergency treatment;
- Any rapid, significant deterioration of a patient's mental status; or
- Initiation of a non-formulary medication for a will be staffed by a team of pharmacists and psychiatrists.

Training will occur during regularly scheduled quarterly Regional Management Leadership meetings and will be ongoing on an as needed basis. Supervision and monitoring by the Corizon Clinical Director will be conducted on an ongoing basis as part of routine CQI activities and peer review.

Segregated inmates/Mental Health Assessment

The Corizon healthcare staff will complete the initial 30-day and 90-day mental health assessment(s) on segregated inmates as policy dictates.

Provision of Education for Institutional Staff

Corizon has an unwavering commitment to the education of not only medical and mental health care staff, but also correctional staff. Corizon medical and mental health staff will work together to provide training for all institutional staff, if requested, relative to mental health topics. Training initiatives will include:

- Suicide prevention;
- Mental Health 101 (signs and symptoms of mental illness);
- Management of Difficult Behaviors;
- Trauma and recovery;
- Dual diagnosis;
- Crisis Intervention;

- Issues of medical confidentiality and patient privacy;
- Alcohol and drug withdrawal;
- Completion of intake screenings;
- Interactions with the mentally ill; and
- Signs and symptoms of chemical dependency.

Correctional Officer Fact Sheets (COFS)

To ensure our ability to provide our clients with the resources they need to support suicide prevention efforts, Corizon organized a task force for the purpose of developing educational tools and resources. The task force consisted of nurses, Health Service Administrators, psychiatrists, Training and Education Director, a Chief Medical Director, and numerous Medical Directors. A result of this task force was the development and implementation of *Correctional Officer Fact Sheet (COFS)*. COFSs are designed to help correctional officers identify inmates that may need to be referred to mental health as well as offer specific information about management strategies and the signs and symptoms of mental illness. Examples of COFS are as follows:

- Major Depression;
- Bipolar Disorder;
- Anxiety Disorder;
- Schizophrenia;
- Self-Injurious Behavior;
- Suicide Prevention; and,
- Anger Management.

Corizon considers the development of COFS an ongoing project. Our library of COFSs will continue to grow as educational needs are identified and new information becomes available. Our clients have found COFS a valuable tool in support of our comprehensive suicide prevention program. Samples of our COFS have been provided as an **Attachment**.

Mental Health Evaluation Tools

Corizon's Mental Health Evaluation Tools (METs) can be used for:

- Risk Stratification (triage) when determining the need for referral;
- Assisting in determining the level of urgency for clinical intervention, especially during the evaluation process of an inmate on suicide watch;
- Collecting and communicating information to relay to the psychiatrist or other health care providers who can make further treatment decisions;
- Communicating with off - site providers (copies of a completed MET may be sent with the patient (or faxed) to the emergency department);
- Training for staff;
- Orientation for clinical intervention in the correctional setting;
- Reference: The MET reminds the mental health practitioner of the appropriate questions necessary to properly evaluate specific clinical situations; and,
- Documentation for the patient health record.

The MET serves as a tool which aids in symptom identification. Each MET is designed to enhance learning on the part of the user. Each MET is arranged in traditional SOAP note format.

The *Subjective* section includes:

- Chief Complaint;
- Onset/timing; and,
- History of Present Illness.

The *Objective* section includes the Mental Status Examination.

The *Assessment* section includes:

- The preliminary assessment;
- A binary choice regarding the need (or lack of) for referral;
- An area for “Additional Determination(s)” ; and,
- A reminder to staff that they should contact a psychiatrist or mental health coordinator/director if they have any concerns regarding the status of an inmate patient.

The *Plan* section includes:

- A space to write in treatment modalities;
- Instructions to return if condition(s) worsen;
- Patient Education (specific reminders about what inmate patient should be taught); and,
- Section for referral and the level of the referral.

There is a specific Suicide Watch MET, however it is our belief that every MET in some form can assist in suicide or self-harm prevention, whether through clinical assessment or communicating with offsite providers. A sample of our METs has been included as **Attachment 7**.

Psychological Evaluations/Prospective and/or Newly Hired Correctional Officers

Corizon will provide psychological evaluations to all prospective and/or newly hired correctional officers as determined by TDOC. Re-testing will be performed by Corizon on a case by case basis based upon requests from the State. Psychological evaluations will be provided in accordance with RFP directives.

A.28. Northwest Correctional Complex (NWCX) Special Education Program *(pro forma Contract pg. 12)*

Inmate Evaluations/ Special Education Program

Corizon will work in coordination with the TDOC Director of Mental Health Services to administer evaluations for eligible inmates to determine learning disability, mental retardation/functionally delayed, emotionally disturbed, attention deficit disorder, or multi-handicapping conditions. We will, in accordance with RFP directives, provide services onsite at the state prison within fifteen (15) days of the initial request.

Corizon will provide an integrated psycho-social report with eligibility documentation. The report will be sufficient in scope to develop an Individual Education Plan (IEP). We will provide individual and group meetings as requested and will also attend IEP (Individual Education Plan) meetings as requested.

A.29. Substance Abuse Services (*pro forma* Contract pg. 12)

For inmates at TDOC institutions, the delivery of substance abuse services shall be provided by licensed alcohol and drug abuse counselor (LADAC) licensure, International Certification and Reciprocity Consortium Advanced/Regular Alcohol and Other Drug Counselor (ICRC-A/AODAC) certification, or National Association of Alcohol and Drug Counselors Certified Addiction Counselor (NCAC I, II, or Master certification).

Appropriate licensed Corizon mental health professionals will assess for substance use and co-occurring disorders (mental illness and substance abuse disorders) treatment needs and facilitate treatment plan development. When substance use or a co-occurring disorder has been identified by an appropriately licensed mental health professional, Corizon will provide TDOC inmate clinical supervision and substance abuse treatment.

Corizon believes that effective communication between mental health employees, vendors, subcontractors, custody, and TDOC is essential to the successful integrated management of mental health services, and more importantly, to ensure optimal patient outcomes. Corizon understands that a TDOC contracted substance abuse provider will provide substance abuse services at the Tennessee Prison for Women (TPW). Subsequently, Corizon agrees to coordinate substance abuse services with the TDOC contracted substance abuse provider.

A.30. Case Management Services (*pro forma* Contract pgs. 12-13)

A central component of Corizon's mental health services program is our case management program. Corizon mental healthcare staff at TDOC will manage inmates with serious mental illnesses through case management. Case management is particularly essential for those inmates with an exacerbation of their mental illness, those who are newly diagnosed, unstable on medication or difficult to treat, and whose status has otherwise deteriorated, such that a more intense level of care is required. Corizon will also provide case management for inmates with:

- Adjustment difficulties;
- Aggressive behavior and/or victimization;
- Placement on suicide precautions or a history of suicide attempts;
- Homicidal ideation;
- Dementia; and,
- Other significant cognitive/emotional impairment.

Corizon's healthcare staff will identify those with serious mental illness and they will be placed on the mental health roster. Corizon will follow each inmate receiving ongoing mental health services with a professional case manager assigned to their case. Case management will be included on ISPs as appropriate. Case management interventions for inmates will occur at least every 30 days to include assessment and progress, review of the issues on the enrollment order, assessment of institutional adjustment to housing, school, and job assignment.

Case management services will be provided by Case managers with a Bachelor's Degree in behavioral science with experience in inmate mental health care. The role of the Corizon Case Manager is to coordinate services, from assessment through discharge planning. Their role is to integrate all aspects of care for their assigned inmate, including developing treatment from a holistic perspective, involving physical, emotional, behavioral, and spiritual components. The multidisciplinary perspective will be evident in the treatment plan, including helping the inmate understand the interrelationships between their physical, mental, emotional, and behavioral health. The case manager will continue to work with medical staff to provide health educational groups/classes in collaboration with nursing staff. It is Corizon's belief that integrated care leads to high quality of care and cost effective treatment.

Approval of Case Management Procedures

Corizon understands that our case management procedures must be approved by the State within the first 90-days of the effective date of the contract and annually, no later than April first of each year. Corizon will provide written guidelines/procedures for the provision of efficient and quality case management services. In addition, we understand that the State may mandate changes to Corizon's case management procedures at any time it deems necessary to serve the mental health interests of inmates or the best interest of the state. Our Case Management Program will include the following:

- Coordination of all referrals to DeBerry Special Needs Facility, Tennessee Prison for Women or other specialized TDOC treatment units within thirty (30) days from the time the provider makes the request.
- Development and implementation of an effective method to coordinate with the TDOC classification and transportation departments for inmate transfers and movement.
- Clinical recommendations/consultations and assistance with coordination of patient referrals to other specialized TDOC programs, or designated contract hospitals or community based treatment programs as applicable.
- Establishment of designated staff to be responsible for case management services.

A.31. Therapeutic Recreational Activity Services (*pro forma* Contract pg. 13)

Therapeutic recreational activity services will be provided by Corizon Recreation Therapists. In accordance with RFP guidelines, each recreational therapist will possess a Bachelor's degree in recreational therapy or a closely related field. Corizon Activity Therapists will, at a minimum:

- Conduct activity therapy assessments;
- Attend mental health staff meetings;
- Participate in Treatment Team Meetings;
- Plan and organize group and individual activities;
- Establish goals and objectives for each activity to meet inmate needs;
- Conduct group and individual programs;
- Maintain required documentation;
- Maintain and order supplies;
- Supervise volunteers/student interns; and,
- Leisure counseling/education.

Corizon understands we should anticipate purchasing any additional recreational supplies needed for our programs, and that such purchases may be subject to approval by the State.

A.32. Reporting Requirements (*pro forma* Contract pgs. 13-14)

Corizon believes in providing correctional mental health services using taxpayer dollars in as transparent a manner as possible. As such, we will maintain accountability and share information with the TDOC further utilizing our comprehensive data collection and reporting system that is in place for our medical contract and approved by the State. Our reporting ability is unrivaled in the industry and will continue to provide an invaluable service to TDOC. Corizon will comply with all reporting requirements as stipulated in the RFP.

Reporting Requirements

Corizon will submit separate monthly, quarterly, and annual reports to the State that provide a detailed review of our mental health program service delivery. All reports will be provided in an electronic format acceptable to the TDOC Director of Mental Health Services and, at a minimum, provide aggregate and individualized reports by physician, inmate, service type, institution, etc. Corizon clinical, administrative, and supervisory services will be reported separately.

Our monthly reports will be delivered to the TDOC Director of Mental Health Services or designee no later than the 15th day of the month after the data is collected. We will use appropriate coding (e.g., Diagnostic and Statistical Manual of Mental Disorders, International Classification of Diseases) and at a minimum provide the following reports:

- TDOC daily inpatient/residential census with key data elements; and inpatient/residential days per month
- Inpatient/residential days per month by diagnosis, and Average Daily Census (ADC)/Average Length of Stay (ALOS)
- Active Mental Health Case Load and services by facility and provider that includes: Inmate number, Diagnostic Code, Medication Prescribed, Dosage(s), level of care and Serious Mental Illness (SMI), Serious and Persistent Mental Illness (SPMI) designation
- Outliers, Variance / Variability
- Drug Costs by facility and provider
- Specialty Consultations with key data elements

Corizon will make reports, as well as other relevant information requested by TDOC available to the State on a 24-hour basis via a secure web site that only authorized TDOC and Corizon users may access.

Data Management Automation

As part of our effort to ensure accountability and share information with TDOC, Corizon is proposing the enhanced use of our comprehensive client portal. This web-based system was developed using Microsoft SharePoint.¹ SharePoint is a collaborative tool that facilitates the sharing of information and content, contact storage, calendaring of events and features internal and external links. Currently use by

¹ SharePoint is intellectual property of Microsoft Corporation and not affiliated with Corizon.

TDOC, this portal is easily customized to create additional functionality for our mental health services and will allow additional discussion groups, task assignment/management, and other features that enhance communication between Corizon and the TDOC.

Department of Correction administration will be able to access data from our secure web site 24 hours a day, seven days a week.

The Corizon Vice President Operations for the TDOC contract, Tom Voss will have continued responsibilities for managing and keeping content stored on the DOC's site up to date. Information provided through this secure electronic portal, will continue to keep the TDOC informed of all components of our operations, and further facilitate constant communication between TDOC administration and Corizon.

Our proposed data management system is fully compatible with standard accepted Electronic Health Record (EHR) systems.

Monthly Operating Report

Corizon will provide a monthly narrative report on or before the 15th business day of each month that delineates the status of the mental health care operations at TDOC occurring in the prior month. Our monthly report will include the monthly reporting requirements delineated under the RFP *pro forma* contract scope of services. Corizon will report utilization review, caseload statistics, staffing levels including shortfalls and unfilled positions, incident reports, pharmacy statistics, and other monthly reporting required by TDOC policy. The Corizon monthly operating reports will be delivered on or before the 15th business day of each month.

Supporting Documentation

Corizon will submit summary of encounters categorized by institution and as a statewide aggregate to the TDOC Director of Mental Health Services or designee, on a monthly basis by the 15th day of the month following the month contained in the report. Our encounter log will be available 24/7 through our SharePoint client portal system.

Annual review

In February of each subsequent year of the contract, on or before the 15th, Corizon will present an annual report of utilization statistics with narrative summary delineating accomplishments, barriers to improvement, and recommendations.

A.33. Laboratory Services (*pro forma* Contract pg. 15, RFP Amendment Two pg.18)

Corizon acknowledges that the current medical services contractor will be responsible for the costs of mental health laboratory studies ordered by the mental health contractor.

A.34. Credentialing (*pro forma* Contract pg. 15)

Corizon has a written policy and procedure for the credentialing process. We will work with the Department of Correction to refine our procedures for TDOC, and will submit them in writing to the State for approval within thirty (30) days of contract execution.

Not only does Corizon place great importance on our ability to provide the quantity of staff needed to successfully deliver our programs, but also our ability to provide the quality staff who are integral to the efficacy of our mental health programs. As a result, Corizon has responded to the need for highly qualified, credentialed mental health professionals by developing a process of compiling, maintaining and using credential information to provide TDOC with only highly qualified mental health professionals.

Our recruiting and credentialing staff performs an initial credentialing process prior to hire, and routine maintenance updates and ongoing monitoring are performed to ensure continued compliance. To staff the TDOC mental health program, Corizon will employ only those persons maintaining the proper training, licenses, and registrations necessary to provide services in Tennessee.

Corizon will provide the TDOC with access to credentialing records, which may be copied by the TDOC if necessary. Upon expiration or termination of Corizon' contract with the TDOC, these credentialing files will become the property of the State. Corizon understands representatives of the State may conduct periodic audits of our credentialing files, which will be maintained in our Tennessee regional office. Each credential file will contain, at a minimum, the following documents:

- Copy of current Tennessee license
- Copy of application for initial or renewal registration
- Copy of Drug Enforcement Administration (DEA) registration
- Evidence of malpractice insurance with claims and/or pending lawsuits
- Copies of verified medical education including internship, residency and fellowship programs, and specialty certification(s)
- Copy of current BCLS or CPR certification (certification must be achieved prior to the individual providing services at any TDOC institution)
- Employment history
- Evidence of reasonable inquiry into employment history with emphasis on assessment of clinical skills
- Signed release of information form
- Relevant documentation regarding any criminal proceedings

Rigorous Credentialing Process

All Corizon mental health professionals must satisfy certain threshold indicators to be considered for hire. Our team approach to credentialing ensures a thorough review of each applicant. A Corizon Senior Credential Coordinator is responsible for reporting, compiling, and maintaining the credential information. The Clinical Director will be responsible for confirming individual mental health professional credential suitability and eligibility for the TDOC contract.

Initial Credential Requirements

All mental health professionals hired to provide clinical services at any facility under contract with Corizon must satisfy the threshold indicators below.

- A completed Corizon Application and Consent for Release of Information form.
- Evidence of an active, unrestricted license to practice in Tennessee.
- Evidence of an active, unrestricted Drug Enforcement Agency Certificate and a state controlled substance certificate where applicable.
- Copy of a degree from an accredited North American medical/professional school or a foreign medical/professional school accredited by the Educational Commission for Foreign Medical Graduates (ECFMG).
- When applicable, a copy of Board Certification by an accredited certification board within the United States or two letters from practicing physicians in the applicant's specialty attesting to the applicant's clinical skills.
- Evidence of legal working status in the United States.
- A statement to Corizon from the applicant attesting to physical, mental, and emotional capability to provide healthcare services to inmates in correctional institutions.

After credentials are obtained, the Senior Credential Coordinator obtains "Primary Source Verification" and queries institutions where the mental health professional was active in the past five years. Then, the Senior Credentialing Coordinator ensures that the mental health professional has current certification in Basic Life Support/CPR or agrees to obtain it within six months.

Mental health services professionals will not be contracted to perform services if any of the following conditions exist:

- A previous felony conviction
- History of any criminal or civil penalty for the following offenses:
 - Violent crime, sexual offense, or crime involving the use of a weapon; or
 - A crime involving the distribution, sale, or misuse/abuse of narcotics or controlled substances
- History within the last two years (applicant will be free of any offense listed for 731 days before starting clinical activities) of any of the following:
 - Any crime other than those listed above (excludes summary offenses and minor traffic violations)
 - Substance abuse or addiction
 - Alcohol abuse or addiction
 - Inability to practice or perform required professional duties
 - Loss of license or voluntary surrender under threat of suspension, revocation, or restriction
 - Limitation of medical license
 - Involuntary surrender of clinical privileges
 - Inability to obtain professional liability insurance

Monitoring of Credentials

Monitoring the credentials is an ongoing process. Mental health services professionals are subject to peer review, and are reminded routinely that they are required to immediately report any of the following:

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

A.35. Employee Transition Process (*pro forma* Contract pg. 15, RFP Amendment Two pg.20 Attachment Five)

Corizon recognizes there are currently state employees who meet the professional qualifications as described in the RFP approved minimum staffing requirements, Attachment Five, and whose positions appear in Attachment Ten. Corizon agrees to offer these state employees a position as an employee of Corizon, at least 120% of the employees' current base salary and benefits available from our standard packages.

Corizon acknowledges the effect on the maximum liability is outlined in RFP section C.3.c. Corizon further acknowledges that state staff may choose to remain as employees of the TDOC or transfer to another state position.

Corizon understands that those employees who remain as employees of the State at TDOC will continue to provide mental health services within the scope of services delineated in the contract, with the TDOC Mental Health Director or designee providing supervision and participating in the annual evaluation process for these individuals.

Corizon agrees to offer these state employees a position as an employee of Corizon, with a salary offer of at least 120% of the employees' current base salary as itemized on Attachment Ten. Benefit packages will be offered from Corizon's standard package. ***Corizon will waive benefit traditional new employee waiting periods to the extent allowed by law in order to assure TDOC employees receive immediate benefit coverage.***

C.3. Transition Plan

It is our objective to provide a seamless transition at TDOC, without any disruption in service or loss of crucial staff resources. Through constant communication and collaboration with the Department of Correction, we were able to transition from FMM to Corizon (as CMS) as medical care provider in January of 2010. Our proposed transition plan will demonstrate that Corizon can again provide a smooth system-wide transition and start-up. Only this time, several essential elements will already be in place at contract start.

Leadership and Reporting Systems

As mentioned previously, Corizon is proposing our Vice President Operations, Tom Voss as the local individual with administrative responsibility for the contract. Mr. Voss currently serves as administrator for our medical contract with TDOC. His insight and previous experience transitioning medical services and systems at TDOC facilities will prove invaluable.

Described in our work plan, Corizon’s mental health CQI program will benefit from our incumbent status as medical provider. Much of the reporting systems for our mental health CQI program are in place as part of the medical CQI program. Moreover, our established ability to amalgamate with PharmaCorr, the current pharmaceutical provider, will allow unparalleled monitoring and reporting, as well as an uncomplicated transition of services.

An Experienced Partner to Guide a Complicated Process

Corizon recognizes that TDOC has valid concerns about transitioning the current program: concerns for the Department, your employees, and your inmate population. Making this transition as seamless as possible will require a mental health services provider that will be more than just a “vendor.” It will require a provider who is experienced in making the transition, and that actively wants to be a partner with the Department of Correction. We understand the state’s concern regarding a potential transition because, as the leader in correctional healthcare, we have overseen several transitions similar in size and scope to the potential TDOC transition. It is our goal to hear you say, one year from our appointment, “The transition was a great experience.”

In order to achieve that goal, Corizon will have a clear strategy and action plan vetted and agreed upon by TDOC. Our experience has taught us that a successful transition is built upon communicating effectively, operating transparently, and initiating efficiently.



It is through an effective communications approach that we have been able to create a completely transparent operation at TDOC institutions. We will continue to emphasize a program built on collaboration as your chosen mental health services partner. So often, service providers base the quality of their communications efforts on the amount of meetings, reports, and memos they create, and on the heft of the verbiage versus the quality of the information. ***Corizon understands effective communication should never be confused with effusive communication.*** In this spirit, Corizon will communicate and validate your agreed upon expectations with the qualified information and reports that you need to operate your overall system with no surprises—in the manner and format that best suits *the TDOC*. Corizon will bring to you best practices for your consideration, such as Continuous Quality and Medical Advisory Committee meetings, various reports from our previously mentioned InGauge™ system, and communicating clinical feedback and outcomes.

Experienced Transition Team

As in our past contracts, Corizon will take all the steps necessary to provide a smooth and seamless transition resulting in a transition period ***devoid of service interruption.*** We will provide senior management and other personnel resources available as needed and requested by the TDOC for the transition. The corporate and regional staff that will be assigned to the TDOC transition will include:

- Vice President Operations — Tom Voss
- Vice President of Behavioral Health — Joe Pastor, M. D.
- Director Behavioral Health — Mark Fleming, Ph. D.
- Behavioral Health Clinical Specialist — Michelle Schmidt, MSW, LCSW
Manager, Behavioral Health — Diane Wood, LPC
- Statewide Behavioral Health Director — Robert Marcello, PH.D.
- Statewide Behavioral Health Contract Manager — Zachary Morgan, FACHE

Each member of this team has experience transitioning statewide systems. Together, they will provide a strong multidisciplinary team for our mental health services transition at TDOC.

Corizon Proactive Transition Activities

Corizon strategically began executing our transition plan weeks ago, in preparation for our potential award of the TDOC-MH contract. We have identified our leadership team, started the recruiting process for key positions, and ***developed a transition team that is ready to hit the ground upon award announcement.***

Corizon is fully committed and prepared to implement a transition of program services commencing January 1, 2012. Our transition activities have already begun and will be ongoing for the next several months through our detailed task management process. Since Corizon employs over 11,000 dedicated professionals, we are able to deploy individuals that are experienced in providing correctional mental healthcare services to support new contract start-ups.

Corizon has formed a start-up “Team” of staff from the corporate office, as well as various Corizon contracts, to effect a smooth transition. These individuals will be tasked with implementing specific aspects of the contract transition activities. Under the direction of Joe Pastor, M. D., Vice President of Behavioral Health, Corizon will work closely with TDOC administration to ensure that program needs are

met and contract expectations are managed through a seamless transition. Corizon has in place an organized Regional Office with competent managers who are intimately familiar with the TDOC operations and who will assist in the transition and beyond. The transition plan that follows is based on a 25-day transition period from the date of contract award to the start date of the contract. Corizon has the resources to modify this timeframe in the event a shorter period is available for contract transition.

Expectations Meeting

Additionally, soon after the posting of the award, Corizon management staff will lead an “Expectations Meeting” with TDOC staff, in order to address the TDOC priorities for the program transition, with follow up discussions on an ongoing basis. Expectations Meetings generally last a half-day or less, and both Corizon and the TDOC will be able to vet critical components of a successful transition, and will describe the measures of “success” in our program at the 30-day, 90-day, and 180-day mark after contract commencement. We find these Expectations Meetings assist in maintaining focus on the factors each party believes to be critical for successful program rollout.

Corizon Implementation Plan

Recruitment Capabilities; Interviewing Current Contract Staff

Corizon will make every effort to retain all interested incumbent staff, as approved by the TDOC, through open communication of our hiring objectives immediately upon contract award. We realize the importance of retaining staff members who are familiar with and acclimated to the contract and we place great value on the input of quality incumbent employees.

Goal: Interview/hiring of current qualified personnel

Tactics	Responsible Person(s)	Days Prior to Start-up
Develop list of positions with corresponding contracted hours.	Mental Health Program Administrator Clinical Programs Manager	Immediately upon contract award
Send advance letter and information to all current employees, including interviewing dates, times and locations.	Human Resources Manager	25 days
Arrange for employee interviews and transition meetings at sites.	Human Resources Manager	22 days
Execute offers for TDOC approved key management personnel.	Senior Management Recruiter	10 days
Determine and execute offers for line staff.	Recruiter	15 days
Send letters of agreement and welcome.	Recruiter	20 days

Recruitment

In addition to existing staff, for positions that are currently vacant, new positions added as part of the new contract, and to replace staff that may choose to leave during the transition, Corizon will dedicate extensive recruiting resources to fill all open and new positions. Recruiting and maintaining qualified personnel will be a critical step in the development and maintenance of a workable comprehensive

healthcare services program for TDOC. In order to meet the 25-day transition timeframe, Corizon will immediately mobilize recruitment efforts following the notification of Intent of Award.

Goal: Recruit professional, qualified staff

Tactics	Responsible Person(s)	Days Prior to Start-up
Identify facility contacts for Corizon transition questions, scheduling facility visits, scheduling interview sessions, etc.	Director, Business Development Mental Health Program Administrator	Immediately upon notification of Intent to Award
Establish recruitment program to meet current and future needs.	Chief, Human Resource Officer Mental Health Program Administrator Clinical Programs Manager	Immediately upon notification of Intent to Award
Arrange for employee interviews for additional open positions.	Human Resources Manager	Immediately
Develop list of additional open positions with corresponding contracted hours based on initial offers/acceptance of transitioning employees.	Mental Health Program Administrator Clinical Programs Manager	Immediately
Begin lead generation activities for recruiting of new/vacant employee positions.	Recruiter	Immediately
Execute offers for key management personnel.	Vice President, Behavioral Health Senior Management Recruiter	25 days
Contact candidates if needed to fill management position.	Senior Management Recruiter	20 days
Determine and execute offers for line staff.	Recruiter	20 days
Continue recruiting and interviewing process until staff and management positions are filled. Provide weekly updates to the TDOC.	Recruiter	15 days/ongoing
Send letters of agreement and welcome.	Recruiter	10 days
Arrange for security clearances.	Recruiter	10 days
Develop staff roster with names, addresses, and telephone numbers.	Recruiter	10 days

Recruitment of Independent Contractors

Corizon engages physicians, including psychiatrists, as independent contractors as opposed to employees of the corporation. Corizon has always retained individual providers who render clinical care to patients as contractors. In our 30-plus year history, Corizon has never encountered difficulties in attracting or retaining the most highly qualified physicians for positions as its provider contractors. In fact, Corizon believes that independent contractor status is more in keeping with the traditional role played by the physician or psychiatrist; to provide clinical care to his or her patient based upon the individual provider’s best clinical judgment, as developed through the provider’s education, training and experience, rather than based upon the decisions of non-clinical management of the corporation that employs the provider. At the same time, Corizon contracted providers are bound to provide services in accordance with the contractual requirements of the TDOC.

Goal: Recruit independent contractor psychiatrists

Tactics	Responsible Person(s)	Days Prior to Start-up
Develop list of positions and identify current providers.	Director, Business Development Senior Physician Recruiter	Immediately
Establish written and telephone contact with current psychiatrists to establish interview dates and times.	Senior Physician Recruiter Chief Psychiatrist	40 days
Interview current psychiatrists.	Senior Physician Recruiter Mental Health Program Administrator	30 days
Determine offers to be made and evaluate offers.	Mental Health Program Administrator Senior Physician Recruiter	20 days
Credential all professionals.	Senior Physician Recruiter	15 days
Continue recruiting and interviewing until all psychiatry positions are filled.	Mental Health Program Administrator Senior Physician Recruiter	15 days
Develop list of emergency telephone numbers for psychiatrists	Clinical Programs Manager Mental Health Program Administrator	5 days
Develop on-call schedule. Provide schedules to facilities with names and contact numbers.	Mental Health Program Administrator Mental Health Program Director Chief Psychiatrist	5 days

Transfer of Personnel and Training Records

The Corizon Clinical Programs Department will begin assessing and organizing current personnel and training records 25 days prior to the implementation of the contract. It will be the primary goal of the Clinical Programs Department to ensure TDOC we have complete personnel and training records for each incumbent employee staying with Corizon and for each newly hired employee on day one of the contract.

Goal: Ensure that all personnel and training records are properly and confidentially transferred to Corizon from the incumbent vendor.

Tactics	Responsible Person(s)	Days Prior to Start-up
Gain access to the training and personnel records of each employee to be retained by Corizon.	Clinical Programs Manager Corporate Support Staff Mental Health Director Program Administrator	25 days
Review each personnel and training record to ensure all information and needed documentation is within the record.	Clinical Programs Manager Mental Health Program Director Program Administrator	25 days

Tactics	Responsible Person(s)	Days Prior to Start-up
Work with TDOC to obtain missing personnel documentation (certifications, licensure etc.)	Clinical Programs Manager Mental Health Program Director Program Administrator	20 days
Assume possession of all records to ensure confidentiality is maintained throughout the duration of the contract transition.	Clinical Programs Manager Mental Health Program Director Program Administrator	10 days

Assignment of Regional Management Personnel

Corizon began assessing candidates to fill key management roles for the TDOC-MH contract upon receipt of the TDOC RFP for Mental Health Services. As the TDOC is well aware, the professionals that fill each key management position are integral to the program.

Goal: To ensure Corizon management team for TDOC MH is in place on day-one of the contract

Tactics	Responsible Person(s)	Days Prior to Start-up
Assess potential candidates for each proposed key management position.	Vice President, Behavioral Health	Prior To Contract Award
Arrange for interviews of all potential key management personnel.	Corporate Recruiter	Prior To Contract Award
Conduct comprehensive interviews to gauge each proposed candidate's potential to effectively oversee a comprehensive program the size of TDOC.	Vice President, Behavioral Health	Prior To Contract Award
Contact candidates and execute offers for all key personnel.	Corporate Recruiter	Prior To Contract Award

Staff Training on Policies and Procedures

Goal: To ensure the TDOC that all personnel are knowledgeable of Corizon and TDOC policies and procedures on day one of the contract

Tactics	Responsible Person(s)	Days Prior to Start-up
Prepare plan for Human Resources training and orientation.	Clinical Programs Manager Human Resources Manager Statewide Behavioral Health Director Assistant Statewide Behavioral Health Director	Prior to Contract Award
Establish dates and locations for onsite staff training and orientation classes.	Clinical Programs Manager Statewide Behavioral Health Director Assistant Statewide Behavioral Health Director	Prior to Contract Award
Establish dates and locations for orientation classes for both full and part time employees.	Statewide Behavioral Health Director Assistant Statewide Behavioral Health Director	Prior to Contract Award

Tactics	Responsible Person(s)	Days Prior to Start-up
Prepare plan for clinical orientation and training.	Assistant Statewide Behavioral Health Director Statewide Behavioral Health Contract Manager	Prior to Contract Award
Arrange for security clearances.	Recruiter TDOC Contact	15 days
Develop staff roster with names, addresses, and telephone numbers.	Recruiter	10 days
Have work schedules available for staff.	Statewide Behavioral Health Contract Manager Statewide Behavioral Health Director Assistant Statewide Behavioral Health Director	10 days
Present onsite orientation and training to all health services staff.	Statewide Behavioral Health Contract Manager Human Resources Manager	5 days



CORIZON™

Attachments



1

Bank Reference Letter

Global Commercial Banking

November 4, 2011

Department of Corrections
State of Tennessee
3rd Floor, Rachel Jackson Building
320 Sixth Avenue North
Nashville, TN 37243-0465

To the State of Tennessee Department of Corrections:

We understand that you require a bank reference for Corizon, Inc. (the "Company"). Valitas Health Services LLC owns all of the capital stock of the Company.

Valitas Health Services LLC has maintained a banking relationship with us since 2000 through various subsidiaries. It is well known to us and has maintained its relationship with us in a satisfactory manner.


In addition, Bank of America, N.A. is a participant lender for a secured credit facility in the range of [REDACTED] million provided to the Company by a group of lenders (the "Credit Facility"). The amount outstanding under the Credit Facility is currently in the [REDACTED] million range. The availability of funds under the Credit Facility is subject to the conditions that (a) the Company not be in default under the terms of the Credit Facility and (b) the Company's representations and warranties contained in the agreement governing the Credit Facility be true and correct in all material respects as of the date of the borrowing.

Please note that the information set forth in this letter is subject to change without notice, and is provided in strict confidence, without any responsibility or liability on the part of Bank of America, N.A., its affiliates or any of its or its affiliates' directors, officers or employees. Bank of America, N.A. undertakes no responsibility to update the information set forth in this letter.

Very truly yours,

BANK OF AMERICA, N.A.

By:


Name: Rusty Miller
Title: Vice President



2

Vendor Credit References



October 24, 2011

Subject: Credit Reference for Corizon Health

From: Biomedical Systems

Attn: Florida RFP

To Whom It May Concern,

The letter is in response to a request mandated by the Florida RFP regarding the credit of Corizon Health.

As a vendor for Corizon, Biomedical Systems has billed Corizon Health for services rendered since 2003. To date, all invoices have been paid in full and on time.

No credit restrictions are in place with Corizon Health for billed services.

Please feel free to contact me with any questions, comments, or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Eaton', with a horizontal line underneath.

Brian Eaton
Director, Managed Care
Biomedical Systems
77 Progress Parkway
St. Louis, MO 63043
(314)576-6800
beaton@biomedsys.com



Corporate Office
1031 Mendota Heights Road
Saint Paul, Minnesota 55120
Main 800.328.5536
Fax 651.686.9331
www.pattersondental.com

October 24, 2011

Re: Corizon

To Whom It May Concern:

Corizon, (previously Correctional Medical Service), has been doing business with Patterson Dental since 1999.

They have no credit limit and spend a large amount with Patterson Dental yearly. Payments are set at a net 30 and Corizon is always very prompt with payment.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Shelley Beckler".

Shelley Beckler
National Accounts Administrator
Patterson Dental Supply
1031 Mendota Heights Road
Mendota, Heights, MN 55120
651.905.3235



3

Credit Bureau Reference

Live Report : CORRECTIONAL MEDICAL SERVICES, INC.

D-U-N-S® Number: 60-608-4705

Endorsement: mark.ponder@corizonhealth.com

D&B Address	
Address	12647 Olive Blvd Ste 400 Saint Louis , MO - 63141
Location Type	Headquarters (Subsidiary)
Phone	314 919-8501
Fax	314-919-8864
Web	www.cmsstl.com

Trade Names
Trade Names (SUBSIDIARY OF CORIZON HEALTH, INC., BRENTWOOD, TN)

Company Summary

Trade Payments - Timeliness of Historical Payments

When weighted by dollar amount, Payments to suppliers average 5 days beyond terms

12-month D&B PAYDEX®: 77 

(Lowest Risk:100; Highest Risk:1) This assessment is based on D&Bs 12-month PAYDEX® Score.

Predictive Indicators - Risk of Financial Stress

Financial Stress Score Class: 3

Medium risk of severe financial stress over the next 12 months.

History & Operations

This is a headquarters (subsidiary) location

Branch(es) or Division(s) exist	Y
Chief Executive	RICHARD H. MILES, CEO
Year Started	1982
Management Control	2011
Employees	6000 (230 Here)
SIC	8099 , 8093
Line of business	Health/ allied services, specialty outpatient clinic, employment agency
NAICS	621999
History Status	CLEAR

Public Filings

The following data includes both open and closed filings found in D&B's database on this company.

Record Type	Number of Records	Most Recent Filing Date
Bankruptcies	0	-
Judgments	1	06/12/03

Predictive Indicators - Risk of Payment Delinquency

Commercial Credit Score Class: 1

Predictive Indicators - Supplier Evaluation Risk

Supplier Evaluation Risk Rating: 5 Moderate risk of supplier experiencing severe financial stress over the next 12 months.

Predictive Indicators - Credit Capacityfor Headquarters

D&B Rating: --

The blank rating symbol should not be interpreted as indicating that credit should be denied. It simply means that the information available to D&B does not permit us to classify the company within our rating key and that further enquiry should be made before reaching a decision. Some reasons for using a "-" symbol include: deficit net worth, bankruptcy proceedings, insufficient payment information, or incomplete history information.

This assessment is based on D&'s D&B Rating.

News & Alerts

Alert Type	Date	Actions
Litigation	10/04/2011	View
Supplier Evaluation Risk Rating	10/03/2011	View

In the last 30 days, 2 alerts were generated for this company.

Liens	9	06/10/11
Suits	27	09/19/11
UCCs	67	06/24/11

The public record items contained herein may have been paid, terminated, vacated or released prior to todays date.

Corporate Linkage - Parent Company

This is a **Headquarters (Subsidiary)** location

CORRECTIONAL MEDICAL SERVICES, INC.
Saint Louis , MO
D-U-N-S® Number 60-608-4705

The Parent is
CORIZON HEALTH, INC.
Tennessee
D-U-N-S® Number 09-908-9963

The Domestic Ultimate is
VALITAS HEALTH SERVICES, INC.
SAINT LOUIS
D-U-N-S® Number 13-333-6342

Predictive Scores

Executive Summary

The Financial Stress Class of 3 for this company shows that firms with this class had a failure rate of 0.24% (24 per 10,000), which is lower than the average of businesses in D & B's database
The Credit Score class of 1 for this company shows that 6.0% of firms with this class paid one or more bills severely delinquent, which is lower than the average of businesses in D & B's database.

Predictive Scores	This Business	Comments
Financial Stress Class	3	Failure Rate
Financial Stress Score	1469	Highest Risk: 1,001; Lowest Risk: 1,875
Credit Score Class	1	Probability of Severely Delinquent Payment is lower than the average among businesses in D&Bs Database
Credit Score	516	Highest Risk: 101; Lowest Risk: 670
Supplier Evaluation Risk Rating	5	Moderate risk of severe Supplier evaluation rating over the next 12 months.

Other Key Indicators		
Current PAYDEX	5 days beyond terms	Pays more promptly than the average for its industry of 9 days beyond terms
Industry Median	9 days beyond terms	
Present management control	less than 1 year	
UCC Filings	UCC filing(s) are reported for this business	
Public Filings	Evidence of open suits, liens and judgement in the D&B database	
History	Is clear	
Special Events	Are reported for this business	

D&B Credit Limit Recommendation

This recommended Credit Limit is based on the company profile and on profiles of other companies with similarities in size, industry, and credit usage.

Conservative credit Limit 250,000
Aggressive credit Limit: 500,000

Risk category for this business : **LOW**

Risk is assessed using D&Bs scoring methodology and is one factor used to create the recommended limits. See Help for details.

Financial Stress Class Summary

Moderate risk of severe financial stress, such as a bankruptcy, over the next 12 months.

Financial Stress Class : **3**

The Financial Stress Class Summary Model predicts the likelihood of a firm ceasing business without paying all creditors in full, or reorganization or obtaining relief from creditors under state/federal law over the next 12 months. Scores were calculated using a statistically valid model derived from D&Bs extensive data files.

Incidence of Financial Stress:

Among Businesses with this Classification: **0.24 %** (24 per 10000)

Average of Businesses in D&Bs database: **0.48 %** (48 per 10000)

Financial Stress National Percentile : **43** (Highest Risk: 1; Lowest Risk: 100)

Financial Stress Score : **1469** (Highest Risk: 1001; Lowest Risk: 1875)

The Financial Stress Class of this business is based on the following factors:

- UCC Filings reported.
- Low proportion of satisfactory payment experiences to total payment experiences.
- High number of inquiries to D & B over last 12 months.
- Evidence of open liens and judgments.
- High proportion of slow payment experiences to total number of payment experiences.
- Limited time under present management control.

Notes:

- The Financial Stress Class indicates that this firm shares some of the same business and financial characteristics of other companies with this classification. It does not mean the firm will necessarily experience financial stress.
- The Incidence of Financial Stress shows the percentage of firms in a given Class that discontinued operations over the past year with loss to creditors. The Incidence of Financial Stress - National Average represents the national failure rate and is provided for comparative purposes.
- The Financial Stress National Percentile reflects the relative ranking of a company among all scorable companies in D&Bs file.
- The Financial Stress Score offers a more precise measure of the level of risk than the Class and Percentile. It is especially helpful to customers using a scorecard approach to determining overall business performance.
- All Financial Stress Class, Percentile, Score and Incidence statistics are based on sample data from

Norms	National %
This Business	43
Region: WEST NORTH CENTRAL	76
Industry: HEALTH CARE SERVICES	58
Employee range: 500+	61
Years in Business:	29

Region: WEST NORTH CENTRAL
Industry: HEALTH CARE SERVICES
Employee range: 500+
Years in Business:

This Business has a Financial Stress Percentile that shows:

Higher risk than other companies in the same region.

Higher risk than other companies in the same industry.

Higher risk than other companies in the same employee size range.

Lower risk than other companies with a comparable number of years in business.

Credit Score Summary

Credit Score Class :

1

The Commercial Credit Score predicts the likelihood that a company will pay its bills in a severely delinquent manner (90 days or more past terms), obtain legal relief from creditors or cease operations without paying all creditors in full over the next 12 months. Scores are calculated using a statistically valid model derived from D&B's extensive data files.

Incidence of Delinquent Payment:

Among Companies with this Classification: **6.00 %**

Average compared to businesses in D&Bs database: **23.50 %**

Credit Score Percentile : **99** (Highest Risk: 1; Lowest Risk: 100)

Credit Score: **516** (Highest Risk: 101; Lowest Risk: 670)

The Credit Score Class of this business is based on the following factors:

- Insufficient number of payment experiences.
- Most recent amount past due.
- Low proportion of satisfactory payment experiences to total payment experiences.

Notes:

- The Commercial Credit Score Risk Class indicates that this firm shares some of the same business and financial characteristics of other companies with this classification. It does not mean the firm will necessarily experience severe delinquency.
- The probability of delinquency shows the percentage of firms in a given percentile that are likely to pay creditors in a severely delinquent manner. The average probability of delinquency is based on businesses in D&B's database and is provided for comparative purposes.
- The Commercial Credit Score percentile reflects the relative ranking of a firm among all scorable companies in D&B's file.
- The Commercial Credit Score offers a more precise measure of the level of risk than the Risk Class and Percentile. It is especially helpful to customers using a scorecard approach to determining overall business performance.

Norms	National %
This Business	99
Region: WEST NORTH CENTRAL	62
Industry: HEALTH CARE SERVICES	68
Employee range: 500+	85
Years in Business:	40

Region: WEST NORTH CENTRAL

Industry: HEALTH CARE SERVICES

Employee range: 500+

This business has a Credit Score Percentile that shows:

Lower risk than other companies in the same region.

Lower risk than other companies in the same industry.

Lower risk than other companies in the same employee size range.

Lower risk than other companies with a comparable number of years in business.

Supplier Evaluation Rating Summary

Supplier Evaluation Risk Rating: 5

Suits, Liens, and/or Judgments are present - see PUBLIC FILINGS section.

Business under present control less than five years - see HISTORY section.

Average Payments are 5 day(s) beyond terms.

Average Industry Payments are 9 day(s) beyond terms.

Change in control reported - see SPECIAL EVENTS and HISTORY sections.

Special events have been reported.


UCC Filings present - See PUBLIC FILINGS section.

Trade Payments

Timeliness of historical payments for this company.

Current PAYDEX is 77 Equal to 5 days beyond terms

Industry Median is 74 Equal to 9 days beyond terms

Payment Trend currently is  Unchanged, compared to payments three months ago

Indications of slowness can be the result of dispute over merchandise, skipped invoices etc. Accounts are sometimes placed for collection even though the existence or amount of the debt is disputed.

Total payment Experiences in D&Bs File (HQ)	65
Payments Within Terms (not dollar weighted)	77 %
Total Placed For Collection	0
Average Highest Credit	30,421
Largest High Credit	1,000,000
Highest Now Owing	65,000
Highest Past Due	20,000

D&B PAYDEX®

The D&B PAYDEX is a unique, dollar weighted indicator of payment performance based on payment experiences as reported to D&B by trader references. Learn more about the D&B PAYDEX Score




3-Month D&B PAYDEX 79

When weighted by dollar amount, payments to suppliers average 2 days beyond terms

Based on payments collected over last 3 months.

D&B PAYDEX 77

When weighted by dollar amount, payments to suppliers average 5 days beyond terms

-  High risk of late payment (Average 30 to 120 days beyond terms)
-  Medium risk of late payment (Average 30 days or less beyond terms)
-  Low risk of late payment (Average prompt to 30+ days sooner)

PAYDEX® Yearly Trend - 12 Month PAYDEX® Comparison to Industry

Shows PAYDEX® of this Business compared to the Primary Industry from each of the last four quarters. The Primary Industry is Health/allied services, specialty outpatient clinic, employment agency , based on SIC code 8099 .

	12/10	1/11	2/11	3/11	4/11	5/11	6/11	7/11	8/11	9/11	10/11	11/11
This Business	71	71	73	72	72	73	71	74	73	77	77	77
Industry Quartiles												
Upper	.	.	.	78	.	.	78	.	.	79	.	.
Median	.	.	.	74	.	.	74	.	.	74	.	.
Lower	.	.	.	68	.	.	68	.	.	68	.	.

Shows the trend in D&B PAYDEX scoring over the past 12 months.

- Current PAYDEX for this Business is 77 , or equal to 5 days beyond terms
- The 12-month high is 77 , or equal to 5 DAYS BEYOND terms
- The 12-month low is 71 , or equal to 14 DAYS BEYOND terms

PAYDEX Comparison to Industry

Shows PAYDEX of this Business compared to the Primary Industry from each of the last four quarters. The Primary Industry is Health/allied services, specialty outpatient clinic, employment agency , based on SIC code 8099 .

Quarterly PAYDEX Comparison to Industry

Previous Year	12/09	03/10	06/10	09/10	Current Year	12/10	03/11	06/11	09/11
This Business	74	76	66	69	This Business	71	72	71	77
Industry Quartiles					Industry Quartiles				
Upper	78	78	77	78	Upper	78	78	78	79
Median	74	74	73	74	Median	74	74	74	74

Lower	67	67	67	68
-------	----	----	----	----

Lower	67	68	68	68
-------	----	----	----	----

Based on payments collected over the last 4 quarters.

- Current PAYDEX for this Business is 77 , or equal to 5 days beyond terms
- The present industry median Score is 74 , or equal to 9 days beyond terms
- Industry upper quartile represents the performance of the payers in the 75th percentile
- Industry lower quartile represents the performance of the payers in the 25th percentile

This information may not be reproduced in whole or in part by any means of reproduction.

©Copyright 2011 Dun & Bradstreet - Provided under contract for the exclusive use of subscriber CORRECTIONAL MEDICAL SERVICES, INC.



4

Resumes

J.M. COURTNEY

Senior Vice President, State Corrections

As Senior Vice President, State Corrections for Corizon (formerly Correctional Medical Services), Mr. Courtney provides operational oversight for his statewide and jail contracts. His responsibilities include the leadership and supervision of Corizon Vice Presidents of Operations for their assigned regions.

EDUCATION

Bachelor of Science – Nursing, Central Missouri State University

PROFESSIONAL EXPERIENCE

- **Corizon, Senior Vice President, State Corrections, June 2011 – Present, Area Vice President, St. Louis Corporate Office, July 2009 – June 2011** – Provides leadership for Corizon VPOs within his assigned area; responsible for financial P&L performance; develops strategic planning for business operations improvement; manages client relationships.

Vice President Operations, St. Louis Corporate Office, January 2008 – July 2009 – Provided executive corporate oversight for contracts as assigned, including Alabama Department of Corrections, New Mexico Corrections Department, and Bernalillo County Metropolitan Detention Center in New Mexico. Served as member of D2 Hawkeye (Health Economics Metrics Program) Governance Committee, Operation Leadership Committee, and Clinical Strategies Committee. Performed customer service calls to existing clients; made sales calls to prospective clients; assisted with RFP evaluation and proposal development.

Regional Vice President, New Mexico Corrections Department, July 2007 – December 2007 – Provided second level operational leadership for evaluation and proposal development of NMCD RFP for inmate health services resulting in successful bid and award of new business to CMS. Primary operational leader and responsible business manager for NMCD contract. Provided oversight of complete comprehensive health services program to include medical, dental and psychiatry services, liaison for service coordination with ECHO Telemedicine program providing Hepatitis C care through the University of New Mexico and HIV care via the New Mexico Department of Health. Provided corporate oversight and leadership of Bernalillo County Metropolitan Detention Center (Albuquerque, NM) contract, separate from NMCD contract.

Regional Vice President, Idaho Department of Correction, July 2006 – June 2007 – Served as primary operational leader and responsible business manager for IDOC contract; provided oversight of complete comprehensive health services program including medical, dental, and mental health programs.



Regional Vice President, Mississippi Department of Corrections, January 2006 – July 2006 – Served as primary operational leader and responsible business manager for MDOC contract; provided oversight of complete comprehensive health services program to include medical, dental and mental health programs.

Regional Vice President, Tennessee Department of Correction, June 2005 – January 2006 – Continuation of TDOC contract leadership with additional corporate responsibilities including roles in strategic planning, new business development, business retention, RFP review and proposal development, and manager candidate training and development

Regional Manager, Tennessee Department of Correction, February 2004 – June 2005 – Primary operational leader and responsible business manager for TDOC health services contract including four comprehensively staffed prisons, eight physician and dentist staffing facilities (including high acuity special needs operation) and inpatient case management for three privately operated prison facilities. Corporate and client reporting; member of State CQI and P&T committees; legislative lobbying; primary client liaison; community resource contracting and relationships; inpatient and outpatient utilization management; onsite specialty clinic coordination.

Labor Manager, St. Louis Central Office, February 2003 – February 2004 – Companywide monitoring of overtime and agency utilization with focus on departments exceeding established thresholds; researched and developed electronic staff scheduling program with connection to Web based live reporting and projection capabilities; developed and assisted sites in the development of overtime and agency reduction plans; researched and developed information technology for recording, reporting and analysis of labor statistics; provided classroom training (labor management) for CMS' Correctional Healthcare Manager program to HSAs and DONs; developed standardized HSA evaluation program; participated in the interviews and selection of developmental management candidates; developed policies and procedures; participated in the development of standardized departmental performance scoring system.

Regional Administrator, Missouri Department of Corrections, February 2000 – February 2003 – Regional oversight and leadership for up to eight Missouri Department of Corrections prison healthcare operations and one Nebraska Department of Correctional Services facility servicing all levels of security, medical and mental health acuity including onsite self operated dialysis for male and female inmates and joint development of institutional policy and procedure. Member of Executive CQI Committee; respondent to offender grievance appeals, family, advocate and legislative inquiries; community resource contracting; physician, dentist and psychiatrist recruitment; contract monitor liaison; primary relief during Regional Vice-President absence.

RN Administrator, Western Reception Diagnostic and Correctional Center (Missouri), April 1999 – February 2000 – Primary site medical leadership for 1700 inmate multifunction multi-custody level facility with 500 bed intake and processing unit and three permanent units housing general population, substance abuse treatment, and work release populations. Participated in start-up and transition of this formerly 500 inmate treatment facility to its current multiple function format servicing all levels of medical and mental health acuity with four distinctly separate medical units.

RN Administrator, Kansas City Community Release Center (Missouri), December 1998 – August 1999 – Primary site medical leadership for 500 coed inmate community work release and transitional



program servicing medium medical and mental health acuity. Participated in start-up of this replacement facility as well as transition of inmates from prior facility (without health services) to this facility.

RN Administrator, Maryville Treatment Center (Missouri), February 1998 – December 1998 –
Primary site medical leadership for 525 inmate medium security therapeutic treatment program servicing medium medical and mental health acuity.

Director of Nursing, Crossroads Correctional Center (Missouri), February 1997 – February 1998 –
Primary nursing leadership for 1500 inmate maximum security prison servicing complete range of medical and mental health acuity; participated in the start-up of this facility.

RN/Charge Nurse, Western Missouri Correctional Center (Missouri), August 1995 – February 1997
– Primary RN Charge Nurse for 2600 inmate medium security prison servicing complete range of medical and mental health acuity.

PROFESSIONAL LICENSURE

Registered Professional Nurse – State of Missouri

ACCOMPLISHMENTS

January 2001 – Completed CMS Leadership Development Program

December 1998 – Awarded CMS Missouri Region, Administrator of the Year

August 1998 – Interim Health Services Administrator, Lee County Correctional Center (South Carolina Department of Corrections contract); provided orientation and training to new administrator while continuing in role of responsibility for a Missouri Department of Corrections contract

July 1998 – Participated in the start-up and transition of medical services (to CMS) for the Minnesota Department of Corrections while continuing in role of responsibility for a Missouri Department of Corrections contract

May 1997 – Completed CMS Management Development Program

W. THOMAS VOSS

Vice President Operations

EDUCATION

- BA, Management, University of Phoenix, Sacramento, CA

PROFESSIONAL EXPERIENCE

- **Corizon Health (formerly Correctional Medical Services), Vice President, Operations, Tennessee Region 2010 – Present / Regional Manager, Regional Vice President New Mexico, 2007 – 2010.**
 - Responsible for overall financial and operational contract performance. Oversee client relations and manage client performance expectations; maintain adequate staffing to support quality care outcomes; identify and implement operational strategies to effectively and efficiently utilize pharmaceuticals, offsite subspecialty, and community hospital services.
 - As Regional Manager in a Fast Track Program, responsible for contract performance of five of the 10 prison sites in New Mexico. Following mentoring by experienced Regional Vice President, assumed role of Regional Vice President for contract in its entirety. This assignment also includes responsibility for the MDC Jail health, dental and mental health services delivery.
- **DMH, Coalinga State Hospital Executive Director / Chief Executive Officer, 2002 – 2007.**
 - Responsible for the development, organization, direction, and management in the activation and operation of the 1,500 bed Coalinga State Hospital. Oversaw policy and procedures, development, strategic planning, program evaluation, performance improvement, and the human, physical, informational, finance resources and budget allocation (\$69 million in 2007) within the hospital.
 - Represented hospital in fostering good relations with the public and professional communities and coordinated hospital operations with stakeholders including local government officials, advisory groups, professional groups, regulators, federal and state courts, other state departments, and volunteer and employee associations.
- **California Department of Corrections, Health Care Division, Regional Administrator, 1997 – 2002**
 - Supervised state prison Health Care Managers for 11 state prisons. Oversaw implementation and delivery of health, dental and mental health programs of the assigned state prisons.
 - Provided direction and oversight program management, resource allocation and distribution, facility strategic health care delivery plan implementation, court monitoring activities, and facility licensing activities.
 - Coordinated health program operations and custody operations working with the prison Wardens and Administrators.
- **California Medical Facility and California State Prison, Sacramento, Correctional Health Services Administrator I & II, 1993 – 1997**
 - Directed and managed administrative ancillary support services of the Correctional Treatment Center and Infirmary level of care in the prisons located in Folsom, CA. Provided supervision of



and assistance in development and management of operational budgets for pharmacy, laboratory, health information, dietary, x-ray, supply, and housekeeping department. Developed, implemented, and managed health care contracts and shared services for the facilities. Supervised department heads in the coordination of service delivery within the custody setting of the facilities.

- Hospital Administrator responsible for development, activation, and operation of an AIDS Treatment Center for state prison inmates and activation of first prison AIDS hospice in the country.

- **Health Care Services Division, Parole & Community Services Division, Health Program Manager I & II, 1988 – 1993**
 - Supervised health analysts in establishing medical contracting guidelines, negotiations of medical contracts, developing reimbursement rates for services, formulating budget change proposals for the administration, conducting pre-licensing audits of prison hospitals and clinics.
 - Supervised community based health and mental health delivery program for parolees in the community re-entry facilities, coordinated community based health and mental health service providers with Regional Parole Out-Patient Clinics and oversaw development and implementation of community based contract provider services.

- **Associate Governmental Program Analyst, Health Care Services Division, 1986 – 1988.**
- **San Quentin State Prison, Senior Medical Technical Assistant, 1981 – 1986**
- **California Institution for Men (CIM), Medical Technical Assistant, 1977–1981**
- **VA Hospital, Long Beach, CA, Licensed Vocational Nurse, 1976 – 1977**
- **United States Navy, Hospital Corpsman 3rd Class, San Diego, CA, 1972 – 1975**

MILITARY SERVICE

- U. S. Navy, Honorable Discharge, 1975

ASSOCIATIONS

- President, Skyline Medical Association, 2003 – 2008

Zachary E. Morgan, FACHE

Senior Fast Track Executive

EDUCATION

- University of Arkansas MS-Industrial Engineering Graduated 1987
- Texas Woman's University MS-Healthcare Administration Graduated 1985
- Meharry College/Tennessee State BS- Healthcare Adm/Planning Graduated 1980

PROFESSIONAL EXPERIENCE

- **Corizon, Inc.** **2011 to Present**
Senior Fast Track Executive
 - Participate in improving productivity, quality, and fiscal management and increased market share.
 - Participate in exceeding customer expectations
 - Participate in operating within pre-determined standards
 - Participate in Pharmacy Management and Reporting
 - Participate in ensuring optimal staffing levels consistent with budget
 - Participate in Human Resource Management and Corrective Action
 - Participate in Audit Administration
 - Participate in Retention Management
 - Participate in Physician relations
 - Participate in Vendor Management
 - Participate in Contract Management
 - Participate in improving Utilization Management
 - Participate in the leadership of the contract
- **The MEPS Corporation** **2009 to 2011**
Chief Operations Officer
 - Responsible for increasing shareholder value
 - Profit and Loss responsibility
 - Comprehend and understand mountains of regulations including Test of Meaningful Use, HITSP, HL7, IHE, Regional Extension Center, etc.
 - Oversee development of technologies for Biotechnology, and Clinical Informatics for Medicine, Healthcare, Genetics, Stem Cell, Manufacturing and Retail Industries
 - Oversee Continuous Quality Improvement of existing technologies
 - Oversee Business Development
 - Oversee Human Resource Administration, Fiscal Management, Productivity and Regulatory Compliance
 - Oversee budget and variance reporting



- Insure technologies interface with ICD 9CM, CPT Codes, HCPCS, DRG's, APC's, HIPAA, Milliman & Robertson, DSM-TR, ASP's, Supply Chain, Nursing Classification Systems, etc.
- Oversee activities associated with marketing, brand-name integration, product-specific advertising, pricing, promotions, to direct sales/contracting activities, to horizontal and vertical integration

– **American Heart Association and the American Stroke Association** **2004 to 2009**
Vice President

- Responsible for reducing the death and permanent disability rate by 25% for the states of Missouri, Iowa, Nebraska, Oklahoma, Arkansas, Kansas, Texas, Illinois, Indiana, South Dakota, North Dakota, Minnesota, Wisconsin, and Michigan by the year 2010. Achieved this goal ahead expectation
- Responsible for the division to insure hospitals and physicians follow the guidelines for the treatment and prevention of Heart Failure, Stroke, Coronary Artery Disease, which is based on Evidence Base Medicine. Areas of responsibility included over 20% of all Hospital in the United States
- Enterprise Transformation
- Work with hospitals to incorporate in their Medical Bylaws verbiage related to following the guidelines
- Provide consulting to multidisciplinary teams within hospitals on standing orders and discharge instructions
- Provide consulting services to Sections Chiefs and C-Suites of hospitals to improve clinical efficiency, operational efficiency, and fiscal management by improving management of their sections
- Assist hospitals in having successful heart and stroke services that included profits
- Provide consulting for hospitals in ICD 9, CPT, DRG's, APC's etc.
- Provided consulting services to C-Suites of Hospitals to improve bond ratings, bottom line, market share, public reporting, fiscal management, productivity, clinical and operational efficiency
- Created partnerships and joint-venture in fourteen states with major providers and payers, including Blue Cross Blue Shield, United Healthcare, HCA, Tenet, etc.
- Receive monthly performance reports on 20% of all Hospitals in the fourteen states and provide coaching , counseling and consulting related to variances as to their specific performance indicators
- Responsible for reducing 1 billion dollars across the eight states through clinical and operational efficiency,
- Have established partnerships, joint-ventures and partnership with CMS, JCAHO and NCQA,
- Many Hospitals consulted with received awards and featured in the US News and World Report
- Received the Seal of Approval from CMS under George Bush Health Initiative Award
- Was influential in being selected top 100 brand Names in the United States
- Assisted hospitals to increase market share, improve quality, improve fiscal management, increase productivity & supply chain



- Insure synergy between operational, financial, regulatory compliance, marketing, customer satisfactions, Clinical Protocol, Clinical Pathways, Practice Guidelines & Disease State Management (CCPDS)
- Committee Member to be on the cutting edge of an Interoperable System
- Member various, Health Systems Institutional Review Board
- Oversee continuous improvement in preventative, diagnostic, treatment and cures to illnesses an injury
- **MEPS Corporation-Accident, Hospitalization & Rehabilitation** **2001 to 2003**
Regional Administrator
 - Improved understanding of the delivery of care from a patients perspective
- **City of Chicago Healthcare Systems** **1998 to 2001**
Regional Administrator
 - Oversee budget procedures and accountability to ensure resources are accounted for and used efficiently
 - Oversee external quality reviews, facilities management, equipment management and life safety codes
 - Oversee Administrators and participates in the hiring and development of staff
 - Established joint-venture relationship with payers, providers, suppliers and the community through horizontal and vertical integration while simultaneously managing a \$472 million dollar budget
 - Continuously improved internal controls for the above and JCAHO, APC's, HIPAA, NCQA, etc
 - Increase market share, improve quality, improve fiscal management, increase productivity & supply chain
 - Directs the development and implementation of comprehensive health care plans the meet the physical and mental health needs of the customer
 - Insure synergy between operational, financial, regulatory compliance, marketing, customer satisfactions, Clinical Protocol, Clinical Pathways, Practice Guidelines & Disease State Management (CCPDS)
 - Senior Administrator, Institutional Review Board
 - Oversee continuous improvement in preventative, diagnostic, treatment and cures to illnesses an injury
- **United American Healthcare** **1995 to 1997**
Administrator
 - Achieved a 78% medical loss ratio and managed a budget of \$95 million
 - Provided leadership for the accreditation process of NCQA, EQRO and risk-based Medicare.
 - Developed disease state management, clinical pathways, clinical protocols, and preventative programs and improved the denial and appeals process
 - Achieved an \$8.26 PMPM for the pharmacy program.
 - Contracted with most healthcare providers in the state of Tennessee
 - Improved claim processing systems Human Resources, Salary and Benefit Administration responsibility
 - Served on Governor's Task Force Medical Communication Technology and Pharmacy
 - Senior Administrator of Institutional Review Board



- **Methodist Health Systems** **1992 to 1995**
Vice President

 - Provided leadership for Neurodiagnostic Center, Ambulatory Care Services, Cardiovascular Services, Respiratory Services, Medical Social Work Services, Laboratory Services, Blood Bank Services, Laundry Services, Linen Distribution Services, Food Services, Security Services, Environmental Services, Human Resources, and Benefit Design.
 - Achieved a 3.49 FTE per adjusted occupied bed.
 - Provided leadership for JCAHO and other regulatory reviews.
 - Developed manage care products, i.e., IDS, HMO, POS, and PPO and Physician Acquisitions Program.
 - Provided leadership for home health agencies, DME companies and infusion therapy companies.
 - Provided leadership for satellite hospital construction projects of \$140,000,000.
 - Averaged 100% results regarding productivity each year.
 - Participated in all board meeting and most of the hospital committees.
 - Developed disease state management programs, clinical pathways and clinical protocol systems.
 - Senior Administrator of Institutional Review Boards
 - Managed a budget of \$90 million.
- **Memphis and Shelby County: Acute Care Facilities** **1988 to 1992**
And Emergency Mental Health Clinics
Administrator

 - Improved productivity, quality, and fiscal management and increased market share
 - Satisfied regulatory review and customer satisfaction.
 - Managed a budget of \$46 million
Provided leadership for Human Resources Division, Benefit Design and Salary Administration.
 - Responsible for management of construction projects \$20 million.
 - Senior Administrator of Institutional Review Board
- **Lebonheur Health Systems** **1987 to 1988**
Administrator

 - Responsible for the profit and loss of the infusion therapy companies, home health agencies, durable medical equipment companies, and professional staffing company. Improved productivity, quality, increased market share, improved fiscal management, customer satisfaction and satisfied regulatory reviews.

AFFILIATIONS

- Resident Homer G. Phillips Hospital
- Harris County Administrative Resident
- Various National Boards & Committees



PROFESSIONAL CERTIFICATIONS

- Fellow in the American Heart Association and Clinical Cardiology
- Fellow, American College of Health Care Executives, Chicago, IL
- Board Certified, Healthcare Executive American College of Health Care Executives, Chicago, IL
- Board Certified Healthcare Quality, Healthcare Quality Certification Board, San Gabriel, CA
- Board Certified Behavior Healthcare Executive, Association of Behavior Healthcare Executives, Chicago, IL
- Four Copyrights-Summary, Provider, Payer, Supplier Profiling the Key to Excellence, Computer Program, Clinical Informatics/Copyright numbers/TXu00112809/TXu00165243/TXu001220376/TXu0165243



JOSEPH M. PASTOR, MD, CCHP

Vice President Behavioral Health

Dr. Pastor has over 20 years of medical practice experience and an extensive knowledge of psychiatry, mental health and the integration of physical and behavioral medicine. He is trained in adult and child/adolescent psychiatry. He has worked in correctional health care since 1997, and began working exclusively with PHS in 2007. Dr. Pastor joined Corizon (formerly PHS) full-time in 2009 and has provided and supervised direct patient care utilizing telepsychiatry in jails and prisons. He supervises the behavioral healthcare provided to inmates nationwide.

EDUCATION AND TRAINING

- **Fellowships**
 - 1995 Child and Adolescent Psychiatry – Harvard University – Boston, MA
 - 1994 Child and Adolescent Psychiatry – Brown University – Providence RI
- **Residency**
 - 1993 Adult Psychiatry – Harding Hospital and Riverside Methodist Hospital –Columbus, OH
- **Doctor of Medicine**
 - 1990 The Ohio State University College of Medicine – Columbus, OH
- **Post-Graduate Studies**
 - 1982 Case Western Reserve University – Cleveland, OH
- **Undergraduate Studies**
 - 1982 Bachelor of Arts – Hiram College – Hiram, OH

PROFESSIONAL EXPERIENCE

- 12/09-Present Vice President Behavioral Health, Corizon (formerly PHS), Brentwood, TN
- 1/09-3/10 Pharmacy and Therapeutics Committee Member – State of Colorado Department of Health Care Policy and Finance
- 7/09-10/09 Physician Advisor, Peer Clinical Reviewer – Magellan Health Services
- 5/09-12/09 Chief Medical Officer – Behavioral Healthcare, Inc., Denver, CO
- 1/07-3/10 Alternate – Drug Use Review Board, State of Colorado
- 1/06-12/08 Consultant – Adult and Child Psychiatry, Comprehensive Neuroscience, Inc.
- 1/06-3/10 Consultant – Adult and Child Psychiatry, State of Colorado Department of Health Care Policy and Finance
- 1/06-3/10 Colorado Physicians’ Congress for Health Care Reform
- 1/06-5/09 Medical Director – Behavioral Healthcare, Inc., Denver, CO
- 1/05-5/09 Clinical Supervisor – Genoa Pharmacy, Thornton, CO
- 1/04-12/06 Associate Medical Director – Behavioral Healthcare, Inc., Denver, CO
- 1/03-12/05 Committee Member – Colorado Psychiatric Society Advisory Committee to State Department of Mental Health Services
- 10/02-5/09 Chief Clinical Officer and Medical Director – Community Reach Center, Thornton, CO



- 2/98-12/00 Clinical Director of Child and Adolescent Services – University Hospital/ Laurelwood Hospitals, Independence Office, Cleveland, OH
- 7/95-8/96 Director of Child and Adolescent Psychiatry – United Behavioral Health, Columbus, OH

ACADEMIC APPOINTMENTS

- 6/11-present Assistant Clinical Professor of Psychiatry- Vanderbilt University School of Medicine
- 1/07-3/10 Assistant Clinical Professor of Psychiatry – University of Colorado School of Medicine – Denver, CO
- 1/01-12/06 Clinical Instructor in Psychiatry – University of Colorado School of Medicine – Denver, CO
- 2/98-12/00 Clinical Instructor in Psychiatry – Case Western Reserve University College of Medicine – Cleveland, OH
- 7/95-11/97 Clinical Assistant Professor of Psychiatry – Ohio State University College of Medicine – Columbus, OH
- 7/94-6/95 Clinical Fellow in Child and Adolescent Psychiatry – Harvard Medical School – Boston, MA
- 7/93-6/94 Clinical Instructor in Child and Adolescent Psychiatry – Brown University School of Medicine – Providence, RI

TEACHING RESPONSIBILITIES

- 6/11- present Clinical Faculty and Supervisor- Vanderbilt University School of Medicine
- 1/07-12/08 Resident Education Committee – University of Colorado School of Medicine
- 1/04-5/09 Supervisor – American Psychological Association Internship, Community Reach Center
- 1/01-3/10 Supervisor – University of Colorado School of Medicine Department of Psychiatry Residency Program, Denver, CO
- 1/01-3/10 Clinical Faculty – University of Colorado School of Medicine, Second Year Medical School Human Behavior Course – Denver, CO
- 1/01-3/10 Attending Psychiatrist – University of Colorado School of Medicine, Core Psychiatry Clerkship Third/Fourth Year, Denver, CO
- 1/01-10/02 Supervisor – Mental Health Corporation of Denver, Denver, CO
- 2/98-12/00 Supervisor – University Hospitals Department of Psychiatry Case Western Reserve University School of Medicine, Cleveland, OH
- 2/98-12/00 Supervisor – University Hospitals/Laurelwood Hospitals, Cleveland, OH
- 9/96-11/97 Supervisor – New Horizons Youth and Family center/Concord Counseling, Westerville, OH
- 7/95-8/96 Pediatric/Psychiatric Collaborative Rounds – Columbus Children’s Hospital, Columbus, OH
- 7/95-8/96 Supervisor – United Behavioral Health Plan, Columbus, OH

AWARDS AND HONORS

- 2007 Service Award – Colorado Child and Adolescent Psychiatry Society



2004	Outstanding Achievement Award for Medical Student Education and Child Psychiatry – University of Colorado School of Medicine – Denver, CO
2003	Nominated for American Psychiatric Association National Award for Excellence in Education
2002	Outstanding Achievement Award for Teaching – University of Colorado School of Medicine – Denver, CO
1995	Key Contributor Award – United Behavioral Health – Columbus, OH
1988	Letters of Commendation – Internal Medicine, Obstetrics and Gynecology, Family Medicine,
1987	Honors in Neuroanatomy

PROFESSIONAL MEMBERSHIPS

8/10-Present	American Academy of Psychiatry and the Law
6/10-Present	Academy of Correctional Health Professionals
3/10-Present	Tennessee Child and Adolescent Psychiatry Association
12/09-3/10	National Assembly Delegate – AACAP
1/08-12/08	Past President – CCAPS
1/07-12/07	President – Colorado Child and Adolescent Psychiatry Society (CCAPS)
1/06-12/06	President-Elect – Colorado Child and Adolescent Psychiatry Society
1/05-12/05	Program Chair – Colorado Child and Adolescent Psychiatry Executive Committee
1/05-12/05	Program Chair – Colorado Child and Adolescent Psychiatry Executive Committee
1/01-3-10	Member – Colorado Child and Adolescent Psychiatry Society
1/97-12/99	Committee Member – American Academy of Child and Adolescent Psychiatry
1993-Present	Member – American Academy of Child and Adolescent Psychiatry (AACAP)

CLINICAL/ADMINISTRATIVE EXPERIENCE

10/02-5/09	Chief Clinical Officer – Community Reach Center, Thornton, CO
10/02-5/09	Adult, Child and Adolescent Psychiatrist – Community Reach Center, Thornton, CO
8/08-5/09	Correctional Psychiatry Subcontractor – Prison Health Services and sexual offender program
2/98-12/00	Consulting Child and Adolescent Psychiatrist – Cuyahoga County Juvenile Detention Center, Cleveland, OH
2/98-12/00	Adult, Child and Adolescent Psychiatrist – University Hospitals/Laurelwood Hospitals, Cleveland, OH
1/98-10/02	Adult, Child and Adolescent Psychiatrist – Mental Health Corporation of Denver, Denver, CO (Correctional Psychiatry)
9/96-11/97	Consulting Child and Adolescent Psychiatrist – Buckeye Ranch, Columbus, OH
9/96-11/97	Consulting Child and Adolescent Psychiatrist – VistaHealth, Lancaster, OH
9/96-11/97	Consulting Child and Adolescent Psychiatrist – New Horizons Youth and Family Center/Concord Counseling, Westerville, OH
7/95-8/96	Consulting Child and Adolescent Psychiatrist – Columbus Children’s Hospital, Columbus, OH
7/95-8/96	Child and Adolescent Psychiatrist – Riverside Methodist Hospitals, Columbus, OH

7/95-8/96 Child and Adolescent Psychiatrist – Harding Hospital, Worthington, OH
7/95-8/96 Child and Adolescent Psychiatrist – United Behavioral Health, Columbus, OH

PUBLICATIONS AND PRESENTATIONS

Kashani, Pastor. Seasonal Affective Disorder, Child and Adolescent Psychiatry, 2002

Findling, Pastor. Atypical Antipsychotics, Psychiatric Times, March 2000.

Male with Pineal Gland Pathology, National Academy of Neuropsychology, November 1994.

Paradise, Sadri, Akins, Pastor. Effect of Antihypertensive Therapy with Captopril and Hydrochlorothiazide on Left Ventricular Function, Federal Proceedings, March 1, 1983, Vol. 42, No. 3.

Bipolar Disorder in Children and Adolescents, NJDC, Atlantic City, NJ, September, 2011

Clinical Management of Difficult Behaviors, NCCHC, Las Vegas, NV, July, 2011

Telemedicine Integration of Primary Care and Mental Health, ATA, Tampa, FL, May, 2011

Telemedicine Integration of Primary Care and Mental Health, ACHSA, Orlando, FL, April, 2011

Telepsychiatry in Jails, New York State Sheriff's Association, Albany, NY, January, 2011

Suicide Prevention, PHS Correctional Healthcare, Brentwood, TN, July 2010

Community Bridges Faith Conference, Lakewood, CO, May, 2008

Bipolar Disorder in Children and Adolescents, Community Reach Center, Northglenn, CO, 2007

Mood Disorders, Community Reach Center, Northglenn, CO, 2007

"Psychiatric Disorder in the Foster Care Setting," Colorado Foster Care Parents Association annual conference, Grand Junction, CO, 2007

"Ethics in Mental Health," Symposium, Mental Health Institute at Fort Logan, September, 2007

Police Crisis Intervention Training (CIT), May, 2007

Mental Health Disorders in the School Setting. Adams 12 School District, Northglenn, CO, April, 2007

Psychopharmacology, Community Reach Center, February, 2007

Police Crisis Intervention (CIT), January, 2007

Behavioral Pharmacy Education Program, Stakeholders Meeting, Denver, Colorado, October 2006



Police Crisis Intervention (CIT) Training, Mood Disorders and Psychiatric Medications, May 2006

Psychiatric Medications, Faith and Mental Health Conference, Denver, CO, May 2006

Attention Deficit Hyperactivity disorder, Northglenn, CO, January 2006

Basic Psychopharmacology, Northglenn, CO, December 2005.

CIT, Police Crisis Intervention Training, Psychiatric Medications, Commerce City, CO, February 2005

CIT, Police Crisis Intervention Training, Mood and Psychotic Disorders, Commerce City, CO, February 2005

Disruptive Behavior Disorders, Training in Child Psychiatry, Clinica Campasina, Thornton, CO, November 2004.

Atypical Antipsychotics in Children; State of Colorado Health Care and Policy Forum Board Meeting; Denver, CO, April 2004

Clinical Trials Update. Alliance for the Mentally Ill, Thornton, CO, February 2004.

Self-Care for Professionals. Morgan Community College, Fort Morgan, CO, August 2003.

The Role of the Child and Adolescent Psychiatrist. Community Reach Center AHEC Interns; Thornton, CO, July 2003

Accessing Mental Health Services. Mountainland Pediatrics, Thornton, CO, July 2003

Self-Care for Professionals. CACTE, Fort Collins, CO, July 2003.

Psychiatric Medications. North Metro Services, Thornton, CO, April 2003

PACT Model. Breckenridge Conference, Breckenridge, CO, September 2002

ADHD in Adults. Mental Health Corporation of Denver, Denver, CO June 2002

Mood Disorders in the Developmentally Disabled. Developmental Pathways, Denver, CO, 2002

Thought Disorders in Children and Adolescents. Mental Health Corporation of Denver, Denver, CO, March 2002

Thought Disorders in Adults. Mental Health Corporation of Denver, Denver, CO, March 2002

Psychiatric Medications. Family Crisis Center of Denver, Denver, CO, May 2001

Psychosexual Development. Case Western Reserve University School of Medicine, Cleveland, OH, March 1999



Psychopharmacology and Autistic Disorder. Case Western Reserve University School of Medicine, Cleveland, OH March 1999

Separation Anxiety Disorder. University Hospitals/Laurelwood Hospitals, Cleveland, OH November 1998

Pemoline and ADHD. Fairfield County Hospital, Lancaster, OH, October 1996.

Psychosexual Development. The Ohio State University of Medicine, Columbus, OH, April 1996

Working with Disruptive Children. United Behavioral Health, Columbus, OH, October 1995

The Pineal Gland and Psychopathology. Harvard University, Boston, MA, May 1995

Adolescent Psychosis and Pineal Gland Pathology. Brown University, Providence, RI, May 1994

LICENSES AND CERTIFICATIONS

- 2010 Arizona, Active
- 2010 Certified Correctional Health Professional
- 2010 Tennessee, Active
- 2010 Virginia, Active
- 2010 Michigan, Active
- 2009 Diplomate, Maintenance of Certification – American Board of Psychiatry and Neurology
- 2001 Colorado, Active
- 1999 Diplomate and Board Certified – American Board of Psychiatry and Neurology
- 1995 American Board of Psychiatry and Neurology – Eligible, Child and Adolescent Psychiatry
- 1993 Massachusetts, Active
- 1990 Ohio, Active
- 1990 Diplomate, National Board of Medical Examiners

ROBERT J. MARCELLO, Ph.D.

Regional Mental Health Director

EDUCATION

- PhD, Clinical Psychology (APA Approved), Virginia Commonwealth University, Richmond, Virginia
- MS, Clinical Psychology (APA Approved), Virginia Commonwealth University, Richmond, Virginia
- BA, Psychology, Providence College, Providence, Rhode Island

PROFESSIONAL EXPERIENCE

- **Corizon Health (formerly PHS Correctional Healthcare), Richmond, VA, Regional Mental Health Director, 2008 – Present.**
 - Responsibilities and accomplishments include clinical oversight and supervision of Mental Health Services/Programs at four facilities;
 - Development/implementation of continuing education opportunities for all Mental Health clinicians within Corizon-VA (approximately 30 total of varying disciplines);
 - Liaising with VADOC Mental Health Services/Programs; client relations; Internal Coach (and member of planning committee) for Corizon-VA Leadership Development Program;
 - Quality improvement; establishing best practices across all Mental Health Services/Programs within Corizon-VA; assisting with Corporate Mental Health Program and Business Development activities; licensure/accreditation preparation and follow-up; provision of pre-commitment evaluations and other direct services as indicated.
- **Chapman Senior Care, Richmond, VA, Licensed Clinical Psychologist, 2006 – Present.**
 - Provide comprehensive psychological/behavioral health services for residents of long-term care, assisted living, and independent living facilities.
 - Clinical services include evaluations, psychological testing, and individual, couples and family therapy. Additional services include clinical/organizational consultations, educational seminars, community education and marketing.
- **Southern VA Regional Medical Center, Emporia, VA / Diamond Healthcare Corporation, Richmond, VA, Program Director/Clinical Consultant, 2006 – 2007.**
 - Managed Inpatient and Structured Outpatient Behavioral Health Services for Older Adults. Performed administrative and clinical supervision, fiscal management, program development, physician/allied health staff recruitment/relations, community education and marketing.
 - Conducted group therapy, evaluations, treatment planning and case management. Accomplishments included successful integration of new services into overall Medical Center operations; start-up and implementation of Structured Outpatient Program; and successful performance in several licensure/accreditation surveys.
- **RJM Consulting, Mechanicsville, VA, President, 2005 – Present.**
 - RJM Consulting is an organizational and management consulting firm that provides a variety of services to not-for-profit philanthropic and service organizations, not-for-profit and for-profit healthcare organizations, behavioral health and chemical dependency treatment facilities, as well as other businesses and individuals.



- Specific services include start-up and turnaround expertise, strategic planning, capacity building, interim program/project management, program and personnel evaluation, regulatory/accreditation preparatory assessments, team-building, substance abuse education and prevention, stress management and communication skills training, and personal coaching/mentoring.
- **John Randolph Foundation, Hopewell, VA, Chief Executive Officer, 1996 – 2005.**
 - Provided overall executive and administrative direction of the Foundation, a 501(c)(3) charitable organization with a mission to improve the health and quality of life in Hopewell and surrounding communities.
 - Strategic planning; personnel management; fiscal/budget-related activities; oversight of plant operations, all investment-related activities, and grant, scholarship and development programs; policy and procedure development and implementation, and representation of the organization in a variety of community groups/committees/activities, etc.
 - Managed full-time staff of five, with additional contract arrangements for accounting, legal and investment services; annual operating budget, including grants/scholarships, etc. of approximately \$1.8 million.
- **John Randolph Medical Center, Hopewell, VA, Associate Administrator, 1994 – 1996.**
- **John Randolph Hospital/Diamond Healthcare Corporation Psychiatric and Recovery Centers, Hopewell, VA, Administrative Director, 1989 – 1994.**
- **Diamond Health Group, Richmond, VA, Clinical Consultant, 1990 – 1994**
- **Counseling and Psychotherapy Associates, Richmond, VA, Private Clinical Psychologist, 1987 – 1989**
- **Charter Westbrook Hospital, Richmond, VA, Administrative Director of Psychological Services, 1986-1987**

PUBLICATIONS AND PRESENTATIONS

Marcello, R.J., Danish, S.J., and Stolberg, A.L. "An Evaluation of Strategies Developed to Prevent Substance Abuse Among Student Athletes," 1989. *The Sport Psychologist*, 3(3), 196-211.

Doctoral dissertation: "An Evaluation of the Effectiveness of a Substance Abuse Awareness and Prevention Program Developed for Use with University-Level Varsity Student Athletes."

Master's thesis: "Relaxation Therapy as an Adjunct Strategy for the Treatment of Bronchial Asthma: An Examination of Pertinent Psychological and Illness Variables."

Past presentations include: "Awareness of Social Problems," "Student Athlete's Assistance Programs," "Substance Abuse Awareness and Prevention with Student Athletes," "Stress Management," "Psychiatry and the Law," "Assessment and treatment of a wide range of psychiatric difficulties," "Leadership Development," and "Psychological Services in the Long-term Care Environment."



5

Job Descriptions

Statewide Case Manager Coordinator

The statewide case manager coordinator is responsible for providing a full range of mental health program services to the inmate population, under the direction of the Mental Health Program Director. Assist: with coordination of patient referrals to other specialized DOC programs, and to community based treatment programs when applicable, in the control of utilization of resources, pre-occurrence monitoring, concurrent monitoring, intervention and retrospective review. Track, trend and evaluate appropriateness and quality of care issues with the implementation of education to internal and external customers and process improvement initiatives.

QUALIFICATIONS

- Bachelor's degree in behavioral science.
- Current Certification in CPR.
- One year of full time experience providing case management services. Social, psychological, or correctional case management services experience which indicates knowledge of mental health counseling, group and individual psychotherapy, treatment of major mental disorders and mental health assessment techniques, preferred.

RESPONSIBILITIES

- Provides direct clinical services and consultation services in accordance the policies and procedures of mental health program services, the policies and regulations of the DOC and in accordance with the ethics and standards of the National Association of Social Workers.
- Acts as a liaison between corrections and the local community mental health programs.
- Interrelates and works effectively with other mental health services staff, facility administration and staff, medical personnel, residents and outside support agencies as designated by the facility.
- Facilitates quality health care intervention recommendations.
- Reviews and assesses over/under utilization issues.
- Track, trend and evaluate appropriateness and quality of care issues with the implementation of education to internal and external customers and process improvement initiatives.
- Maintains confidentiality of resident information in accordance and within the limits of the standards of the American Psychological Association, the National Commission on Correctional Health Care, the American Correctional Association and the American Psychiatric Association.
- Complies with all rules, directives, policies, procedures and protocols of Corizon.
- Other duties as assigned.

Continuous Quality Improvement Coordinator, Mental Health

The Continuous Quality Improvement Coordinator coordinates the mental health programs Quality Improvement (QI) Program. Interrelates with medical and nursing staff, security staff at all levels, administrative staff, support staff and facility QI committee. Responsible for overall functions of the QI process. This position works closely with the client on development of statewide program and process improvement issues often within the clients operational headquarters.

QUALIFICATIONS

- To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required.
- A Licensed Registered Nurse with three years experience; at least one year of supervisory experience and a thorough knowledge of Quality Improvement processes.
- Knowledge of medical record science principles; supervisory/ management principles; legal requirements pertaining to health record information; professional ethics; regulatory agency requirements/standards.
- Satisfactory background investigation report.

PERFORMANCE EXPECTATIONS

- Assists statewide and facility QI Committees in identifying high risk, high volume, and problem prone areas from Mental Health for monitoring and evaluation.
- Assists in policy/procedure/system development; coordinates, tracks, and trends QI monitoring and evaluation of topics with system wide implications.
- Facilitates QI problem solving activities and Mortality Review especially on issues and system wide implications.
- Participates on all statewide and quarterly facility QI Committee meetings.
- Prepares written evaluation twice annually of overall effectiveness of QI activities for Corizon and administrative staff.
- Ensures Medical Record information confidentiality through appropriate release of Medical Record documentation.
- Prepares and submits routine and special statistical reports.
- Prepares and participates in inter and intra-departmental in-service education programs.
- Carries out defined standards, legal requirements, and regulations of regulator agencies, government authorities, professions, and Corizon.

ACCOUNTABLE TO: Director Mental Health Services, TDOC/Mental Health Clinical Director



Telemedicine Coordinator, Mental Health

The Telemedicine Coordinator will work with offsite providers, specialists, and Corizon healthcare staff to coordinate Telemedicine Services for the Department of Corrections. The Telemedicine Coordinator, operating from the Regional Office, will provide education, technical support and overall program guidance to ensure the telemedicine component of the healthcare services program is fully utilized.

QUALIFICATIONS

- Working knowledge of medical theory, clinical practice , patient care, medical terminology.
- Working knowledge of the use of computers, associated software applications, office equipment, and medical equipment (e.g. stethoscope.)
- Ability to understand medical records and accurately extract and enter patient data from patient encounters.
- Familiarity with prison custody, safety and security regulations; health services policies and procedures; and inmate behavior.
- Ability to train other healthcare staff to operate and maintain the telemedicine equipment.
- Knowledgeable in the legal and ethical aspects of correctional medicine.

PERFORMANCE EXPECTATIONS

- Identifies a “Telemedicine Champion” (early adopter) at each facility to ensure the technology is effectively and frequently utilized at each site.
- Introduces clinical and security staff to the medium via a structured training program to include practical demonstrations to show benefits of the programs technology.
- Implements and teleconferencing/telementoring program to facilitate the Corrections Department telemedicine program.
- Ensures telemedicine equipment is fully operational and maintained and is properly set up and tested at each facility (via monthly audit).
- Tracks monthly telemedicine utilization on a facility-by-facility basis, summarizing and reporting the data.
- Provides input for development of telemedicine policies and procedures.
- Lends support to new and innovative ideas for expansion.
- Maintains awareness and knowledge of site specific utilization and concerns.
- Implements a pertinent CQI program to support the project.

ACCOUNTABLE TO: Regional Director or Vice President Operations





6

Problem Behavior Worksheet

What Happened?

1. What did I do:

Did I feel like a bad thing that happened before was happening now

Did I get so worried (or scared or sad) that I did not think I could do the things I need to do

- ✓ Write down as much as you can remember
- ✓ Write down what you did, said, thought or felt that was a problem for you
- ✓ Write down how bad it was and why it was a problem
- ✓ If there was a movie about what you did, write down what you would tell the actor who would “be you”.

What did I do: _____

2. Why I did it:

- ✓ Write down what was going on right before you did it and how it made you feel.
- ✓ When it started, I felt _____
- ✓ When it started, I was thinking _____
- ✓ So, I _____
- ✓ Would I have done that the day before? _____
- ✓ Why or why not? _____

3. Do I always feel like acting that way: _____

4. What makes me feel like acting that way: _____

Even if the same things were going on, it would not have bothered me as much if:

- I had not been sick
- I had been sleeping better at night
- I was eating better
- I had not gotten hurt
- I had not been drinking or using other drugs
- I had been taking my medicine the way I am supposed to
- Something else bad had not happened
- I was not so upset about something
- I did not have a problem with _____

Think about telling the actor how to “be you”. Does one thing lead to something else?

Write down what you do, what you think and how you feel.

When something like that happens, I most often...

Then I _____

Then I _____

Then I _____

When something like that happens, I want to _____

Then, fill in the blanks with what you think someone else might do, think or feel.

When something like that happens, someone else might...

Then they might _____

Then they might _____

Then they might _____

5. Look what happened because of what I did: _____
Because of what I did, I will have to: _____
Because of what I did I cannot: _____
Because of what I did at first I felt: _____
Now I feel: _____
Because of what I did, other people will have to: _____

6. The things that are not the same now because of what I did are: _____

7. When that happened, I did not have to do what I did.
If I had _____,
instead of _____,
then _____.

8. The next time something like this happens, I will _____

If I think about _____, I will _____.
If I feel _____, I will _____.
If I do not feel better, I will _____.

Other thoughts and feelings about what happened:



7

**Mental Health Evaluation
Tools (METs)**

Mental Health Evaluation Tools (METS): SCHIZOPHRENIA

DEMOGRAPHICS:

Inmate Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First MI </small>	Birthdate: _____ / _____ / _____
Facility: _____	Inmate Number: _____
Date of Report: _____	Time Seen: _____ AM / PM

SUBJECTIVE:

Chief Complaint (s): _____

Onset: _____

Brief History (include history of suicide attempts): _____

Check here if additional notes on back

Current suicide ideation, threats, behavior or plan No Yes: _____

OBJECTIVE: Mental Status

Appearance / Behavior:	<input type="checkbox"/> Adequate grooming & hygiene <input type="checkbox"/> Calm, cooperative & appropriate behavior <input type="checkbox"/> Motoric immobility or excessive motor activity <input type="checkbox"/> Documented problems in social interactions and/or with work relationships <input type="checkbox"/> Other: _____	<input type="checkbox"/> Inadequate grooming & Hygiene <input type="checkbox"/> Easily agitated and/or angered <input type="checkbox"/> Disorganized behavior <input type="checkbox"/> Incongruent (If checked provide details on back) <input type="checkbox"/> Other _____
Mood / Affect:	<input type="checkbox"/> Congruent <input type="checkbox"/> Flat or inappropriate affect	<input type="checkbox"/> Disorganized speech (If checked provide details on back)
Speech:	<input type="checkbox"/> Normal <input type="checkbox"/> Other: _____	
Thought Form:	<input type="checkbox"/> Goal directed & appropriate <input type="checkbox"/> Illogical <input type="checkbox"/> Other: _____	<input type="checkbox"/> Loosely associated <input type="checkbox"/> Fragmented
Thought Content:	<input type="checkbox"/> Delusional content <input type="checkbox"/> Thoughts of paranoia expressed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flight of ideas <input type="checkbox"/> Auditory and/or visual hallucinations <small>(If checked provide details on back)</small>
Cognitive Functioning:	<input type="checkbox"/> No gross cognitive deficits apparent <input type="checkbox"/> Other findings: _____	

ASSESSMENT:

Provisional Diagnosis: _____

Referral NOT REQUIRED

Referral REQUIRED due to the following: _____

Comment: You should contact a psychiatrist and/or the Mental Health Program Coordinator if you have concerns about the status of the patient or are unsure of the appropriate treatment recommendations.

PLAN:

Check all that apply: Referral to psychiatry Referral to other MH Services

Services (specify): _____

Patient education _____ No current intervention/recommendation indicated

Mental Health Staff Signature	Title	Print/Stamp
-------------------------------	-------	-------------

Mental Health Evaluation Tools (METS): Suicide Watch Status

DEMOGRAPHICS:

Inmate Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First MI </small>	Birthdate: ____ / ____ / ____
Facility: _____	Inmate Number: _____
Date of Report: _____	Time Seen: _____ AM / PM

SUBJECTIVE:

Chief Complaint: _____
 Coping Strategies Expressed: _____
 Onset: _____
 History of Suicidal and Self-Injurious Behaviors: _____
 Check here if additional notes on back

OBJECTIVE: Mental Status

Appearance / Behavior:	<input type="checkbox"/> Adequate grooming & hygiene	<input type="checkbox"/> Normal social rhythm	<input type="checkbox"/> Calm & cooperative
	<input type="checkbox"/> Angry & agitated	<input type="checkbox"/> Other: _____	
Mood / Affect:	<input type="checkbox"/> Euthymic mood	<input type="checkbox"/> Dysphoric mood	<input type="checkbox"/> Stable affect
	<input type="checkbox"/> Other: _____		
Speech:	<input type="checkbox"/> Normal	<input type="checkbox"/> Pressured	<input type="checkbox"/> Difficult to interrupt
	<input type="checkbox"/> Other: _____		
Thought Form:	<input type="checkbox"/> Goal directed	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Perseverative
	<input type="checkbox"/> Obsessional	<input type="checkbox"/> Loosely associated	<input type="checkbox"/> Tangential
	<input type="checkbox"/> Illogical	<input type="checkbox"/> Fragmented	
Thought Content:	<input type="checkbox"/> Delusional content	<input type="checkbox"/> Flight of ideas	<input type="checkbox"/> Auditory hallucinations
	<input type="checkbox"/> Visual hallucinations	<input type="checkbox"/> Other: _____	
Cognitive Functioning:	<input type="checkbox"/> No gross cognitive deficits apparent	<input type="checkbox"/> Other findings: _____	

	Observed		Offender Reported	
	Y	N	Y	N
Current suicide ideation, threats, behavior, or plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current self-injurious ideation, threats, behavior, or plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delusional ideation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychotic symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agitation, anxiety, or tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressive symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deterioration in appearance, self-care or hygiene*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> *Unless restrictions due to suicide watch
Disoriented to person, place, time, and situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncooperative with assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

All "yes" responses require further evaluation by a mental health professional before terminating suicide watch status.
 Suicide risk increases where there is a specific plan, strong intent, and a history of previous attempts.

ASSESSMENT:

Provisional Diagnosis: _____
 Referral **NOT REQUIRED**
 Further evaluation **REQUIRED** due to the following: _____
Comment: You should contact a psychiatrist and/or the Mental Health Program Coordinator/Director if you have concerns about the status of the patient or are unsure of the appropriate treatment recommendations.

PLAN:

Check all that apply: Remain on suicide watch status Psychiatry referral
 Remove from suicide watch status & initiate step down procedures Behavior management plan developed
 Referral to other MH Services: _____ No current intervention/recommendation indicated
 Patient education _____ Other: _____

Mental Health Staff Signature	Title	Print/Stamp

DEMOGRAPHICS:

Inmate Name: _____ <small>Last First MI</small>			Birthdate: ____ / ____ / ____		
Facility: _____			Inmate Number: _____		
Date of Report: _____			Time Seen: _____ AM / PM		

SUBJECTIVE:

Chief Complaint (s): _____

 Onset: _____
 Brief History (include history of suicide attempts): _____

 Check here if additional notes on back
 Current suicide ideation, threats, behavior or plan No Yes: _____

OBJECTIVE: Mental Status

Appearance / Behavior:	<input type="checkbox"/> Adequate grooming & hygiene	<input type="checkbox"/> Inadequate grooming & hygiene
	<input type="checkbox"/> Calm, cooperative & appropriate behavior	<input type="checkbox"/> Tearful and/or cries easily
	<input type="checkbox"/> Significant weight loss or gain (not dieting)	<input type="checkbox"/> Insomnia or hypersomnia nearly everyday
	<input type="checkbox"/> Psychomotor agitation or retardation nearly every day	<input type="checkbox"/> Observable fatigue or loss of energy nearly daily
	<input type="checkbox"/> Feelings or worthlessness or inappropriate guilt	<input type="checkbox"/> Other: _____
Mood / Affect:	<input type="checkbox"/> Stable affect/unremarkable & mood congruent	<input type="checkbox"/> Dysphoric mood
	<input type="checkbox"/> Depressed mood	<input type="checkbox"/> Loss of interest in usual activities
	<input type="checkbox"/> Flat affect	<input type="checkbox"/> Other _____
Speech:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Slowed/measured/lacks modulation
	<input type="checkbox"/> Other: _____	
Thought Form:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Goal directed
	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Tangential
	<input type="checkbox"/> Illogical <input type="checkbox"/> Obsessional	<input type="checkbox"/> Other: _____
Thought Content:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Recurrent thoughts of death
	<input type="checkbox"/> Recurrent suicidal ideation without a plan	<input type="checkbox"/> Suicidal ideation with a current plan
	<input type="checkbox"/> Excessive negativity & negative self-talk	<input type="checkbox"/> Other: _____
Cognitive Functioning:	<input type="checkbox"/> No gross cognitive deficits apparent	
	<input type="checkbox"/> Diminished ability to concentrate nearly everyday (cite any objective info to support)	
	<input type="checkbox"/> Other findings: _____	

ASSESSMENT:

Provisional Diagnosis: _____
Provisional diagnosis must indicate objective supporting information.
 Referral NOT REQUIRED
 Referral REQUIRED due to the following: _____
Comment: You should contact a psychiatrist and/or the Mental Health Program Coordinator if you have concerns about the status of the patient or are unsure of the appropriate treatment recommendations.

PLAN:

Check all that apply: Referral to psychiatry Referral to other MH Services
 Services (specify): _____
 Patient education _____ No current intervention/recommendation indicated

Mental Health Staff Signature	Title	Print/Stamp
-------------------------------	-------	-------------



8

Case Studies



Florida Department of Corrections (Region IV)

Corizon Contract Since: 2009

ADP: 18,054

Corizon was awarded the contract to provide behavioral health services in Region IV for the Florida Department of Corrections (FDOC) in 2009. Corizon currently provides behavioral health services for a population of over 18,000 inmates in Region IV. The following are examples of Corizon' accomplishments throughout our first year of partnering with the FDOC.

- Corizon was in contact with the Warden of every facility prior to and on day one of the contract to ensure a smooth transition. Corporate Corizon clinical and administrative mental health staff were in Florida every week for five weeks prior to the contract start-up and Corizon established clinical and administrative management from the beginning of the contract.
- Corizon successfully transitioned this program and retained 100% of the incumbent's behavioral healthcare staff and providers. Thirty days into the transition of this program, Corizon' staffing ratio remained at 100%.
- Corizon successfully transitioned mental health staff, services, and programs with less than a 30-day start-up period. Florida Region IV reported a high degree of satisfaction with the speed of the transition as well as the resources provided to facilitate the transition of staff and services.
- Corizon successfully attained ACA accreditation at Hendry Correctional Institution, Charlotte Correctional Institution and Everglades Correctional Institution.
- A recent audit at Okeechobee by the DOC showed a 100% compliance with all mental health performance measures.
- Corizon successfully assisted with the reception of over 30 pregnant female inmates by bringing in additional mental health staff to evaluate the outgoing mentally ill inmates as well as conducting mental health assessments on all incoming women.
- During the first two weeks of the contract, clinical review teams reviewed the mental health programs and services and implemented new programs.
- The corporate psychiatrist, program administrator, and Corizon healthcare representatives were at all major site before and two weeks after the contract start-up to facilitate the transition of services, programs, and to maintain continuity of care.
- During the first two weeks, clinical review teams reviewed the mental health programs and services and successfully implemented new programs.



Indiana Department of Corrections
Corizon Contract Since 2005
ADP: 27,088

Corizon has provided comprehensive healthcare services for the Indiana Department of Correction since September 1, 2005. Corizon currently provides mental health, medical, dental, and pharmacy services for a population of over 27,000 adult and youth, male and female patients.

- Corizon partnered in and sponsored the “Suicide Summit” at the Indiana Department of Correction, designed to explore methods to improve suicide prevention, maintain the safety of inmates, and assist the IDOC in mitigating the risks associated with managing inmates.
- We piloted our system wide Suicide Prevention Program, including the system wide distribution of laminated suicide prevention ID cards to all staff at the Indiana Department of Correction (IDOC), including all security staff. The cards include signs and symptoms of suicide as well as immediate interventions for staff.
- In response to a long-standing agreement between the Indiana Department of Correction and American Civil Liberties Union, Corizon implemented comprehensive changes to meet the needs of the IDOC at the juvenile facilities, including:
 - ✓ Implementation of MASIE testing on all juvenile intakes;
 - ✓ Psychotropic medication bridging;
 - ✓ Psychiatric assessment and evaluation at a minimum of every 30 days;
 - ✓ Increase in psychiatric hours by 48 hours per month at South Bend Juvenile, Northeast Juvenile, Logansport, and Pendleton Juvenile.
- Implemented a number of audit tools and processes during the first year of service provision for the Indiana Department of Correction. Sources for the audits included Corizon’ standard survey process, site-specific surveys conducted by St. Louis based staff, Indiana specific audits and tools by the Indiana regional staff, and audits completed by IDOC staff.
- Developed a state specific CQI monitoring tool to validate the quality of our Indiana Department of Correction’s Mental Health program.
- At the request of the Indiana Department of Correction, the Corizon mental health staff implemented and designed a residential Treatment Unit at Indiana State Prison.
- Corizon worked effectively with the Indiana Department of Correction to develop and implement a plan to move seriously mentally ill offenders with an Axis I diagnosis out of the Secure Housing Unit disciplinary environment at Wabash Valley and the Maximum Control Unit at Westville. This initiative increased the scope of services, including acute and transitional mental health units to provide inmates a continuum of care, and return inmates once functioning appropriately to the general population setting.
- Developed and implemented a Crisis Stabilization Unit at New Castle Correctional Facility in 2008.

- In response to an identified need by the IDOC to allow for inmates with mental health disorders to be housed at a facility that does not have mental health staff, Corizon established a telepsychiatry program at Indiana Women's Prison and Madison Transition Facility in August of 2008. Corizon implemented this program without any costs to the IDOC. In addition, the program significantly reduced transportation costs for the IDOC for mental healthcare services and increased bed flexibility within the IDOC system.
- Implemented the use of Dialectical Behavior Therapy at Rockville CC, Indianapolis JV, and New Castle CC. The goals of the programs include fewer transfers to inpatient care facilities, a reduction in crisis intervention service calls, improved adaptive skills for inmates, and fewer conduct reports.
- Partnered with the IDOC mental health director to revise/retool the Department's Healthcare Service Directives, resulting in a standalone "Mental Health Services Plan."



New Mexico Corrections Department
Corizon Contract Since 2007
ADP: 6,400

Corizon was awarded the contract to provide comprehensive services at NMCD through a competitive bid process in 2007; at a time when the client and previous vendor were embroiled in negative media accounts and intense legislative investigation of the program. Corizon worked collaboratively with the NMCD to present superior objective performance measures in a short turnaround time to the New Mexico Legislature that satisfied critics and the media. Since 2007, Corizon has worked with the NMCD to accomplish the following mental healthcare program improvements:

- Corizon provided in excess of 101% of contracted psychiatric hours in 2009.
- Began providing the Psychiatry and mental health nursing components and the clinical management of the crisis and long-term mental health units of the NMCD Mental Health Services Program on July 1, 2007, with only 35% of psychiatry positions filled. By January 2008, Corizon had successfully reached a staffing level of 97%; by July 2008, our program at NMCD was staffed at 100%.
- Established and filled our Regional Director of Psychiatry position with a Board Certified Forensic Psychiatrist.
- Introduced and implemented telepsychiatry at remote NMCD sites.
- Worked with NMCD to establish an executive multidisciplinary team inclusive of security, administrative and clinical leadership to address the needs of clinically challenging difficult cases.
- Partnered with NMCD on the design and implementation of a specialized inpatient psychiatry unit exclusively for female inmates.
- Ensured that 100% of the Corizon provider group is board certified in Psychiatry and of those, 25% are also certified in Forensic Psychiatry.
- Partnered with the NMCD to monitor and manage utilization of psychotropic medications.



Arkansas Department of Correction (ADC)
Arkansas Department of Community Corrections (DC)
Corizon Contract Since 1997
ADP: 15,199

Corizon has provided services to the Arkansas Department of Correction and the Arkansas Department of Community Corrections since July 1, 1997. Services include comprehensive medical services, dental services, pharmacy services, psychiatrist services, and all offsite care to over 13,500 offenders. Corizon provides the same services and mental health services to 1,615 offenders in the Arkansas Department of Community Corrections. The initial Corizon contract was competitively re-bid in 2002, and again awarded to Corizon, this time for a six-year term with additional renewal options for up to four more years. This is a testament to the level of satisfaction on the part of the State of Arkansas with the Corizon program and our ability to continue providing quality services in a cost-effective manner. Corizon has worked with ADC and DCC over the past six years of our contract to accomplish the following mental healthcare program improvements:

- Corizon provided in excess of 91% of contracted psychiatric hours in 2009.
- Since contract inception, Corizon has met 100% of contracted psychiatric hours in both ADC and DCC.
- Assumed management of the psychiatry component of the ADC program in 2007, successfully recruiting for all psychiatric positions within 30 days of contract start-up.
- Limited turnover rate of psychiatrists to 20% during the first year of ADC psychiatric operations, with no turnover in 2008.
- Maintained psychotropic medication utilization at efficient and effective levels throughout the contract
- Psychiatric services grievances represent less than 1% of total healthcare-related grievances.
- Corizon established telepsychiatry services between Central Arkansas Center and Southwest Arkansas Center, and expanded to Omega Parole Violator Unit from Central Arkansas Center.
- Operations staffed by Corizon include 16 outpatient psychiatric clinics and two inpatient psychiatric units.
- Worked with the Arkansas Department of Community Corrections to implement telepsychiatry at two sites



Idaho Department of Correction
Corizon Contract Since 2005
ADP: 4,936

Corizon has provided services to the Idaho Department of Correction since 2005. Services include comprehensive mental health, medical, dental services, pharmacy services, and all offsite care to over 4,700 inmates. Corizon has worked with the IDOC over the last three years of our contract to accomplish the following mental healthcare program improvements:

- Implementation of statewide provider meetings to discuss mental health program issues, continuous quality improvement processes and studies, provide training, and discuss complex mental health cases.
- Implemented a statewide telepsychiatry program that has been described by NCHC as “one of the premier programs in the country.” Corizon increased company-wide telepsychiatry encounters from 520 in 2005 to more than 4,716 in 2008 and more than 4,400 in 2009
- Despite the severe shortage of psychiatrists, psychologists, and registered nurses in the area, Corizon has consistently been successful in recruiting qualified, competent staff: 95-100% of Corizon’ contracted mental health positions are consistently filled.
- Collaboratively developed case management and discharge planning with IDOC administration. Before being discharged, all mentally ill inmates receive medications, appointments for follow-up, and assistance with housing, Medicaid applications, and other special needs to reduce the possibility of recidivism.
- Facilitated, in conjunction with the Department of Correction, the opening of a 260-bed male mental health unit.
- Worked with the Department of Correction to develop and implement an Inpatient Unit for the Severely Impaired.
- Actively participate in the Gender Identity Disorder (GID) Management and Treatment Committee, to determine treatment and placement of the GID offender.



Maine Department of Corrections
Corizon Contract Since 2003 (Mental Health Services Provider since 2007)
ADP: 2,214

Corizon has provided services for the Maine Department of Corrections since 2003. Services include comprehensive medical, mental health, pharmacy, and dental services for the adult and juvenile inmate population. Corizon has succeeded in improving mental healthcare for the Maine Department of Corrections in the following ways:

- Within 30 days of commencing work under the psychiatric portion of the Corizon/MDOC contract, all psychiatric positions were filled (which the previous vendor never accomplished), and Corizon has maintained a 100% staffing rate in those positions.
- Corizon has performed the psychiatric portion of the contract at approximately 80% of the target cost set forth in the contract.
- Psychotropic medication has been reduced through quarterly provider meetings, therapeutic substitution, and changes in drug ordering processes.
- Corizon has developed a comprehensive monthly mental health intake report that, among other things, addresses community diagnostic and medication history, initial referrals, recidivism rates, and prior treatment program history.
- Maine DOC opened a new facility: Women's Reentry Center, located in Bangor, Maine. Utilizing telepsychiatry, Corizon has been able to provide psychiatry services to that additional site without any increase in staffing.



9

Non-Formulary Procedure

Non-Formulary Drug Requests

Non-formulary medications are dispensed only after appropriate authorization has been obtained from the Regional Medical Director or designee in a one-over-one review for clinical justification. Unless special authorization has been received, the Regional or State Medical Director is responsible for approving any non-formulary request. The practitioner requesting the non-formulary medication is responsible for initiating a **Non-Formulary Request Form** and forwarding to the Regional or State Medical Director, according to site policy. PharmaCorr keeps a list of designated practitioners allowed to approve non-formulary medication requests for each site.

Each member of the staff should be aware of the formulary and take an active role in the appropriate use of the non-formulary request. If the approval paperwork does not accompany the non-formulary order to PharmaCorr, there is a delay in the site receiving the medication and the inmate initiating or continuing therapy.

For review of non-formulary orders, the medical director needs to notify PharmaCorr when he/she will be on vacation and which physician will be acting on his/her behalf until their return. Failure to provide PharmaCorr with this information may result in unnecessary delays in filling the medication order.

All non-formulary medications are for patient specific prescriptions only. **No stock non-formulary medications will be dispensed by PharmaCorr.**

Patient specific non-formulary requests are for no more than 90 days and must be renewed by the same process at that time (new signed request form).

Any non-formulary request must include clinical justification for product selection and a diagnosis before being sent to PharmaCorr.

CC#

CC# [] [] [] [] - []

CORRECTIONAL MEDICAL SERVICES, INC.
PHARMACORR, LLC
OKLAHOMA CITY FAX # 1-888-200-7774
INDIANAPOLIS FAX # 1-800-259-3066
NON-FORMULARY DRUG TRACKING FORM



Date: _____ Institution: _____ Unit: _____

Inmate Name: _____ Inmate ID#: _____ DOB: _____

Diagnosis: _____ Allergies: _____
Past Medical History: _____

1) Drug:	Refill Y/N	Sig	x	days
2) Drug:	Refill Y/N	Sig	x	Days

Medications in use: _____

Note: Maximum of 90 day stop date on all non-formulary drugs.

If profile only check Yes (Medication will not be sent)

Why must this drug be used instead of one included on the formulary?

What formulary drugs have been tried? What was outcome?

Ordering Physician: PRINT NAME _____

Ordering Physician Signature _____ Date: _____

DEA #: _____ (required for controlled substances)

If it is imperative the medication be started ASAP, call the pharmacist directly, in advance of sending this form. 1-888-200-9060
Please note: Non-formulary drugs may not be kept as stock medications. Therefore, if a medication must be initiated immediately, please obtain medications from the back-up pharmacy until the medication is received from PharmaCorr, LLC.

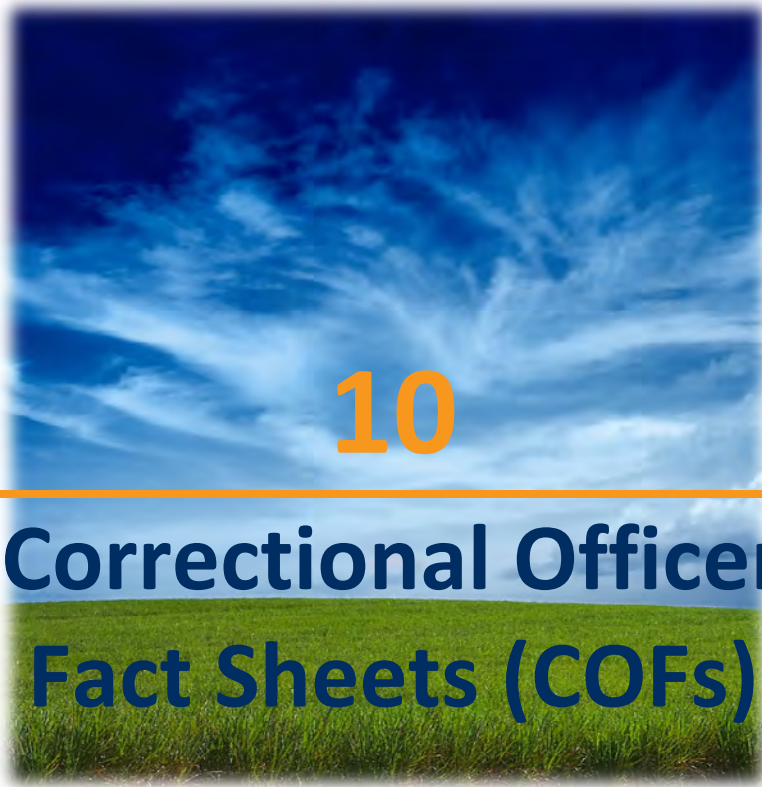
Observations/Comments for Provider Feedback (e.g. does the Reviewer concur with the prescription, request additional information, or suggest consideration of alternates or other options?)

- Faxed to PharmaCorr, LLC
- Faxed to site for Physician review

Reviewer's Signature _____ Date _____
 Non-formulary order forwarded to PharmaCorr Non-formulary order withdrawn

Ordering Physician Signature: _____ Date: _____
Telephone: () _____

THIS FORM IS FOR TRACKING, INFORMATIONAL, AND FEEDBACK PURPOSES ONLY. IT IS NEITHER INTENDED, NOR SHOULD IT BE CONSTRUED, AS AN APPROVAL/DENIAL FORM. THE TREATING PHYSICIAN MUST MAKE ALL MEDICAL DECISIONS BASED UPON THE INDIVIDUAL PATIENT'S MEDICAL CONDITION AND HISTORY, AND THE PHYSICIAN'S PROFESSIONAL JUDGMENT, EDUCATIONAL EXPERIENCE, AND PROFESSIONAL CONSULTATIONS, IF APPLICABLE.



10

**Correctional Officer
Fact Sheets (COFs)**



Promote a Culture of Safety

CORRECTIONAL OFFICERS FACT SHEET: SELF-INJURIOUS BEHAVIOR (SIB)

INTRODUCTION

Self-injury is the planned act of physically hurting oneself. The harshness of it can range from surface wounds to lasting damage. Self-injury most often happens as:

- ◆ Cutting or puncturing the skin
- ◆ Scratching
- ◆ Burning
- ◆ Inserting objects into open wounds to interfere with healing.
- ◆ Punching oneself or objects
- ◆ Head banging
- ◆ Biting

WHY DO PEOPLE SELF-INJURE?

Self injury is a means of dealing with feelings of anger, sadness, emptiness and/or overwhelming harmful feelings of worry and emotional pressure. Some say self-injury eases stress and makes them feel good or gives them a “rush” of energy. Some other reasons include:

- ◆ To express feelings
- ◆ To calm emotional pain
- ◆ To feel in control
- ◆ Talk about needs
- ◆ Help feelings of boredom and/or loneliness, which may also be seen as “attention seeking”
- ◆ To feel something instead of nothing
- ◆ As a distraction from other problems
- ◆ To feel clean
- ◆ Reenact a bad event to try to get over it

SITUATIONS OR EVENTS THAT CAN LEAD TO SELF-INJURY

- ◆ Borderline Personality Disorder
- ◆ Depression
- ◆ Eating Disorders
- ◆ Abuse or trauma, especially sexual abuse as a child
- ◆ Post-Traumatic Stress Disorder
- ◆ Anxiety Disorders
- ◆ Substance Abuse

IS SELF-INJURY A SUICIDAL ACT?

Most studies find that SIB is often a means to avoid suicide. Self-injury can best be understood as an unhealthy way of dealing with emotional pain.

- ◆ Even though the goal may not be to die those that self-injure attempt suicide more often than those who do not self-injure.
- ◆ **Self-injury should always be taken seriously and reported to medical.**

ACCESS TO MEDICAL CARE

- ◆ If you think that an inmate may try to hurt himself, call a mental health professional or health care staff right away.
- ◆ It is very important that prescribed medicine is taken.
- ◆ If an inmate tells you he/she missed his/her medicine and needs to get it, try to arrange for them to get it if possible.
- ◆ If you have concerns about an inmate, call someone in Mental Health or Medical.



CORRECTIONAL OFFICERS FACT SHEET: ANGER MANAGEMENT

INTRODUCTION

- ◆ Anger is a normal emotion
- ◆ It is one of the most basic feelings that everyone feels, but often denies
- ◆ Even though it is one of the most basic of feelings it is often feared and misunderstood
- ◆ It is usually a reaction to another or to an event over which we feel we have no control
- ◆ It is often used to hide other feelings, such as fear
- ◆ It is often used in negative ways, but when released in a safe way it can help build confidence and actually help improve and build relationships.

MANAGING YOUR OWN ANGER

- ◆ Begin by recognizing what makes you angry and accept responsibility for your anger.
- ◆ Learn what makes you angry.
- ◆ Recognize that it is not the other person or the situation that makes you angry, but it is what you are thinking about the other person or situation that makes you angry.
- ◆ Learn to change the way you think. Do you tend to exaggerate, using words like “always”, “never”, and “everything is ruined”?
- ◆ Talk to yourself, learn to use logic, tell yourself “this is not the worse thing that could happen”.
- ◆ It often helps to step away from the situation, “to clear your head”, before reacting. Do something physical, something that uses a good amount of energy, especially after a long, hard day dealing with inmates.
- ◆ Write a letter, one that you do not send, that tells how you really feel.
- ◆ It is okay to get creative with safe ways to express your anger as long as it is a way that helps you release your anger and move on, such as writing down your thoughts and feelings and tearing up the paper afterwards (this exercise will help you cope better when you return to work).
- ◆ Use humor, it can help you not take yourself so seriously.
- ◆ Make sure to give yourself some personal “down time” after the work day. You will be more prepared to handle daily stresses if you are taking care of your own needs.
- ◆ Learn how to use relaxation techniques. Your local library is a good resource.
- ◆ Do not try to eliminate anger. Life is filled with unpredictable people and events which you cannot control, but you can control the way you let such things affect you.
- ◆ Avoid drugs and alcohol. Using them is like trying to put out a fire with gasoline.
- ◆ If you are doing none of the above to care for yourself, ask yourself “why not”.

MANAGING THE ANGRY INMATE

- ◆ Most times you will be able to de-escalate a person’s anger by remaining calm, soft spoken with very little emotional expression. Likewise, matching a person’s emotional expression often acts like fuel on a fire.
- ◆ Never use your authority to show an angry inmate who is “the boss”, everyone loses in such cases.
- ◆ As the authority figure, it is your responsibility to model appropriate behavior.
- ◆ Ask mental health staff for ideas on how to manage difficult behaviors.
- ◆ Encourage inmates to ask for help from mental health staff if they are having difficulty managing their anger.
- ◆ Encourage inmates to take medication when called during medication pass.
- ◆ Be aware of the inmates in your housing area that have special needs.
- ◆ Notify medical if any inmate you know that has special needs becomes suddenly ill.
- ◆ Contact mental health or medical promptly if you have any questions or concerns regarding any inmate.



Promote a Culture of Safety

CORRECTIONAL OFFICERS FACT SHEET: SUICIDE PREVENTION

FACTS ABOUT SUICIDE IN PRISONS

- ◆ Suicide is the third leading cause of death in prisons.
- ◆ Most victims are serving terms of 10 years or more; yet most suicides occur between 6 months and 2 years of confinement.
- ◆ Most of the suicides are by hanging, the majority of victims use their bedding
- ◆ **The majority of suicides occur in “special housing unit” cells such as administrative segregation or protective custody.**
- ◆ The vast majority of suicides occur between 7:00PM and 7:00AM.

CHARACTERISTICS THAT MAKE PRISON ENVIRONMENTS CONDUCTIVE TO SUICIDAL BEHAVIOR

- ◆ Authoritarian environment
- ◆ No apparent control over the future, including fear & uncertainty over the legal process
- ◆ Isolation from family, friends and community
- ◆ Fear of same-sex rape or threat of it
- ◆ Fear of victimization
- ◆ Shame of incarceration
- ◆ Dehumanizing aspect of incarceration

SUICIDE RISK FACTORS

- ◆ Realization of losses
- ◆ Prior suicide attempts and/or mental illness
- ◆ Isolation
- ◆ Serving long sentence
- ◆ Early stages of confinement
- ◆ Impending release
- ◆ Holidays
- ◆ Darkness
- ◆ Decreased staff supervision
- ◆ Bad news of any kind
- ◆ Interpersonal conflicts

SIGNS AND SYMPTOMS OF SUICIDAL BEHAVIOR

- ◆ Talks about or threatens suicide or makes death related statements, i.e.: “I can’t take it anymore.” “I’ve had it!”
- ◆ **Depression** is the single best indicator of potential suicides
- ◆ Expresses strong guilt/shame over current situation
- ◆ Giving away possessions and or a seemingly inappropriate euphoria or sense of inner peace
- ◆ History of previous suicidal behavior, *recent* history is a critical sign of potentially suicidal behavior
- ◆ Severe agitation or aggressiveness
- ◆ Projects hopelessness, helplessness or no sense of future
- ◆ May try to hurt self: “attention getting” deliberate self-harm may be a cry for help

STRESSORS THAT MAY PRECIPITATE A SUICIDE ATTEMPT

- ◆ Conflicts with institutional environment such as undesired unit placement, work assignment, and or disciplinary
- ◆ Interpersonal conflicts such as separation from family or friends, or threats by other inmates
- ◆ Legal process such as denied retrial, bad news or additional charges

PRINCIPLES FOR SUICIDE PREVENTION

- ◆ The Attitude that “Not even one death is acceptable” is the philosophy of effective prevention.
- ◆ Good communication between corrections, medical and mental health is one of the most crucial components of suicide prevention.
- ◆ The assessment of suicide risk should not be viewed as a single event, but as an on-going process.
- ◆ Intake screening is the beginning of prevention. It can identify a current threat but not predict a future crisis.
- ◆ Prior risk of suicide is a strong indicator to future risk.
- ◆ Do not rely exclusively on direct statements. “Actions speak louder than words.”
- ◆ Encourage inmates to communicate and request access to mental health services
- ◆ Trust your own judgment if you have a concern about any inmate.
- ◆ Determining whether an inmate is manipulative or suicidal is not your responsibility. Refer, observe and document
- ◆ **Take all threats seriously.**



Promote a Culture of Safety

CORRECTIONAL OFFICERS FACT SHEET: SCHIZOPHRENIA

INTRODUCTION

- ◆ Schizophrenia is a serious mental illness, a brain disease
- ◆ A person diagnosed with schizophrenia may have the following problems:
 - hear voices you do not hear, these are called hallucinations
 - may seem to be talking to someone that is not there
 - think others can read their mind
 - think others are controlling their thoughts
 - they may have an elaborate story to tell about a plot against them, these are called delusions
- ◆ May isolate themselves from others
- ◆ Symptoms make it difficult to keep a job, stay on task & follow directions
- ◆ You may notice an absence of emotional expression, “blank” facial expression, poor eye contact
- ◆ Answers to questions often make no sense, they may give you short, “empty” replies
- ◆ May have difficulty understanding and following your directions or commands
- ◆ You may notice a decline in their hygiene
- ◆ People with schizophrenia often first become ill between the ages of 18 and 25

ACCESS TO MEDICAL CARE

- ◆ If you are concerned that an inmate may hurt himself or others contact a mental health professional or medical staff, so they can be promptly evaluated.
- ◆ It is very important that prescribed medication is taken. If an inmate misses a dose of his/her medication and is requesting their medication, efforts should be made for the inmate to receive the missed dose if possible.
- ◆ Submit referral to mental health for evaluation.

WHAT TO DO IF SOMEONE HAS THE SYMPTOMS LISTED ABOVE

- ◆ Do not directly confront their delusions, no matter how untrue you know it to be
- ◆ If the delusion involves specific people that are on site, that are in contact with the inmate, an expedited referral should be made
- ◆ Use a passive, friendly, low key approach
- ◆ Speak slowly, calmly and without emotion, especially if the inmate is over reacting
- ◆ In your communication keep things direct and simple
- ◆ Do not make fun or demean
- ◆ Encourage inmates to take medication when called during medication pass
- ◆ Be aware of the inmates in your housing area that have special needs.
- ◆ Notify medical if any inmate you know has special needs becomes suddenly ill.
- ◆ Contact medical or mental health promptly if you have any question or concern regarding any inmate.



11

References