FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1358518-0

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FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 12/17/2015

[redacted] regarding correctional health care facilities, [redacted] telephone number [redacted] was interviewed telephonically. Also present during the interview was Assistant United States Attorney (AUSA) [redacted] After being advised of the identity of the interviewing Agent and the nature of the interview, [redacted] provided the following information:

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[redacted] advised he had reviewed the records from

[redacted]

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[redacted]

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Investigation on 12/14/2015 at Clinton Township, Michigan, United States (Phone)

File # 282B-DE-6736446 Date drafted 12/15/2015

by [redacted]

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b7C

UNCLASSIFIED

Physical 1A/1C Cover Sheet for Serial Export

Created From:	282B-DE-6736446
	Serial 20
Package:	1A12
Stored Location:	None
Summary:	(U) Interview notes of [redacted]
Acquired By:	[redacted]
Acquired On:	2015-12-15
Attachment:	(U) Interview notes of [redacted]

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b7C

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 01/22/2016

Title: (U) Email to CCS regarding records request.

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email to attorney's representing CCS regarding status of records requested.

♦♦

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 02/01/2016

On January 28, 2016 records were received from the Chapman Law Group, representing Correct Care Solutions, LLC (CCS). The records include the following:

1. Medical license certification for the following CCS employees:
   a. [redacted] b6 b7C
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i.
   j.
   k.
   l.
   m.
   n.
   o.
   p.
   q.
   r.
   s.

2. Training records for the following CCS employees:
   a. [redacted]
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i.
   j.
   k.

Investigation on 01/28/2016 at Clintont Township, Michigan, United States (Email)

File # 282B-DE-6736446 Date drafted 01/29/2016

by [redacted] b6 b7C

FD-302a (Rev. 05-08-10)

282B-DE-6736446

Continuation of FD-302 of Records received from CCS. , On 01/28/2016 , Page 2 of 2

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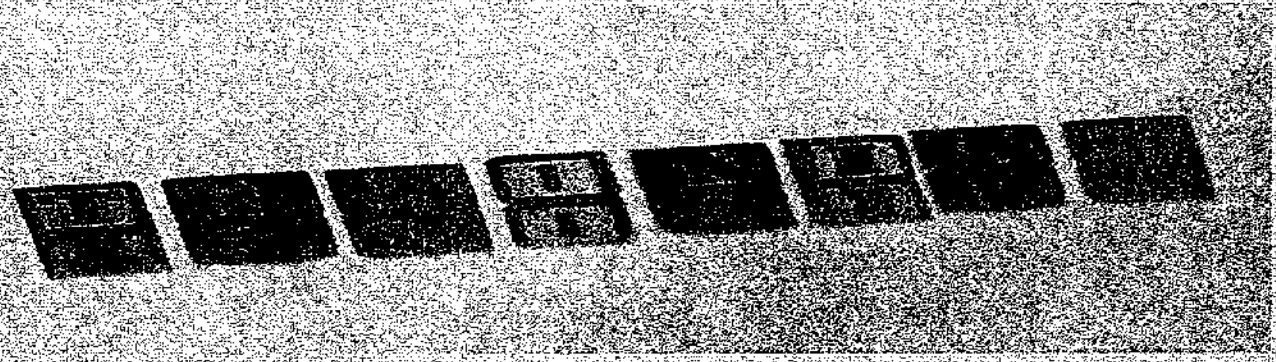

MANDITORY STAFF TRAINING

PLEASE MAKE TIME TO COME TO THIS TRAINING CLASS.

2/23/12

2/23/12

0800: Night shift all staff

1345: Second shift all staff

1600: First shift all staff

This training will consist of

Withdrawal protocol training

Intake protocol training

How to document the safe and legal way

Nursing pathways

SBAR training

Clinical indications for care

what is an EMERGENCY

Please see the training book that is in the Nurse station for materials that will be covered, feel free to make copies of anything in this book or go to ccsmgr.com and review the clinical section. All the materials in the book will be review and discussed in this training program. Please have questions ready, bring paper, pen and an open mind. See you there!

Thank you

[redacted] **RN/HSA**

[redacted] **RN/DON**

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b7C

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 02/11/2016

[redacted] regarding correctional health care facilities, [redacted] telephone number [redacted] was interviewed telephonically. Also present during the interview was Assistant United States Attorney (AUSA) [redacted] and [redacted] After being advised of the identity of the interviewing Agent and the nature of the interview, [redacted] provided the following information:

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b7C
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[redacted] advised that he reviewed all the documents provided to him by the United States Attorney's Office. These documents include all records received from Correct Care Solutions, LLC (CCS) and the Macomb County Sheriff's Office. [redacted]

b6
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[redacted]

b6
b7C
b7D

[redacted]

b6
b7C
b7D

Investigation on 02/08/2016 at Clinton Township, Michigan, United States (Phone)

File # 282B-DE-6736446 Date drafted 02/09/2016

by [redacted]

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b7C

UNCLASSIFIED

Physical 1A/1C Cover Sheet for Serial Export

Created From: 282B-DE-6736446

Serial 23

Package: 1A14

Stored Location: None

Summary: (U) Notes regarding interview of [redacted]

b6
b7C

Acquired By: [redacted]

Acquired On: 2016-02-10

Attachment: (U) Notes regarding interview of [redacted]

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 02/12/2016

Title: (U) Email to CCS attorney requesting interviews.

Approved By: A/SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email to [redacted] attorney for CCS requesting interview of medical personnel at the Macomb County jail. The medical staff requested to be interviewed was [redacted]

♦♦

FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) Meeting with United States Attorney's Office. **Date:** 02/12/2016

From: DETROIT
DE-MC1
Contact: [redacted] b6 b7C

Approved By: A/SSRA [redacted]

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Meeting with AUSA [redacted] and [redacted] b6 b7C b7E
[redacted]

Details:

On 02/11/2016, a telephonic meeting was held with Assistant united States Attorney (AUSA) [redacted] and AUSA [redacted] regarding captioned case. AUSA [redacted] updated AUSA [redacted] as to the status of the case. During the meeting it was determined the medical staff at the Macomb County jail involved in the treatment of DAVID STOJCEVSKI would be asked to give interviews. If the medical staff refused to be interviewed it would be determined at that time if the medical staff would be issued Grand Jury subpoenas for testimony. b6 b7C

SA [redacted] would contact the attorney's representing Correct Care Solutions, LLC to schedule the interviews of the medical personnel. b6 b7C

♦♦

Title: (U) Meeting with United States Attorney's Office.
Re: 282B-DE-6736446, 02/12/2016

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 02/19/2016

Title: (U) Email setting up interview with CCS personnel.

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email setting up interviews with CCS personnel. The earliest the CCS can make employees available is March 10, 2016.

♦♦

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 02/19/2016

Title: (U) Email to CCS Attorney requesting interview of Medical Staff.

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email to CCS Attorney requesting interviews of Medical Staff at the Macomb County Jail (MCJ). The individuals who were requested to be interviewed were [redacted]. b6 b7C

♦♦

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 03/07/2016

Title: (U) Email to request additional records from CCS

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email to Attorney for CCS to request records for Care team meeting minutes, and records regarding the mortality review for DAVID STOJCEVSKI.

♦♦

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 03/10/2016

Title: (U) Email from Attorney representing CCS

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email from Attorney representing CCS regarding additional records requested.

♦♦

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 03/24/2016

Title: (U) Email from AUSA [redacted] b6 b7C

Approved By: SSRA [redacted]

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email from AUSA [redacted] containing attachments regarding disciplinary reports for [redacted] b6 b7C

Enclosure(s): Enclosed are the following items:
1. (U) Attachment to email from AUSA [redacted] regarding disciplinary reports for [redacted]
2. (U) Attachment to email from AUSA [redacted] regarding disciplinary reports for [redacted]
3. (U) Attachment to email from AUSA [redacted] regarding disciplinary reports for [redacted]

♦♦

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 03/30/2016

On March 28, 2016, writer completed a Michigan Automated Prescription System (MAPS) request related to the captioned victim, David Stojcevski, 03/18/1982.

The request was approved and records were searched from March 28, 2014 through March 28, 2016. The results are attached to this document.

The results contain 13 records/entries each prescribed by [redacted] DEA [redacted] with issue dates ranging from January 10, 2014 through June 4, 2014. b6 b7C

The entries included the following 4 medications with the following (fill) dates: b6 b7C

1. [redacted]
2.
3.
4.

Writer queried [redacted] through public source information and identified each as anti-anxiety medications.

Investigation on 03/29/2016 at Clinton Township, Michigan, United States (Email)

File # 282B-DE-6736446 Date drafted 03/29/2016

by [redacted] b6 b7C

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 04/13/2016

[redacted] date of birth [redacted] [redacted] cellular telephone number [redacted] was interviewed at Macomb County Sheriff's Office. Also present during the interview were Assistant United States Attorney [redacted] and [redacted] Attorney from the Chapman Law Firm, representing Correction Care Solutions (CCS). After being advised of the identities of the interviewing Agents and the nature of the interview, [redacted] provided the following information:

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[redacted]

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[redacted]

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[redacted]

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Investigation on 02/26/2016 at Mt. Clemens, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 02/29/2016

by [redacted]

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b7C

UNCLASSIFIED

Physical 1A/1C Cover Sheet for Serial Export

Created From:	282B-DE-6736446
	Serial 32
Package:	1A17
Stored Location:	None
Summary:	(U) Notes of Interview for [redacted]
Acquired By:	[redacted]
Acquired On:	2016-02-29
Attachment:	(U) Notes of Interview for [redacted]

b6
b7C

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 04/13/2016

[redacted] date of birth [redacted] [redacted] cellular telephone number [redacted] was interviewed at the Macomb County Office of the FBI. Also present during the interview were Assistant United States Attorney [redacted] and [redacted] Attorney from the Chapman Law Firm, representing Correction Care Solutions (CCS). After being advised of the identities of the interviewing Agents and the nature of the interview, [redacted] provided the following information:

b6
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[redacted]

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[redacted]

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[redacted]

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Investigation on 03/02/2016 at Clinton Township, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 03/07/2016

by [redacted]

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UNCLASSIFIED

Physical 1A/1C Cover Sheet for Serial Export

Created From:	282B-DE-6736446 Serial 33
Package:	1A18
Stored Location:	None
Summary:	(U) Notes from interview of [redacted]
Acquired By:	[redacted]
Acquired On:	2016-03-02
Attachment:	(U) Notes from interview of [redacted]

b6
b7C

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 04/19/2016

[redacted], date of birth (DOB) [redacted] home telephone number [redacted] cellular telephone number [redacted] was interviewed at the Macomb County Office of the FBI. Also present during the interview were Assistant United States Attorney [redacted] and [redacted] Attorney from the Chapman Law Firm, representing Correction Care Solutions (CCS). After being advised of the identities of the interviewing Agents and the nature of the interview, [redacted] provided the following information:

b6
b7C
b7D

[redacted]

b6
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[redacted]

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[redacted]

Investigation on 03/04/2016 at Clinton Township, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 03/07/2016

by [redacted]

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Created From:	282B-DE-6736446
	Serial 34
Package:	1A19
Stored Location:	None
Summary:	(U) Notes from the interview of [redacted]
Acquired By:	[redacted]
Acquired On:	2016-03-04
Attachment:	(U) Notes from the interview of [redacted]

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FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) [redacted] **Date:** 04/19/2016

From: DETROIT
DE-MC1
Contact: [redacted] b6 b7C b7E

Approved By: SSRA [redacted]
ASAC Maureen Reddy
SAC David Paul Gelios

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Request extension of [redacted] b7E

Details:

It is requested that the captioned [redacted] b7E During the course of the investigation to date records have been obtained and reviewed from Corrective Care Solutions, the company contracted with Macomb County to provide medical service at the Macomb County jail. Records from the Macomb County Sheriff's Department have also been obtained and reviewed.

Interviews have been conducted with the Macomb County Sheriff's Department corrections staff as well as members of CCS nursing staff. The members of the mental health staff and the CCS doctor at the Macomb County jail have not yet been interviewed and need to be completed.

The United States Attorney's Office has been kept informed and

Title: (U) [redacted] b7E
Re: 282B-DE-6736446, 04/19/2016

provided copies of records obtained during the investigation. The USAO was also provided details of the interviews conducted and have participated in the interviews. Once additional interviews are complete, the U.S. Attorney's Office would review the information obtained and determine if further investigation is warranted. If it is determined no further investigation is needed captioned case would be closed. If further investigation is warranted a full investigation will be opened.

♦♦

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 05/23/2016

[redacted] at the Macomb County Jail was interviewed at the Macomb County Office of the FBI. Also present during the interview were Assistant United States Attorney [redacted] and [redacted], Attorney from the Chapman Law Firm, representing Correction Care Solutions (CCS). After being advised of the identities of the interviewing Agents and the nature of the interview, [redacted] provided the following information:

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[redacted]

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[redacted]

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[redacted]

Investigation on 04/25/2016 at Clinton Township, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 05/04/2016

by [redacted]

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UNCLASSIFIED

Physical 1A/1C Cover Sheet for Serial Export

Created From:	282B-DE-6736446 Serial 36
Package:	1A20
Stored Location:	None
Summary:	(U) Notes from interview of [redacted]
Acquired By:	[redacted]
Acquired On:	2016-04-25
Attachment:	(U) Notes from interview of [redacted]

b6
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FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 05/23/2016

[redacted] at the Macomb County Jail was interviewed at the Macomb County Office of the FBI. Also present during the interview were Assistant United States Attorney [redacted] and [redacted] Attorney from the Chapman Law Firm, representing Correction Care Solutions (CCS). After being advised of the identities of the interviewing Agents and the nature of the interview, [redacted] provided the following information:

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[redacted]

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[redacted]

b6
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[redacted]

b6
b7C
b7D

[redacted]

Investigation on 04/15/2016 at Clinton Township, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 05/04/2016

by [redacted]

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UNCLASSIFIED

Physical 1A/1C Cover Sheet for Serial Export

Created From:	282B-DE-6736446 Serial 37
Package:	1A21
Stored Location:	None
Summary:	(U) Notes from interview of [redacted]
Acquired By:	[redacted]
Acquired On:	2016-04-15
Attachment:	(U) Notes from interview of [redacted]

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FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 05/23/2016

[redacted] date of birth (DOB) [redacted] cellular telephone number [redacted] was interviewed at the Macomb County Office of the FBI. Also present during the interview were Assistant United States Attorney [redacted] and [redacted] Attorney from the Chapman Law Firm, representing Correction Care Solutions (CCS). After being advised of the identities of the interviewing Agents and the nature of the interview, [redacted] provided the following information: b6 b7C b7D

[redacted] b6 b7C b7D

[redacted] b6 b7C b7D

[redacted] b6 b7C b7D

[redacted] b6 b7C b7D

Investigation on 03/18/2016 at Clinton Township, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 03/29/2016

by [redacted] b6 b7C

UNCLASSIFIED

Physical 1A/1C Cover Sheet for Serial Export

Created From:	282B-DE-6736446 Serial 38
Package:	1A22
Stored Location:	None
Summary:	(U) Notes from interview of [redacted]
Acquired By:	[redacted]
Acquired On:	2016-05-16
Attachment:	(U) Notes from interview of [redacted]

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FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 05/23/2016

[redacted] at the Macomb County Jail was interviewed at the Macomb County Office of the FBI. Also present during the interview were Assistant United States Attorney [redacted] and [redacted] Attorney from the Chapman Law Firm, representing Correction Care Solutions (CCS). After being advised of the identities of the interviewing Agents and the nature of the interview, [redacted] provided the following information: b6 b7C b7D

[redacted] b6 b7C b7D

[redacted] b6 b7C b7D

[redacted] b6 b7C b7D

Investigation on 04/15/2016 at Clinton Township, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 04/27/2016

by [redacted] b6 b7C

UNCLASSIFIED

Physical 1A/1C Cover Sheet for Serial Export

Created From:	282B-DE-6736446 Serial 39
Package:	1A23
Stored Location:	None
Summary:	(U) Original notes from interview of [redacted]
Acquired By:	[redacted]
Acquired On:	2016-04-15
Attachment:	(U) Original notes from interview of [redacted]

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FEDERAL BUREAU OF INVESTIGATION
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DELETED PAGE INFORMATION SHEET
FOI/PA# 1358518-0

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Physical 1A/1C Cover Sheet for Serial Export

Created From:	282B-DE-6736446 Serial 2
Package:	1A1
Stored Location:	None
Summary:	(U) Notes from review of video.
Acquired By:	[redacted]
Acquired On:	2015-10-06
Acquired From:	(U) [redacted]
Attachment:	(U) Notes from review of video

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FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) Case opening **Date:** 10/19/2015

CC: D6-CRU
D6-PCCRIU

From: DETROIT
DE-MC1
Contact: [redacted] b6 b7C

Approved By: SSRA [redacted]

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) To open a preliminary Color of Law investigation and notify the Civil Rights Unit of the case opening.

Preliminary Investigation Initiated: 10/19/2015, set to expire 04/19/2016

Details:

I. Summary of the Predication:

On 06/11/2014, DAVID STOJCEVSKI was brought to the Macomb County Jail by the Roseville Police Department. STOJCEVSKI was arrested on a misdemeanor warrant for obstruction of justice. STOJCEVSKI appeared before a District Court Judge and was remanded to the Macomb County jail for 30 days, or pay $772 fine. STOJCEVSKI was also referred by the judge to Community Corrections for probation. On 06/19/2014, the judge amended his order stating that STOJCEVSKI could be released from jail upon enrollment into the Community Corrections M.A.R.C.H program.

Upon intake into the Macomb County jail, STOJCEVSKI was asked questions regarding his health and he told the medical personnel he was

Title: (U) Case opening
Re: 282B-DE-6736446, 10/19/2015

[redacted] The nurse, [redacted] noted on the intake form, that STOJCEVSKI showed obvious physical signs of drug abuse. [redacted] recommended that STOJCEVSKI be placed in the Medical Detox unit. STOJCEVSKI was placed in the general population on 6/12/2014. b6 b7C

On 06/17/2014, Corrections Deputy [redacted] found STOJCEVSKI laying on the floor in his cell on his back, unable to speak and blinking his eyes. STOJCEVSKI was taken to the medical section of the jail. STOJCEVSKI was again returned to his cell in the general population. Later on 06/17/2014, STOJCEVSKI was referred to mental health because he was hallucinating and talking to people that were not there. b6 b7C

STOJCEVSKI was placed in a mental health cell on suicide watch. This section of the jail has 24 hour video coverage. While in the mental health cells, STOJCEVSKI was checked several times by the medical staff and taken on one occasion to see the doctor. STOJCEVSKI could be seen in the video several times standing in the cell talking to himself. STOJCEVSKI was provided food while in the mental health cell but ate very little and during the last five days in the cell did not appear to eat any food. From 06/25/2014 until he stopped breathing at 17:22 on 06/27/2014, STOJCEVSKI laid on the floor in his cell, shaking and blinking his eyes. The last medical check of STOJCEVSKI was conducted on 06/25/2014.

During STOJCEVSKI time in the mental health cell there were several corrections deputies on duty as well as several members of the medical staff. The investigation will determine which correction deputies and members of the medical staff, if any, showed deliberate indifference to STOJCEVSKI condition that lead to his death. On 06/27/2014, STOJCEVSKI was taken to the hospital and pronounce dead.

II. Victim(s) Descriptive Data:

a) DAVID STOJCEVSKI
b) DOB: 3/18/1982.

Title: (U) Case opening
Re: 282B-DE-6736446, 10/19/2015

c) Race: White.
d) Sex: Male.
e) Injury: No.
f) Death: Yes (06/27/2014)

III. Subject(s) Descriptive Data:

Due to the numerous individuals that were involved in the incarceration of STOJCEVSKI, the investigation will determine which correction deputies and medical staff, if any, showed deliberate indifference.

IV. General Descriptive Data:

a) Date of Incident - 06/11/2014 - 06/27/2014
b) Incident Location - Macomb County Jail, Mt Clemens, MI
c) Type of Offense - Deliberate indifference.
d) Weapons - None.

♦♦

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 10/06/2015

The video recording of Macomb County jail (MCJ) inmate DAVID STOJCEVSKI, while in his cell in the Mental Health Section was reviewed. The video was reviewed on September 29, September 30, and October 1. This was an initial review of the video and was reviewed by using fast forward to view and stopping at certain portions of the video to view in real time. The video depicted STOJCEVSKI in the MCJ, Mental Health cell 1 from June 17, 2014, 15:42 until June 27, 2014, 17:47. The following was observed on the video:

June 17, 2014

15:42 The video begins. STOJCVESKI entered the cell.
16:20 What appears to be food was provided to STOJCEVSKI.
19:21 A male MCJ Correctional Deputy, enters the cell, checks STOJCEVSKI pulse. The Correction Deputy used his radio.
19:23 What appear to be three female nurses enter the cell. STOJCEVSKI appears to be given a medical examination.
19:30 The three females and the Corrections Deputy exit the cell.

June 18, 2014

14:56 Two females, who appear to be nurses, and a male Correction Deputy enter the cell. STOJCEVSKI appears to be given a medical examination. The females have STOJCEVSKI move to a sitting position and have him drink from a cup.
15:13 The two females and the Correctional Deputy exit the cell.
19:16 A male Correctional Deputy enters the cell and appears to talk to STOJCEVSKI, who is laying on the lower bunk.
19:18 A second male Correctional Deputy enters the cell and appears to speak with STOJCEVSKI.
19:20 Three females, who appears to be nurses, enter the cell. STOJCEVSKI appears to be given a medical examination.
19:24 The three females and the Corrections Deputies exit the cell.
19:26 The two Correctional Deputies enter the cell. The take STOJCEVSKI, and the mat he was laying, from the lower bunk and place him on the floor. The two Correctional Deputies then exit the cell.

June 19, 2014

11:59 A male Correctional Deputy enters the cell with a Styrofoam box and cup and sets it on the desk. The Correctional Deputy then places a blanket on STOJCEVSKI and exits the cell.

12:46 STOJCEVSKI appears to eat some food from the box left on the desk.

16:09 A male inmate (INMATE1) was put in the cell with STOJCEVSKI.

16:17 Two boxes of food was provided.

18:22 STOJCEVSKI takes a drink from the cup provided. STOJCEVSKI takes the box of food out of sight of the camera.

18:27 Sets the box down on the desk.

June 20, 2014

06:07 INMATE1 provided a shirt and appears to be taken out of the cell.

06:13 Food provided to STOJCEVSKI. STOJCEVSKI appears to eat some of the food.

09:47 A male Corrections Deputy and a female, appears to be a nurse enter the cell. The female appears to talk to STOJCEVSKI.

09:48 The Corrections Officer and the female leave the cell.

12:14 A male Correctional Deputy enters the cell with INMATE1. The Correctional Deputy bends over STOJCEVSKI and looks at him.. The Correctional Deputy then brings in what appears to be food and drink.

13:33 A male Corrections Deputy enters the cell with a female, who appears to be nurse. The female appears to talk to STOJCEVSKI and hold his wrist.

13:34 The Corrections Deputy and the female leave the cell.

16:12 A male Correctional Deputy enters the cell. Appears to talk to INMATE1.

16:13 Correctional Deputy exits the cell.

16:20 Food was provided and set on the desk by INMATE1.

22:21 A male Correctional Deputy and a female, who appears to a nurse, enter the cell. A second Correctional Deputy alos enters the cell. It appears that STOJCEVSKI was given a medical examination. STOJCEVSKI, who was laying on the floor, was set up and provided something to drink. It appears STOJCEVSKI drank what was provided to him.

22:28 The two Corrections Deputy and the female exit the cell.

June 21, 2014

06:15 Food was provided and set on the desk by INMATE1. INMATE1 eats some of STOJCEVSKI food.
11:45 Food was provided and set on the desk by INMATE1. INMATE1 eats some of STOJCEVSKI food.
13:59 A female, who appears to be a nurse and a male Corrections Deputy enter the cell. The female appears to conduct a medical examination of STOJCEVSKI.
14:04 The female and Corrections Deputy exit the cell.
16:22 Food was provided and set on the desk by INMATE1. INMATE1 eats some of STOJCEVSKI food.
17:11 INMATE1 was provided with clothing and removed from the cell.

June 22, 2014

STOJCEVSKI stays on the lower bunk all day. No other activity was noted on that day.

June 23, 2014

00:49 STOJCEVSKI stands up and appears to eat some food.
15:48 A female, who appears to be a nurse, and two male Corrections Deputies enter the cell. The female looks at STOJCEVSKI and has him sit up on the bunk and drink from a glass.
15:50 The female and the two Corrections Deputy exit the cell.
17:04 A female, who appears to be a nurse enters the call and talks to STOJCEVSKI.
17:05 A male Corrections Deputy enters the cell pushing a wheelchair. STOJCEVSKI was put in the wheelchair and taken out of the cell.
17:42 A male inmate (INMATE2) enters the cell followed by STOJCEVSKI in a wheelchair.
20:17 A second male inmate (INMATE3) enters the cell.

June24, 2014

06:43 Food and a drink was provided.
11:24 Food and drink provided.
13:00 STOJCEVSKI appears to eat some food.
13:17 STOJCEVSKI appears to get into a fight with INMATE3.
13:18 INMATE2 and INMATE3 are removed from the cell.

21:34 A male Corrections Deputy and a female, who appears to be a nurse, enter the cell. The Corrections Deputy fills a glass with water. The two stand and talk and look at STOJCEVSKI.
21:35 The Corrections Deputy and the female leave the cell.

June 25, 2014

21:45 Two male Corrections Deputies and a female, who appears to be a nurse enter the cell. One of the Corrections Deputies covers up STOJCEVSKI with a blanket. A Corrections Deputy and the female bend over STOJCEVSKI.
21:48 The fmale and the two Corrections Deputies exit the cell.

June 26, 2014

16:42 A male jail trustee (inmate) enters the cell and puts what appears to be food and drink on the desk.
23:23 A male Corrections Deputy enters the cell. The Corrections Deputy bends over STOJCEVSKI and appears to talk to him.
23:25 The Corrections Deputy exits the cell.

June 27, 2014

16:15 A male jail trustee (inmate) enters the cell and puts what appears to be food and drink on the desk.
17:21 STOJCEVSKI appears to stop moving.
17:23 A male Corrections Deputy enters the cell and appears to check STOJCEVSKI pulse. A second male Corrections Deputy enters the cell and begins CPR on STOJCEVSKI.
17:25 What appear to be several medical personal arrive and begin to treat STOJCEVSKI.
17:35 Appears that EMS arrives to treat STOJCEVSKI.
17:47 Video ends.

UNCLASSIFIED

Physical 1A/1C Cover Sheet for Serial Export

Created From:	282B-DE-6736446
	Serial 2
Package:	1A1
Stored Location:	None
Summary:	(U) Notes from review of video.
Acquired By:	[redacted]
Acquired On:	2015-10-06
Acquired From:	(U) [redacted]
Attachment:	(U) Notes from review of video

b6
b7C

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: Letter Outgoing **Date:** 10/09/2015

Title: (U) Letter to CCS requesting records

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 214-DE-6717913 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Letter to CCS requesting records regarding DAVID STOJCEVSKI.

♦♦

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 10/20/2015

Title: (U) Subpoena request for records

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

FEDERAL GRAND JURY MATERIAL - DISSEMINATE PURSUANT TO RULE 6(E)
Do not disseminate except as authorized by federal rule of criminal procedure 6(e).

Synopsis: (U) Request for Grand Jury subpoena to CCS for records regarding DAVID STOJCEVSKI.

Enclosure(s): Enclosed are the following items:
1. (U) Subpoena Request

♦♦

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 10/20/2015

Title: (U) Request from US Attorney Office to discuss CCS Records b6 b7C

Approved By: SSRA [redacted]

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) U.S. Attorney's Office wanted to discuss obtaining records from CCS. Initially a Grand Jury subpoena was requested from AUSA [redacted]. AUSA [redacted] sent this email to discuss hoe the records should be obtained. AUSA [redacted] said the a letter should be sent to CCS requesting the records and a Grand Jury subpoena would not be used. b6 b7C

♦♦

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 10/20/2015

Title: (U) Email containing text for letter to CCS

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email from AUSA [redacted] containing the language to use in letter to CCS. b6 b7C

♦♦

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 10/20/2015

A timeline was created documenting the events of DAVID STOJCEVSKI while in the Macomb County jail. Correction Care Solutions records, that were provided by the Macomb County Sheriff's Office (MCSO), and a review of the MCSO video were used to create the time line. The time line was created in a spread sheet and is attached.

Investigation on 10/19/2015 at Clinton Township, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 10/19/2015

by [redacted]

b6
b7C

FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) Telephonic conversation with Attorney [redacted] **Date:** 10/21/2015

b6
b7C

From: DETROIT
DE-MC1
Contact: [redacted]

Approved By: SSRA [redacted]

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Telephonic conversation with Attorney [redacted] representing Corrections Care Solutions (CCS).

b6
b7C

Preliminary Investigation Initiated: 10/19/2015, set to expire 04/19/2016

Details:

On 10/21/2015, [redacted] attorney representing Corrections Care Solutions (CCS), was contacted regarding CCS providing medical records regarding DAVID STOJCEVSKI during his incarceration at the Macomb County Jail (MCJ). [redacted] advised that he had received the letter requesting the records and was in the process of obtaining the records to provide to the FBI. [redacted] stated that his client, CCS, wanted to cooperate with the FBI investigation. [redacted] said that it may take a few days to get the records and some records would take longer than others to obtain. [redacted] advised that he may not send all the records at once and may be sent in several shipments.

b6
b7C

[redacted] advised that it would take time to get the list of CCS employees working at the MCJ and their functions during the time STOJCEVSKI was in the MCJ. [redacted] advised that he would contact the FBI when the records were ready.

b6
b7C

Title: (U) Telephonic conversation with Attorney [redacted] b6 b7C
Re: 282B-DE-6736446, 10/21/2015

♦♦

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 11/06/2015

Title: (U) Email regarding Macomb County Jail

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email from U.S. Attorney's Office regarding what the Civil Section of the U.S. Attorney's Office is looking at regarding the Macomb County Jail.

Enclosure(s): Enclosed are the following items:
1. (U) Attachment to email

♦♦

UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT

Deborah S. Hunt
Clerk

100 EAST FIFTH STREET, ROOM 540
POTTER STEWART U.S. COURTHOUSE
CINCINNATI, OHIO 45202-3988

Tel. (513) 564-7000
www.ca6.uscourts.gov

Filed: August 29, 2014

[redacted] b6 b7C

Re: Case No. 13-2609, *Kelli Ann Grabow, et al v. County of Macomb, et al*
Originating Case No. : 2:12-cv-10105

Dear Counsel:

The Court issued the enclosed (Order/Opinion) today in this case.

Sincerely yours,

[redacted] b6 b7C

cc: [redacted]

Enclosure

Mandate to issue

NOT RECOMMENDED FOR FULL-TEXT PUBLICATION
File Name: 14a0675n.06

No. 13-2609

UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT

FILED
Aug 29, 2014
DEBORAH S. HUNT, Clerk

KELLI ANN GRABOW, Individually and as Personal Representative of the Estate of KRISTINA PROCHNOW, deceased,	)	
Plaintiff-Appellant,	)	
v.	)	ON APPEAL FROM THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF MICHIGAN
COUNTY OF MACOMB, a political Subdivision of the State of Michigan, and DEPUTY AMY FRANKS, jointly and severally,	)	
Defendants-Appellees.	)	OPINION

Before: WHITE, DONALD, and O'MALLEY*, Circuit Judges.

O'MALLEY, Circuit Judge. This case involves Kristina Prochnow's suicide while an inmate at the Macomb County jail ("the jail"). Plaintiff-Appellant Kelli Ann Grabow, as personal representative of Prochnow's estate, brought suit against Defendants-Appellees County of Macomb ("the County") and Deputy Amy Franks under 42 U.S.C. § 1983 (2012) and state law, alleging that the defendants-appellees displayed deliberate indifference to Prochnow's serious medical needs while in custody. The district court granted summary judgment in favor of defendants-appellees, ultimately determining that Grabow failed to demonstrate the subjective

* The Honorable Kathleen M. O'Malley, Circuit Judge for the United States Court of Appeals for the Federal Circuit, sitting by designation.

knowledge necessary for a constitutional violation under the Eighth and Fourteenth Amendments. For the following reasons, we **AFFIRM** the district court's judgment.

I

A

On August 13, 2011, Prochnow's boyfriend, Nicholas D'Aquila, contacted the police, claiming he was the victim of domestic violence and that "[t]here was something wrong with [Prochnow]." *Grabow v. Cnty. of Macomb*, No. 12-10105, 2013 WL 5816544, at *1 (E.D. Mich. Oct. 29, 2013). When the police arrived, Prochnow acted aggressively and attempted to run from the police, causing the police to taser her. At the scene, her arresting officer completed a "Jail Detention Card," answering "No" to a question on the card that asked if the prisoner had verbalized thoughts of suicide. The arresting officer then took Prochnow to Macomb County jail.

Prochnow previously had been incarcerated at the jail on at least twelve separate occasions. During a prior incarceration in 2008, officials placed Prochnow in observation status because she expressed an interest in self-harm. After twenty-five hours under observation, officials determined that Prochnow was no longer a suicide threat and moved her to the general population, where she remained for a month without incident. Prochnow was last booked into the jail in November 2010, where officials placed her on special medical alert status because she was pregnant. Prochnow also had been diagnosed with depression and bipolar disorder, and had attempted suicide on one occasion outside the jail in 2010.

B

The County has regulations in place covering prisoner intake and processing. *See id.* at *2–4. Under the regulations, intake officers have a duty to determine if an inmate is in need of

immediate medical or psychological treatment. If the inmate requires emergency treatment, the inmate is not to be accepted at the jail; the transporting officer is to take the inmate to a hospital. If the inmate is taken into the jail's custody, the transporting officer must present the "Jail Detention Card" along with the potential inmate. Upon receipt of the inmate, the intake officers immediately pat-down the inmate and assess her to determine if she will require special classification. At minimum, this requires the officers to complete an Initial Classification/Temporary Cell Assignment form based on direct questioning of the inmate and visual observations of her demeanor. The Initial Classification/Temporary Cell Assignment form includes six questions relating to suicide risk:

> (1) Does inmate hold a position of respect or prominence in the community or is the offense shocking in nature?
> (2) Do you have any unusual home or family problems we should know about?
> (3) Have you ever been in a mental institution or had psychiatric care?
> (4) Have you ever attempted or contemplated suicide? When? Where?
> (5) Are you now contemplating suicide?
> (6) Does the Inmate's behavior suggest a suicide risk?

Id. at *5. As of August 13, 2011, these regulations did not require that the officer who performs the pat-down also interview the inmate for the Initial Classification/Temporary Cell Assignment form.[1]

Once the intake officers complete the Initial Classification/Temporary Cell Assignment form, the computer booking officer enters the information into the jail's "Offendertrak" computer system, and then assigns the inmate to either general population or a specific mental health observation status. The officer assigns the inmate to a heightened observation status based on inmate need, current pending charges, inmate legal status, predatory risk, current

[1] After the events surrounding Prochnow's death, the jail updated its regulations. Now, the first officer who comes into contact with the inmate, usually the officer who performs the pat-down, must perform the initial screening based on the questions provided on the Initial Classification/Temporary Cell Assignment form. That officer will fill out the form by hand in front of the inmate and then pass the form and the Jail Detention Card to another officer, who enters the information into the computer network.

physical/mental health, and suicide risk factors. If the inmate demonstrates a high risk for self-harm or a desire or intent to commit suicide, the officer refers the inmate to the mental health staff and places the inmate in one of three observation statuses: (1) "High Observation,"[2] if the inmate is actively suicidal; (2) "Close Observation,"[3] if the inmate is not actively suicidal but has a recent history of suicide attempts; or (3) "Suicide Caution," if the inmate has been suicidal or indicated an intent to harm themselves in the past. After intake, a member of the health services staff screens all prisoners for both physical and mental health concerns. If the health services staff deems the prisoner to be a suicide risk, the staff member places the inmate in a High Observation cell with a "Suicide Caution" status. After the initial classification determination by the intake officers and health services staff, a more detailed, primary classification analysis by a Classification Officer will occur within seventy-two hours of arraignment. No inmate placed under High or Close Observation had committed suicide while at the jail prior to Prochnow's incarceration. Four jail inmates placed in the general population committed suicide in the year proceeding Prochnow's suicide.

All corrections deputies receive suicide prevention training during Corrections Academy. This includes instruction on identifying warning signs and risk factors for suicide and discussion of specific jail policies enacted to prevent suicide. Deputies must receive at least one hour of refresher suicide prevention training each year. All staff members are trained in CPR and first aid.

[2] An officer observes the inmate at least every 15 minutes under High Observation status.

[3] An officer observes the inmate at least every 30 minutes under Close Observation status. An inmate who is an active suicide risk would not be placed under Close Observation because, per Puchovan, "in Close Observation[] they have every tool they need to kill themselves." Doc. 66-5, PageID 1497.

C

Prochnow arrived at the jail at approximately 2:25 PM on August 13. Deputies Beverly Puchovan and Amy Franks processed Prochnow at intake. Puchovan and Franks frequently worked together at intake processing, with Puchovan at the front window as the initial intake officer and Franks at the computer stations behind the front window as the computer booking officer. Over time, Franks and Puchovan developed an informal "good to go" system for intake screening. First, Puchovan patted-down inmates upon arrival to search for contraband. Then, Puchovan asked the inmate variations of three of the required screening questions: (1) Have you been to this jail previously?; (2) Have you ever attempted suicide?; and (3) Do you feel like you want to hurt yourself now? If the inmate answered "no" to the last two questions, Puchovan informed Franks that the inmate was "good to go" and not a suicide risk. Franks would then complete the Initial Classification/Temporary Cell Assignment form and assign the inmate to general population without directly interviewing the inmate. If the inmate answered "yes" to either of Puchovan's final two questions, Franks would place the inmate on High Observation, again without further inquiry. Franks and Puchovan had used this "good to go" system in front of supervisors, but were never told their conduct was impermissible and were never disciplined.

Upon Prochnow's arrival at the jail, Puchovan patted-down Prochnow and asked Prochnow to remove her earrings, necklace, and belly button ring. Puchovan then asked Prochnow the three screening questions. Prochnow admitted that she had been to the prison before on multiple occasions, but said that she had never attempted suicide and did not feel like she wanted to hurt herself at that time. Puchovan told Franks that Prochnow was "good to go," and Franks assigned Prochnow to a general population holding cell at 2:34 PM. Franks watched Puchovan pat-down Prochnow and admitted to recognizing Prochnow from Prochnow's previous

incarcerations at the jail. Franks did not speak with Prochnow at any time between when Prochnow arrived at the jail and when Franks's shift ended. Despite this, Franks completed the Initial Classification/Temporary Cell Assignment form indicating that the answer Prochnow gave to each of the six suicide risk questions on the form had been "no."

As the computer booking officer, Franks had access to the jail's Offendertrak system, which she could search to view an inmate's history at the jail. Prochnow's profile in Offendertrak included an alert based on her suicide watch status in 2008. Franks claims she did not see the alert and nothing in the record suggests that Prochnow's profile would have been visible to Franks at booking, or that Franks attempted to access Prochnow's profile. Franks testified that when a booking officer enters information from an inmate's Jail Detention Card, the computer generates the intake form, a property form, and a mugshot; she did not testify that the computer generates an inmate's Offendertrak profile or any "alerts" from an inmate's prior visits. More to the point, Franks testified that she did not look at records from Prochnow's previous visits at Prochnow's intake, and she denied the existence of any intake procedure where "folks in booking would . . . go through [an inmate's] previous jail records to see what had happened to her the last times that she had been [t]here[.]" Doc. 66-4, PageID 1467.

After Prochnow's intake, Prochnow met with nurse Michelle Mason. Correctional Medical Services ("CMS") employed Mason at the jail. Mason testified that, while performing her initial screening of the inmate, she would glance at the Initial Classification/Temporary Cell Assignment form, but would perform an entirely independent assessment of the inmate. Prochnow told Mason of her prior diagnoses of depression and bipolar disorder, as well as present feelings of hopelessness due to the arrest. Prochnow also informed Mason of her 2010 suicide attempt. Under prison policies, those answers should have prompted Mason to

recommend an immediate mental health referral, but instead, Mason recommended that a mental health evaluation of Prochnow occur within seven days and placed her on a ten-day detox protocol for suspected recent drug use. Mason did not believe that Prochnow needed to be on suicide watch, but recommended that prison officials monitor Prochnow for suicide risk and depression.

After her medical evaluation, prison officials placed Prochnow into a holding cell, where she vomited and had diarrhea that night.

D

On August 14, 2011, Franks again worked as an intake officer. Franks testified that, upon arrival, she likely reviewed Prochnow's paperwork and noticed that Mason had put Prochnow on detox protocol. Based on this, Franks moved Prochnow to a different holding cell with beds. Franks spoke with Prochnow at the time, and Prochnow appeared to be in good spirits, even making jokes about items she had stolen from Wal-Mart. Franks testified that Prochnow did not show any signs of physical or mental problems on August 14.

Under the detox protocol, CMS staff continued to evaluate Prochnow. They took her temperature, pulse, and blood pressure at least every twelve hours. Another inmate testified that Prochnow was distracted, but did not act depressed and did not require medical attention.

E

Franks did not work on August 15, 2011. Officers took Prochnow to a scheduled hearing that morning at Macomb County Circuit Court. This hearing involved a prior offense where Prochnow failed to appear for sentencing. At the hearing, the judge imposed a $10,000 bond and remanded Prochnow to custody for at least two more weeks. Prochnow spoke to a friend about

her son at the hearing and planned to meet with the friend and a family member during visitation later that evening.

After the hearing, prison officials returned Prochnow to her cell. An inmate testified that Prochnow appeared thin and was having problems moving because of pain throughout her body. At 3 PM that afternoon, Prochnow complained to Mason that she had a rash. Mason promised to look at the rash after a break. While Mason was on break, Prochnow hanged herself in her cell. A deputy found Prochnow at approximately 3:22 PM, and prison officials transported her to a local hospital, where she died two days later.

Macomb County Sheriff Anthony Wickersham testified that the County investigated the circumstances of Prochnow's death. The County determined that Franks falsified the intake form, but neither Franks nor Puchovan was disciplined. Jail Administrator Michelle Sanborn later testified that Prochnow's placement in general population likely was inappropriate.

F

Grabow, as personal representative of Prochnow's estate, brought suit against Franks and the County.[4] Grabow asserted claims under 42 U.S.C. § 1983 against Franks and the County for deliberate indifference and against the County for failure to train. Grabow also asserted state law gross negligence claims against Franks.[5] Defendants-Appellees Franks and the County moved for judgment on the pleadings under Federal Rule of Civil Procedure 12(c) and for summary judgment on all counts. The district court granted defendants-appellees' motion on all counts. *Grabow*, 2013 WL 581544, at *16. On the deliberate indifference claims against Franks, the district court held that Grabow did demonstrate a genuine issue of material fact on the objective

[4] Grabow also brought suit against a variety of other defendants. Grabow voluntarily dismissed the claims against Sheriff Anthony Wickersham, CMS employees Catherine Stalinski and Kelly Hedke, and Deputy Gregory Shumacher. Grabow settled the claims against CMS, Michelle Mason, and CMS clinician Stephanie Harmon.
[5] Grabow had also asserted state law gross negligence claims against the County. The district court dismissed those claims, and Grabow does not appeal that dismissal.

prong of the analysis but failed to raise any issue of material fact as to Franks's subjective knowledge of a substantial risk of Prochnow committing suicide or as to any causal connection between Franks's actions and Prochnow's eventual suicide. *Id.* at *13–15. For the claims against the County, the district court held that, because Grabow failed to demonstrate an underlying constitutional violation by Franks, the claim against the County must be dismissed. *Id.* at *15. Finally, the district court dismissed the state law claims against Franks because Grabow failed to present evidence creating a genuine issue of material fact that Franks was the proximate cause of Prochnow's suicide. *Id.* at *16.

We have jurisdiction over the appeal under 28 U.S.C. § 1291 (2012).

II

The district court granted both the defendants-appellees' Rule 12(c) motion for judgment on the pleadings and the motion for summary judgment under Rule 56. *Id.* at *16. Because the trial court considered evidence outside of the pleadings in issuing its judgment, we characterize this appeal as one reviewing the propriety of summary judgment for the defendants-appellees on this record.

We review the district court's grant of summary judgment de novo. *Longaberger Co. v. Kolt*, 586 F.3d 459, 465 (6th Cir. 2009). We construe the evidence in the light most favorable to the nonmovant and draw all reasonable inferences in the nonmovant's favor. *Dye v. Office of the Racing Comm'n*, 702 F.3d 286, 294 (6th Cir. 2012). Summary judgment will be granted "if the movant shows that there is no genuine issue as to any material fact and the movant is entitled to judgment as a matter of law." Fed. R. Civ. P. 56(a). We must determine "whether the evidence presents a sufficient disagreement to require submission to a jury or whether it is so one-sided that one party must prevail as a matter of law." *First Nat'l Bank & Trust Co. v. Brant* (In re

Calumet Farm, Inc.), 398 F.3d 555, 558–59 (6th Cir. 2005) (quoting *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 251–52 (1986)). If the nonmovant's evidence is "merely colorable or is not significantly probative, summary judgment may be granted." *Anderson*, 477 U.S. at 249–50 (internal citations omitted). The nonmovant "must do more than simply show that there is some metaphysical doubt as to the material facts." *Matsushita Elec. Indus. Co. v. Zenith Radio Corp.*, 475 U.S. 574, 586 (1986).

We review the district court's analysis of state law de novo. *Rawe v. Liberty Mut. Fire Ins. Co.*, 462 F.3d 521, 526 (6th Cir. 2006) (citing *Salve Regina Coll. v. Russell*, 499 U.S. 225, 231 (1991)).

III

A. Deliberate Indifference Claims under the Eighth and Fourteenth Amendments

Grabow asserts claims under 42 U.S.C. § 1983 against both Franks and the County for deliberate indifference to Prochnow's serious medical needs. In the context of a motion for summary judgment regarding a claim asserted under § 1983, the plaintiff "must demonstrate a genuine issue of material fact as to the following two elements: (1) the deprivation of a right secured by the Constitution or laws of the United States and (2) that the deprivation was caused by a person acting under color of state law." *Miller v. Calhoun Cnty.*, 408 F.3d 803, 812 (6th Cir. 2005) (internal quotation marks omitted).

Pursuant to the Eighth Amendment, "the treatment a prisoner receives in prison and the conditions under which he is confined are subject to scrutiny." *Helling v. McKinney*, 509 U.S. 25, 31 (1993). The Eighth Amendment itself does not apply to pretrial detainees such as Prochnow, but the Fourteenth Amendment grants analogous rights to adequate medical treatment to pretrial detainees. *City of Revere v. Mass. Gen. Hosp.*, 463 U.S. 239, 244 (1983). Prison

officials must "take reasonable measures to guarantee the safety of the inmates," *Farmer v. Brennan*, 511 U.S. 825, 832 (1994) (quoting *Hudson v. Palmer*, 468 U.S. 517, 526–27 (1984)), because inmates have a constitutional right to adequate medical care, *Estelle v. Gamble*, 429 U.S. 97, 103 (1976). Inmates do not have an Eighth Amendment right "to be screened correctly for suicidal tendencies," but "prison officials who have been alerted to a prisoner's serious medical needs are under an obligation to offer medical care to such a prisoner." *Comstock v. McCrary*, 273 F.3d 693, 702 (6th Cir. 2001); *see also Perez v. Oakland Cnty.*, 466 F.3d 416, 423 (6th Cir. 2006) ("[T]he Eighth Amendment prohibits mistreatment only if it is tantamount to punishment, and thus courts have imposed liability upon prison officials only where they are so deliberately indifferent to the serious medical needs of prisoners as to unnecessarily and wantonly inflict pain." (internal quotation marks omitted)). Prison officials violate an inmate's Eighth and Fourteenth Amendment right to adequate medical treatment when: (1) "the deprivation alleged [is], objectively, sufficiently serious" such that the inmate "is incarcerated under conditions posing a substantial risk of serious harm"; and (2) the prison official subjectively demonstrates "deliberate indifference to inmate health or safety." *Farmer*, 511 U.S. at 834 (internal quotation marks and citations omitted).

A "sufficiently serious" medical need requires the plaintiff to show that "[the inmate] is incarcerated under conditions imposing a substantial risk of serious harm." *Miller*, 408 F.3d at 812 (internal citations omitted). An inmate's "psychological needs may constitute serious medical needs, especially when they result in suicidal tendencies." *Comstock*, 273 F.3d at 703. Thus, a plaintiff meets the objective component of the Eighth Amendment analysis by demonstrating that the inmate exhibited suicidal tendencies during his or her detention or that he

"posed a strong likelihood of another suicide attempt." *Perez*, 466 F.3d at 424; *Linden v. Washtenaw Cnty.*, 167 F. App'x 410, 416 (6th Cir. 2006).

Deliberate indifference is "a state of mind more blameworthy than negligence." *Farmer*, 511 U.S. at 835; *Estelle*, 429 U.S. at 104, 106; *see also Reilly v. Vadlamudi*, 680 F.3d 617, 623–24 (6th Cir. 2012) ("Deliberate indifference is characterized by obduracy or wantonness—it cannot be predicated on negligence, inadvertence, or good faith error."); *Perez*, 566 F.3d at 431 ("A finding of negligence does not satisfy the deliberate indifference standard."). Deliberate indifference, however, does not require "acts or omissions for the very purpose of causing harm or with knowledge that harm will result." *Farmer*, 511 U.S. at 835. The Supreme Court has concluded that "deliberate indifference to a substantial risk of serious harm to a prisoner is the equivalent of recklessly disregarding that risk." *Id.* at 836; *see also Galloway v. Anuszkiewicz*, 518 F. App'x 330, 333 (6th Cir. 2013) (holding that deliberate indifference is a "stringent standard of fault," requiring that the official "disregarded a known or obvious consequence of his action" (quoting *Connick v. Thompson*, 131 S. Ct. 1350, 1360 (2011))).

To prove deliberate indifference, the plaintiff must allege facts that show "the official being sued subjectively perceived facts from which to infer substantial risk to the prisoner, that he did in fact draw the inference, and that he then disregarded the risk." *Comstock*, 273 F.3d at 703. "[P]rison officials who actually knew of a substantial risk to inmate health or safety may be found free from liability if they responded reasonably to the risk, even if the harm ultimately was not averted." *Farmer*, 511 U.S. at 844; *see also Linden*, 167 F. App'x at 417. An official's knowledge of a sufficient risk "is a question of fact subject to demonstration in the usual ways, including inference from circumstantial evidence." *Farmer*, 511 U.S. at 842.

In the context of inmate suicide cases, "the proper inquiry concerning the liability of a City and its employees in both their official and individual capacities under § 1983 . . . is[] whether the decedent showed a strong likelihood that [s]he would attempt to take [her] own life in such a manner that failure to take adequate precautions amounted to a deliberate indifference to the decedent's serious medical needs." *Gray v. City of Detroit*, 399 F.3d 612, 616 (6th Cir. 2005) (quoting *Barber v. City of Salem*, 953 F.2d 232, 239–40 (6th Cir. 1992)); *see also Jerauld v. Carl*, 405 F. App'x 970, 976 (6th Cir. 2010) ("[T]he central inquiry is whether the defendants identified [the inmate's] suicidal tendencies and were deliberately indifferent to them."); *Cooper v. Cnty. of Washtenaw*, 222 F. App'x 459, 470 (6th Cir. 2007) (finding that a claim that an official "should have known that [an inmate] was suicidal" was "insufficient for a deliberate indifference claim").

Under our deliberate indifference jurisprudence, we have held that a plaintiff demonstrated deliberate indifference sufficient to overcome a motion for summary judgment when, for example: (1) the prison official who placed the inmate on suicide watch failed to review medical records and psychological tests administered to an inmate, did not speak to officers who arranged psychological consults for an inmate or observed the inmate on a daily basis, did not speak with psychologists who previously met with an inmate, and only asked the inmate a few cursory questions before removing the inmate from close observation, *Comstock*, 273 F.3d at 707–10; (2) a prison official had actual knowledge of an inmate's past suicide attempts, knew that the inmate's suicidal tendencies were provoked by his kidney conditions, and ignored the inmate's crying, complaints of kidney pain, and other suicidal gestures on the night of his death, *Schultz v. Sillman*, 148 F. App'x 396, 401–03 (6th Cir. 2005); and (3) a prison official moved an inmate from suicide watch even though the official knew the inmate threatened

and attempted suicide on several occasions within the same month in the jail and had previously been placed on behavior and suicide watches during multiple prior incarcerations at the same jail, *Perez*, 466 F.3d at 424–26.

On the other hand, we have held that the plaintiff failed to overcome a motion for summary judgment when the plaintiff only demonstrated, for example that (1) the inmate yelled, destroyed items in his cell, had chest pain, and banged on his cell, but no single prison official observed all of these actions, *Gray*, 399 F.3d at 614–16; and (2) the inmate's behavior prompted the prison psychologist to issue a suicide precautions blanket and order observations every fifteen minutes, but the psychologist failed to take the additional precaution of directly warning the jail staff that the inmate might be suicidal, *Galloway*, 518 F. App'x at 331–35.

Thus, the plaintiff must demonstrate either subjective knowledge, directly or indirectly, or that the official "merely refused to verify underlying facts that he strongly suspected to be true" to overcome a motion for summary judgment on a deliberate indifference claim. *Comstock*, 273 F.3d at 703 (quoting *Farmer*, 511 U.S. at 843 n.8).

B. Deliberate Indifference Claims against Franks

Grabow argues that she need only demonstrate that Franks should have perceived facts sufficient to recognize Prochnow's pronounced suicidal tendencies. Under Grabow's proposed approach, we should consider the following circumstantial evidence to be highly relevant: Franks recognized Prochnow from their prior interactions, Prochnow previously had been under suicide watch at the jail, Prochnow falsified the Initial Classification/Temporary Cell Assignment form, and the alert in the Offendertrak system noted that Prochnow was once considered a suicide risk. Grabow proposes that, based on this evidence, there is sufficient circumstantial evidence that Franks inferred a substantial risk to Prochnow's safety, Franks did in fact draw this inference,

and she disregarded the risk. *See Comstock*, 273 F.3d at 703. At a minimum, Grabow asserts that Franks "refused to verify" facts about Prochnow which Franks had reason to suspect were true. *See id.*

The district court disagreed with Grabow's arguments, finding that Grabow failed to create a genuine issue of material fact regarding Franks's subjective knowledge of Prochnow's serious medical condition sufficient to show deliberate indifference. *Grabow*, 2013 WL 581544, at *13–15. Franks was not working at the jail in 2008 when Prochnow had been placed on suicide watch while there. Prochnow also spent less than two days under suicide watch in 2008, spending the subsequent month of her incarceration in general population without incident. Prochnow had also been incarcerated on three subsequent occasions, again all without incident. The district court found that the "only thing Franks knew was that Prochnow was arrested and brought to the jail on multiple occasions in the past, and that she was currently in jail for domestic violence." *Id.* at *14. The district court found this an insufficient basis upon which to find that Franks had subjective knowledge, or even a strong suspicion, of Prochnow's suicidal tendencies. The district court also found that, even assuming *arguendo* that Franks subjectively perceived sufficient facts regarding Prochnow's past suicidal tendencies, Grabow presented no evidence that Franks drew any inference regarding Prochnow's current medical needs or disregarded an obvious inference about those needs. Though Grabow claimed that Franks's failure to conduct a face-to-face interview was sufficient circumstantial evidence of her knowledge, the district court concluded that Franks's failure to conduct the interview was remedied by Mason's later medical evaluation, where Mason found that Franks was not a suicide risk. Finally, the district court found that undisputed evidence demonstrated that, even if Franks

had interviewed Prochnow, it was unlikely she would have placed Prochnow in a High Observation cell given the statements Prochnow made to Puchovan and Mason.

We agree with the district court's analysis. The extent of Franks's interaction with Prochnow between August 13 and August 15, 2011, consisted of: (1) Franks's observing Puchovan's search of Prochnow; (2) Puchovan's telling Franks that Prochnow was "good to go;" (3) Franks's moving Prochnow to a holding cell with a bed on August 14; and (4) Franks and Prochnow's joking about Prochnow allegedly stealing items from a Wal-Mart. Franks did not work on August 15, the day that Prochnow outwardly expressed a depressed condition and committed suicide. Thus, all Franks knew regarding Prochnow's then-current incarceration was that Prochnow was arrested for domestic abuse and that Prochnow was undergoing a detox protocol. This is insufficient to create a genuine issue of material fact regarding Franks's subjective knowledge of Prochnow's suicidal tendencies. Though Franks clearly failed to make inquiries required by her job duties, there is no evidence that she had any reason to suspect that those inquiries would reveal suicidal tendencies.

There is no doubt Franks was negligent. Grabow must allege more, however, to allow us to impute sufficient knowledge to Franks. Deliberate indifference requires a level of culpability higher than negligence, one that more closely approximates reckless disregard for a known risk. *Farmer*, 511 U.S. at 836; *Reilly*, 680 F.3d at 623–24; *Perez*, 566 F.3d at 431. The prison regulations did not require that Puchovan ask all six screening questions during pat-down or that only Franks could perform the face-to-face interview. Also, the regulations did not appear to require that the computer booking officer search the Offendertrak system for alerts. Thus, while Franks was negligent during the intake of Prochnow, Franks did not recklessly disregard or intentionally avoid known risks. Franks and Puchovan together attempted to determine if

Prochnow would be a suicide risk based on the three screening questions Puchovan asked Prochnow. As the Supreme Court has explained, "an official's failure to alleviate a significant risk that he should have perceived but did not, while no cause for commendation, cannot under our cases be condemned as the infliction of punishment." *Farmer*, 511 U.S. at 838.

Even if we impute knowledge of the Offendertrak alert to Franks, it is not clear this knowledge would establish that Franks observed facts sufficient to infer a substantial risk. If Franks learned of Prochnow's 2008 placement on suicide watch status from the Offendertrak system, Franks would also have known that Prochnow remained on suicide watch for less than two days before spending almost a month in general population. Franks would also have learned that Prochnow had been incarcerated three subsequent times, all in general population and all without incident. Franks knew that Prochnow told Puchovan that she had never attempted suicide and did not have any present intent to harm herself. Moreover, Franks interacted with Prochnow on April 14, and Prochnow appeared upbeat, which is inconsistent with an inference of a substantial risk of suicide. Franks did not see Prochnow on April 15, and, thus, could not have observed Prochnow after her hearing. Franks simply assigned Prochnow to a general population holding cell, as had been done during Prochnow's three prior incarcerations. The next day, Franks checked Prochnow's file, recognized that Mason assigned Prochnow to a detox protocol, and moved Prochnow to a holding cell with a bed to make her more comfortable. Nothing about Franks's actions indicates subjective knowledge or a deliberate disregard of a known risk to Prochnow's safety.

We conclude that Grabow failed to establish that Prochnow "showed a strong likelihood that [she] would attempt to take [her] own life in such a manner that failure to take adequate precautions amounted to a deliberate indifference to [her] serious medical needs." *Gray*,

399 F.3d at 616. Although Franks acted negligently in utilizing the "good to go" policy in lieu of conducting a face-to-face interview, Grabow has failed to present facts which would show that Franks had the necessary subjective knowledge to support a deliberate indifference claim under the Eighth and Fourteenth Amendments.

Because we find that Grabow has failed to demonstrate a genuine issue of material fact as to the subjective prong of the Eighth and Fourteenth Amendments analysis, we decline to address the district court's discussion of the objective prong of this analysis, its causation analysis, or its qualified immunity analysis. We affirm the district court's grant of summary judgment on Grabow's § 1983 claim against Franks.

IV

Grabow also asserted § 1983 claims against Macomb County, arguing that the County itself was deliberately indifferent and failed to adequately train its staff. Under § 1983, municipalities are responsible only for "their *own* illegal acts." *Pembaur v. Cincinnati*, 475 U.S. 469, 479 (1986) (emphasis in original). Thus, a municipality cannot be held liable pursuant to a theory of *respondeat superior* under § 1983. *Monell v. Dep't of Soc. Servs.*, 436 U.S. 658, 691 (1978). A municipality only can be directly liable under § 1983 when a policy or custom of the municipality causes a constitutional violation by one of its employees. *Id.* at 694; *Gray*, 399 F.3d at 617. For municipal liability, there must be an underlying unconstitutional act due to a policy or custom of the municipality, even if an officer in his or her individual capacity can avoid liability through qualified immunity. *Wilson v. Morgan*, 477 F.3d 326, 340 (6th Cir. 2007); *Gray*, 399 F.3d at 617 ("When an officer violates a plaintiff's rights that are not 'clearly established,' but a city's policy was the 'moving force' behind the constitutional violation, the municipality may be liable even though the individual officer is immune."); *Gregory v. Shelby*

Cnty., 220 F.3d 433, 441 (6th Cir. 2000) ("For liability to attach, there must be execution of a government's policy or custom which results in a constitutional tort."). "A municipality may be liable under § 1983 where the risks from its decision not to train its officers were 'so obvious' as to constitute deliberate indifference to the rights of its citizens. As applied to suicide claims, the case law imposes a duty on the part of municipalities to recognize, or at least not ignore, obvious risks of suicide that are foreseeable." *Gray*, 399 F.3d at 618. *But see id.* ("Very few cases have upheld municipality liability for the suicide of a pre-trial detainee.").

We affirm the grant of summary judgment on Grabow's municipal liability claim against Macomb County. As discussed in Part III, *supra*, Grabow failed to present facts upon which a reasonable juror could conclude that Franks violated any of Prochnow's Eighth and Fourteenth Amendment rights to adequate medical care. Absent an underlying constitutional violation, Grabow's claim against the county under § 1983 must also fail. *Wilson*, 477 F.3d at 340 ("There can be no *Monell* municipal liability under § 1983 unless there is an underlying unconstitutional act.").

V

Finally, Grabow asserted claims against Franks for gross negligence under Michigan state law. In response to Grabow's claims, Franks asserted immunity under Mich. Comp. Law § 691.1407, which grants immunity from tort liability to government employees if the following elements are satisfied:

> (a) The officer, employee, member, or volunteer is acting or reasonably believes he or she is acting within the scope of his or her authority;
> (b) The governmental agency is engaged in the exercise or discharge of a governmental function;
> (c) The officer's, employee's, member's, or volunteer's conduct does not amount to gross negligence that is the proximate cause of the injury or damage.

The parties do not dispute that elements (a) and (b) apply. The only question is whether Franks's conduct amounted to gross negligence that was *the* proximate cause of Prochnow's death.

Section 691.1407(8)(a) defines "gross negligence" as "conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results." The Michigan Supreme Court has held that an employee's conduct is "the proximate cause" of an injury only when it is "the one most immediate, efficient, and direct cause preceding an injury." *Robinson v. City of Detroit*, 613 N.W.2d 307, 317 (Mich. 2000); *see also Jasinski v. Tyler*, 729 F.3d 531, 544 (6th Cir. 2013) (noting that the "proximate-cause inquiry under the [Michigan statute] is different from proximate-cause analysis in other contexts because of the use of the definite article 'the[.]'"). The Michigan legislature intended to limit employee liability under § 691.1407 to situations where the employee was "substantially more than negligent." *Maiden v. Rozwood*, 597 N.W.2d 817, 824 (Mich. 1999). In *Kruger v. White Lake Township*, the Michigan Court of Appeals assumed without deciding that officers were grossly negligent when they arrested Kruger and handcuffed her to a ballet bar in the booking room because all holding cells were full. 648 N.W.2d 660, 663 (Mich. App. 2002). Kruger eventually escaped, but was struck and killed by a vehicle during her escape. *Id.* at 662. The court found that, even if the officers were grossly negligent, *the* proximate cause of Kruger's death was her own action of running into traffic. *Id.* at 663.

Based on this provision, the district court found that Franks was not the proximate cause of Prochnow's death, and we agree. As discussed in Part III, *supra*, Franks was clearly negligent in failing to perform the required in-person interview in order to complete the Initial Classification/Temporary Cell Assignment form. Even if we assume that Franks's actions constituted "substantially more than negligence" and that her acts were a cause of Prochnow's

suicide—assumptions we make without deciding—it is clear they were not the one, immediate and direct cause of Prochnow's death. Prochnow did not verbalize any intent to commit suicide to the arresting officer, told Puchovan that she did not currently intend to harm herself, and assured Mason that she did not currently intend to harm herself. Two days later, Prochnow caused her own death by hanging. As in *Kruger*, it was Prochnow's own actions that were the proximate cause of her suicide.[6] Thus, while Franks's negligent acts might be characterized as a part of the causal chain that ended in Prochnow's suicide, Grabow has failed to create a genuine issue of material fact that Franks was *the* proximate cause of Prochnow's suicide as that term is defined by Michigan law.

VI

For the foregoing reasons, we affirm the district court's grant of summary judgment for defendants-appellees Franks and the County of Macomb.

[6] There were no allegations that Prochnow was so mentally incompetent as to be incapable of making the decision to end her own life, and there is nothing in the record that could support such an allegation.

BERNICE BOUIE DONALD, Circuit Judge, concurring. I agree with the panel's analysis and outcome. I write separately to note the troubling statistics surrounding suicides in the Macomb County Jail.

The Macomb County Jail has a capacity of 1,238 inmates and processes about 19,000 inmates annually.[7] Macomb County Sheriff's Office Annual Report 11 (2012). In the year surrounding Prochnow's August 2011 suicide, *five* Macomb County Jail inmates (including Prochnow) committed suicide. Only six percent of U.S. jails reported two or more deaths by any cause in 2011; eighty-one percent of jails reported no deaths. U.S. Dep't of Justice, Bureau of Justice Statistics, NCJ 242186, Mortality Rates in Local Jails and State Prisons, 2000–2011 1. In Michigan, only sixteen percent of jails reported one or more inmate deaths by any cause. *Id.* at 18. Macomb County Jail's five suicides alone accounted for nearly *twenty percent* of Michigan's twenty-four total reported jail inmate deaths by any cause in 2011, *id.* at 15, despite the fact that the Jail processed only about eight percent of the state's total annual jail inmates and held only seven percent of the state's jail inmates at any one time, *see supra* n.1. This case is not the first time that this Court has taken notice of Macomb County Jail's high suicide rate. In *Crocker v. County of Macomb*, this Court noted that Crocker's June 2001 suicide was also the fifth suicide at the Jail in less than one year. 119 F. App'x 718, 721 (6th Cir. 2005).

[7]On average, the total Michigan jail population per day in 2011 was 16,541. Mortality Rates in Local Jails and State Prisons 17. The total annual Michigan jail population for 2010 was 219,266. JPIS Report from Michigan Department of Corrections, Office of Community Corrections 84 (2010).

Macomb County Jail's disturbing suicide rate is a microcosm of the larger jail-suicide problem, which accounted for thirty-five percent of all jail deaths in the U.S. in 2011. *Id.* at 7. Our decision cites no less than nine prisoner-suicide cases, most of which originate in Michigan. *See Galloway v. Anuszkiewicz*, 518 F. App'x 330 (6th Cir. 2013); *Jerauld v. Carl*, 405 F. App'x 970 (6th Cir. 2010); *Cooper v. Cnty. of Washtenaw*, 222 F. App'x 459, 470 (6th Cir. 2007); *Perez v. Oakland Cnty.*, 466 F.3d 416 (6th Cir. 2006); *Linden v. Washtenaw Cnty.*, 167 F. App'x 410 (6th Cir. 2006); *Schultz v. Sillman*, 148 F. App'x 396, 401–03 (6th Cir. 2005); *Gray v. City of Detroit*, 399 F.3d 612 (6th Cir. 2005); *Comstock v. McCrary*, 273 F.3d 693 (6th Cir. 2001); *Barber v. City of Salem*, 953 F.2d 232 (6th Cir. 1992). Our decision could have cited two more cases, both of which occurred prior to Prochnow's suicide, where Macomb County itself was before this Court or district courts in this Circuit as a defendant in an inmate-suicide action. *See Crocker*, 119 F. App'x 718; *House v. Cnty. of Macomb*, 303 F. Supp. 2d 850 (E.D. Mich. 2004).

Most of these cases, like the one before us, deal with the suicide of inmates who had a known history of mental illness and suicidal tendencies. And in those cases, like this one, this Court reached the conclusion, first put forward in *Danese v. Asman*, 875 F.2d 1239 (6th Cir. 1989), that there is no recognized constitutional right to be properly screened for suicide risk. Thus, no official or municipality can be held liable under § 1983 for inmate suicides where there has been improper screening or no screening. *See Barber*, 953 F.3d at 237–38.

And yet the suicides keep happening. How many times should this question come before this Court before the need for adequate suicide precautions for mentally-ill inmates becomes "clearly established law" for which officials can be held accountable? *Id.* at 236. How many times should Macomb County come before this Court before "the need for better training [becomes] so obvious" that it should be held liable? *Id.* While current law offers no refuge for Grabow, the time may come for this Court to rethink what constitutional protections are available to mentally ill, potentially suicidal inmates and what sort of liability may be imposed on defendants like Macomb County, where these suicides continue to occur at an alarming rate.

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 11/06/2015

[redacted] date of birth (DOB) [redacted] Macomb County Sheriff Correction Deputy, was interviewed at Macomb County Shariff's Office. Also present during the interview was [redacted] Corporation Counsel for Macomb County. After being advised of the identity of the interviewing Agent and the nature of the interview, [redacted] provided the following information: b6 b7C

[redacted] advised that he worked the [redacted] shift, [redacted] in the mental health section of the Macomb County Jail during June 2014. [redacted] said that he worked at [redacted] inmates into the jail. [redacted] stated he did not recall DAVID STOJCEVSKI when he first arrived at the Macomb County Jail. [redacted] advised he recalled that the day STOJCEVSKI was admitted to the jail was just a normal day at booking and nothing stood out. b6 b7C

[redacted] advised that when inmates come in they are screened by the jail staff and by the medical staff. During the screening process the inmates are asked questions regarding their drug use and health. The inmates are usually screened in the first eight hours when they enter the prison. The medical staff will make recommendations on where an inmate should be housed based on the medical screening. [redacted] said there was not a section of the jail set up for inmates that need detox. The jail staff try to put these inmates in the same section of the jail to make it easier for the medical staff to check on the inmates and provide medication. b6 b7C

[redacted] advised that he did not recall seeing STOJCEVSKI until the day he stopped breathing in his cell. [redacted] was working in the booking area when he heard the call that an inmate was unresponsive in mental health. [redacted] went to mental health to provide assistance. [redacted] performed CPR on STOJCEVSKI until EMS arrived and took STOJCEVSKI to the hospital. b6 b7C

Investigation on 11/04/2015 at Mt. Clemens, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 11/05/2015

by [redacted] b6 b7C

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Physical 1A/1C Cover Sheet for Serial Export

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Attachment:	(U) Notes from interview of [redacted]

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FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 11/06/2015

[redacted] date of birth (DOB) [redacted] Macomb County Sheriff's Deputy, was interviewed at the Macomb County Sheriff's Office. Also present during the interview was [redacted] Corporation Counsel for Macomb County. After being advised of the identities of the interviewing Agents and the nature of the interview, [redacted] provided the following information: b6 b7C

[redacted] advised that in June 2014 he was working as a Correction Deputy for the Macomb County Sheriff's Department. [redacted] said that he worked the [redacted] shift, [redacted] and was on the mental health floor during that time. [redacted] stated that DAVID STOJCEVSKI was housed in the mental health section of the Macomb County jail while [redacted] was on duty. [redacted] recalled on numerous occasions calling the medical staff to check on STOJCEVSKI's condition. [redacted] stated that STOJCEVSKI was shaking and fluttering his eyes and this caused [redacted] to be concerned and watch STOJCEVSKI closely on the camera. b6 b7C

[redacted] advised he recalled one time he went into the cell with the medical staff. [redacted] and another Correctional Deputy sat STOJCEVSKI up against the wall and the medical staff gave him water aa well as a medical exam. [redacted] said that he passed on his concerns regarding STOJCEVSKI behavior to Correction Deputies on the other shifts. [redacted] said he watched STOJCEVSKI closer than other inmates since he was mostly laying on the ground and shaking. b6 b7C

[redacted] advised that the medical staff told him that STOJCEVSKI's behavior was normal for someone who was detoxing. [redacted] said that there were occasions when he asked the medical staff to check on STOJCEVSKI and they did not respond because the behavior exhibited by STOJCEVSKI was normal for detoxing. [redacted] said that sometimes the medical staff would go to the door but not go in the cell to check on STOJCEVSKI. [redacted] also said that the mental health staff would not go into the cell to assess STOJCEVSKI, but talk to him from the door. [redacted] said that STOJCEVSKI would not respond to the mental health staff. b6 b7C

[redacted] advised STOJCEVSKI was urinating on himself so he was taken to the medical unit for a shower and given a new suicide blanket to wear. Also

FD-302a (Rev. 05-08-10)

282B-DE-6736446

Continuation of FD-302 of Interview of [redacted], On 11/04/2015, Page 2 of 2

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while STOJCEVSKI was having the shower his cell was cleaned. [redacted] said that STOJCEVSKI was given food and ate after the shower.

[redacted] advised he never heard STOJCEVSKI was faking his symptoms. [redacted] said STOJCEVSKI never caused any problems other than his medical issues. [redacted] heard that STOJCEVSKI got into a fight with another inmate. [redacted] stated he never had any conversations or heard any conversation among the Corrections Deputies that they were out to get STOJCEVSKI and should ignore his medical condition and behavior. [redacted] said the medical staff was called numerous times by himself and other Corrections Deputies to look at STOJCEVSKI.

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[redacted] advised that if he thought an inmate was having medical problems it was his responsibility to call the medical staff. The medical staff would do the evaluation of the inmate and determine what treatment if any the inmate would receive. This would include moving the inmate to the medical section or sending the inmate to the hospital or medically clearing the inmate.

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[redacted] advised on the day that STOJCEVSKI died he was on duty and was again watching STOJCEVSKI closely with his partner [redacted] noticed that STOJCEVSKI appeared to stop breathing. [redacted] entered the cell after [redacted] and began to administer CPR to STOJCEVSKI. [redacted] stated he administered CPR to STOJCEVSKI for about 20 minutes and then switched off with another Corrections Deputy. [redacted] said the nursing staff arrived at the cell pretty quickly and then EMS arrived. [redacted] said that STOJCEVSKI was taken to the hospital.

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FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 11/06/2015

[redacted] date of birth (DOB) [redacted] Macomb County Sheriff's [redacted] was interviewed at the Macomb County Sheriff's Office. Also present during the interview was [redacted] Corporation Counsel for Macomb County. After being advised of the identities of the interviewing Agents and the nature of the interview, [redacted] provided the following information: b6 b7C

[redacted] advised that he worked the [redacted] shift, [redacted] in the mental health section of the Macomb County Jail during June 2014. [redacted] said that DAVID STOJCEVSKI was an inmate who was housed in the mental health section while [redacted] was on duty. [redacted] stated that he had contact with STOJCEVSJI while on duty. [redacted] recalled on one occasion he saw STOJCEVSHI shaking and fluttering his eyes and believed he was having a seizure. [redacted] called medical personnel to STOJCEVSKI's cell to examine him. [redacted] said the medical personnel took STOJCEVSKI's blood pressure and pulse and may also have taken a blood sample. After the medical personnel examined STOJCEVSKI they medically cleared him. [redacted] said that he wrote in his report that STOJCEVSKI was medically cleared by the medical staff. b6 b7C

[redacted] said that it appeared to him the medical personnel had already seen STOJCEVSJI prior to the first time he called the medical staff to look at him. Based on the comments from the medical staff, [redacted] believed that the medical staff thought STOJCEVSKI was faking his symptoms and was not as ill as he made himself out to be. [redacted] stated that the medical staff never told him STOKCEVSKI was faking his symptoms. b6 b7C

[redacted] advised that on one occasion he and his partner, moved STOJCEVSKI from the lower bunk to the floor. [redacted] said he believed they did this at the direction of the medical staff because they were afraid he may fall off the bunk due to STOJCEVSKI always moving. [redacted] recalled that STOJCEVSKI would eat a little food, but did not touch some meals. [redacted] stated that he was a little concerned since STOJCEVSKI was not eating. [redacted] advised that he did not observe STOJCEVSKI using the toilet. [redacted] heard that STOJCEVSKI was taken to medical for a shower because he may have urinated on himself. [redacted] said that he did not witness STOJCEVSKI urinate on himself. b6 b7C

Investigation on 11/04/2015 at Mt. Clemens, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 11/04/2015

by [redacted] b6 b7C

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b7C

[redacted] advised that he heard STOJCEVSKI got into a fight with another inmate, but it was not on [redacted] shift. [redacted] stated that STOJCEVSKI did not cause any unusual problems or make it difficult on the Correctional Deputies.

[redacted] advised that he and the other Corrections Deputies were concerned about STOJCEVSKI and agreed to keep an extra watch on him. [redacted] stated that he would call medical to check on STOJCEVSKI when he was shaking. [redacted] also would ask the medical staff to look in on STOJCEVSKI when they were delivering medication to other inmates or on the metal health floor checking on other inmates. [redacted] advised that every time the medical staff examined STOJCEVSKI, they medically cleared him. [redacted] advised that the medical staff never told him or the other Correctional Deputies anything about STOJCEVSKI's condition, other than he was medically cleared.

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[redacted] advised that on the day STOJCEVSKI died he was on duty. [redacted] stated he was watching the cameras and noticed STOJCEVSKI was moving around more than normal. [redacted] advised that at this point he closely watched STOJCEVSKI and when he stopped moving, [redacted] watched his stomach move up and down. When [redacted] noticed that STOJCEVSKI's stomach stopped moving, he went to the cell to check on him. [redacted] called for medical assistance and his partner, [redacted] started CPR.

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[redacted] advised that the policy of the Macomb County Sheriff's Department was to contact the medical staff for prisoners who were ill. It was up to the medical staff to assess the condition of the inmate and determine if that person should be moved to the medical section or the hospital. [redacted] advised that he was not medically trained and had to rely on the medical staff to assess the condition of an inmate.

[redacted] advised that he never had any discussions, or heard any discussion regarding ignoring or disregarding STOJCEVSKI's condition in order to get even or make it difficult for STOJCEVSKI. [redacted] stated that he and the other Deputies watched STOJCEVSKI more often because of the way he looked. [redacted] said they watched him more than was normal compared to other inmates.

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Physical 1A/1C Cover Sheet for Serial Export

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Acquired On:	2015-11-06
Attachment:	(U) Notes from interview of [redacted]

b6
b7C

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 11/12/2015

[redacted] date of birth (DOB) [redacted] Macomb County Sheriff [redacted] was interviewed at the Macomb County Sheriff's Office. Also present during the interview was [redacted] Corporation Counsel for Macomb County. After being advised of the identities of the interviewing Agent and the nature of the interview, INTERVIEWEE provided the following information: b6 b7C

[redacted] advised that he worked the [redacted] shift, [redacted] in the mental health section of the Macomb County Jail during June 2014. [redacted] said that DAVID STOJCEVSKI was an inmate who was housed in the mental health section while [redacted] was on duty. [redacted] stated that he had contact with STOJCEVSJI while on duty. [redacted] advised he would deliver food to STOJCEVSKI and when the medical staff went into the cell to examine STOJCEVSKI he would accompany them in the cell. [redacted] said the medical staff would take his blood pressure, heart rate, and blood sugar. b6 b7C

[redacted] advised he recalled an occasion he was concerned about STOJCEVSKI and called the medical staff to look at him. [redacted] said the medical staff told him that STOJCEVSKI was detoxing and this was normal behavior. [redacted] stated that based on this initial opinion from the medical staff, he did not watch STONJCEVSKI any closer than other inmates. b6 b7C

[redacted] advised STOJCEVSKI continued to shake and twitch and his behavior did not seem normal, so when the medical staff was making rounds to deliver medication to inmates he asked that they check on STOJCEVSKI. Again, [redacted] was told this was normal behavior for someone detoxing.

[redacted] advised STOJCEVSKI was urinating on himself so he was taken to the medical section of the jail for a shower. After STOJCEVSKI was cleaned up he was provided food, which he ate. Because of these problems and STOJCEVSKI's behavior, [redacted] began to keep a closer watch on him. b6 b7C

[redacted] advised that he never heard anyone say STOJCEVSKI was faking his symptoms. STOJCEVSKI did not cause any problems on the floor. [redacted] stated he never talked about and he never heard anyone talk about ignoring STOJCEVSKI or not contacting medical when it looked like STOJCEVSKI needed it.

Investigation on 11/04/2015 at Mt. Clemens, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 11/05/2015

by [redacted] b6 b7C

FD-302a (Rev. 05-08-10)

282B-DE-6736446

Continuation of FD-302 of Interview of [redacted], On 11/04/2015, Page 2 of 2

b6
b7C

[redacted] advised that he was not on duty when STOJCEVSKI stopped breathing in his cell.

UNCLASSIFIED

Physical 1A/1C Cover Sheet for Serial Export

Created From:	282B-DE-6736446
	Serial 13
Package:	1A7
Stored Location:	None
Summary:	(U) Notes from interview of [redacted]
Acquired By:	[redacted]
Acquired On:	2015-11-06
Attachment:	(U) Notes from interview of [redacted]

b6
b7C

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 11/13/2015

On November 12, 2015, the Chapman Law Group provided records from Correct Care Solutions (CCS) regarding the following:

1. DAVID STOJCEVSKI's medical records.
2. List of individuals involved in care of STOJCEVSKI.
3. Job descriptions.
4. CCS contract with Macomb County Jail.
5. CCS Policies and Procedures.

Investigation on 11/12/2015 at Clinton Township, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 11/12/2015

by [redacted]

b6
b7C

CHAPMAN LAW GROUP

25 YEARS DEDICATED TO HEALTH LAW

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November 10, 2015

SA [redacted]
U.S. Department of Justice
Federal Bureau of Investigation
44200 Garfield Rd., Suite 250
Clinton Township, MI 48038

b6
b7C

Re: [redacted] Personal Representative of the Estate of David Stojcevski v. Correct Care Solutions, Inc., et al
Case No.: 4:15-CV-11019
CLG File No.: 55.008

Dear [redacted]

Please accept this correspondence as a response to your letter dated October 9, 2015, which requested Correct Care Solutions, LLC to provide the following documents. Per your request, enclosed please find the following:

1. David Stojcevski's Records
2. List of individuals involved in the care of David Stojcevski.
3. Job descriptions
4. Correct Care Solutions, LLC's Contract with Macomb County Jail
5. Correct Care Solutions, LLC's Policies and Procedures

If you have any questions and/or concerns, please do not hesitate to contact [redacted] the attorney that assisted in gathering these materials at [redacted] Remaining,

b6
b7C

Very Truly Yours,
Chapman Law Group

[redacted]

b6
b7C

1441 West Long Lake Rd., Suite 310
Troy, MI 48098

[redacted]

RAW/er
Enclosures

STOJCEVSKI, DAVID

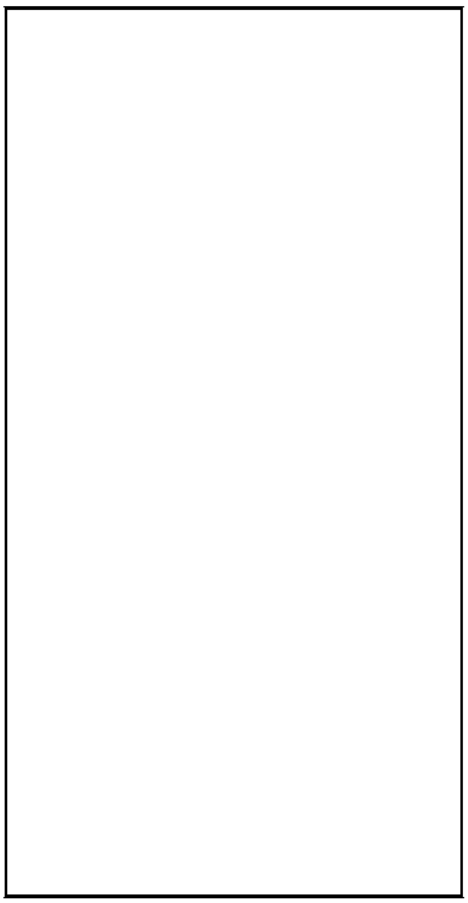
3/18/1982

376043366

date of this admission 6/11/14
Date of death 6/27/14

Initial CCS Witnesses

The following witnesses provided care to Plaintiff or their names appear in the records. This is an initial list and there may be other relevant witnesses that are identified during the course of investigation:



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CCS
CORRECT CARE
SOLUTIONS

JOB DESCRIPTION

Job Title: Director of Nursing

Kronos Job Code: AD1400, AD2800 2010 Census Code: 0350, Medical and Health Services Managers
EEO-1 Job Category: 1.2 Job Group: 1C, Mid-level Managers

Status: Exempt

Reports To: Health Services Administrator (H.S.A.)

Supervises: RN, LPN, Medication Tech, Nursing Assistants, and Medical Records Clerks as assigned

Date Created: February 2013

Job Purpose: The Director of Nursing is a Registered Professional Nurse with experience in the practice of nursing and possessing advanced studies and expertise in administration of Nursing Services. The Director of Nursing has the authority, responsibility and accountability for structuring, comprehensive planning, and implementing the Nursing Service Program.

Job Responsibilities:

1. Participates in planning, priority setting and the development of policies and procedures for health care activities that comply with facility and contractual requirements and ACA, NCCHC and State standards.
2. Coordinates and monitors orientation, in-service training, and continuing education with the H.S.A.
3. Coordinates the development, provision, and evaluation of patient care according to the standards of nursing practice in the state in which the facility is located.
4. Conducts recruitment/retention efforts for nursing service.
5. Prepares/submits reports as requested for Health Services Administrator (H.S.A.) in a timely manner.
6. Responds to a code or health emergency within standard guidelines.
7. Conducts regular monthly meetings with nursing staff.
8. Is a member of the Quality Improvement and Pharmacy and Therapeutic Committee and attends monthly meetings, assuring all QI screens and monthly reports are submitted timely.
9. Is a member of the Quarterly Infection Disease Control Committee and assures meeting minutes and all pertinent reports are completed/submitted as needed.
10. Manages on-call for nursing emergencies and nursing staff; finds/provides relief as designated in conjunction with H.S.A.
11. Develops and maintains staffing schedule for Nursing in accordance with contract terms, budget mandates, and accreditation standards for nursing coverage.
12. Responsible for approving changes in nursing staff schedules and granting requests for time off duty.
13. Ensures the practice of nursing is consistent with current standards and is responsible for level of care.
14. Serves as representative for and/or liaison between nursing services and other health care providers as well as H.S.A. and coordinates patient care with other departments.
15. Remains visible and is responsive to all medical disciplines.
16. Supports and participates in evaluation designed to improve work conditions and patient care. Evaluates employees' performance and maintains accurate records for annual and provisional evaluations, as well as any others needed.

17. Participates and maintains good relationship with community organizations.
18. Keeps abreast and follows through on incidents occurring on all shifts.
19. Reports all communicable diseases to the local/state health authorities.
20. Reviews all discrepancies in sharps and tool counts, and investigates, reconciles and forwards written findings to H.S.A. and facility security staff.
21. Reviews all medication errors and forwards written findings to the H.S.A.
22. Maintains constant contact with clinical medical services and reviews all situations of risk management potential; completes and forwards all Risk Management reports in timely fashion while providing notification to H.S.A.
23. Assesses established policies and procedures with re-review as needed
24. Submits weekly and monthly reports of audits for Quality Improvement which may include Out-patient Services; Medication Utilization; Emergency Room & Ambulance Transport Utilization; Report of Inmate Injuries; Report of Acute Illness Process that resulted in Hospitalization and/or Death; and Infection Control Issues including all newly diagnosed cases of Hepatitis, HIV, and TB.
25. Post Orders, if applicable, per site contract.
26. Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.
27. Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.
28. Must be alert at all times; pay close attention to details.
29. Must be able to work under stress on a regular or continuous basis.
30. Perform other duties as assigned.

Job Qualifications:

Education	Graduation from an accredited School of Nursing
Experience	2 years of supervisory experience in an acute setting recommended; Emergency Room, Communicable Disease, with Medical and Surgical experience preferred; Ability to work under pressure
Licenses/Certifications	Have and maintain current licensure as a Registered Nurse within the State; obtain and maintain CPR certification

Management Activities:

- X Interview, select and train employees
- X Set and adjust their rates of pay and hours of work
- X Direct the work of employees
- X Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status
- X Handle employee complaints
- X Discipline employees
- X Plan the work
- X Determine the techniques to be used
- X Apportion the work among the employees

- X Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold
- X Control the flow and distribution of materials or merchandise and supplies
- X Provide for the safety and security of the employees or the property
- X Plan and control the budget
- X Monitor or implement legal compliance measures
- X Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees).
- X Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	Yes. They develop, implement, and evaluate the philosophy, goals, objectives, structure, and operation of nursing services.
Does this position have authority to commit the employer in matters that have significant financial impact?	Yes. They participate in development and administration of a budget for nursing services and anticipated patient care needs annually.
Does this position have authority to waive or deviate from established policies and procedures without prior approval?	No
Does this position have authority to negotiate and bind the company on significant matters?	No
Is this position involved in planning long or short-term business objectives?	No
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	Yes. They counsel personnel following established protocols and procedures. They responds to grievances as requested by H.S.A.
Does this position have authority to make an independent choice, free from immediate direction or supervision or make decisions or recommendations that may occasionally be reviewed, revised or reversed?	Yes. They provide guidance to the nursing staff in patient care problems and delegates responsibility within the scope of the employees' abilities.

Physical Requirements: Works in a clean, well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 lbs.; requires walking and standing; requires sitting; occasional ascending/descending stairs. The ability to reach or bend frequently is required. Requires visual acuity and manual dexterity to operate equipment and administer or dispense medications. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 lbs.; requires pushing and pulling equipment and supplies weighing up to 75 lbs.. Requires walking and standing for long periods of time; as well as frequent sitting; occasional ascending/descending stairs. The ability to reach or bend frequently is required. Visual acuity and manual dexterity to operate office equipment as well as continual use of manual dexterity and gross motor skills with frequent use of bi-manual dexterity and fine motor skills are also requirements. Potential for exposure to

blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature:

Employee Signature **Printed Name** **Date**

CCS
CORRECT CARE SOLUTIONS

JOB DESCRIPTION

Job Title: Licensed Practical Nurse

Kronos Job Code: LP1100 2010 Census Code: 3500, Licensed Practical and Licensed Vocational Nurses
EEO-1 Job Category: 3 Job Group: 5A – Technicians -- LPN

Status: Non-exempt

Reports To: Clinically – Staff RN, Charge Nurse, Director of Nursing
Administratively – Health Services Administrator

Supervises: None

Date Created: February 2013

Job Purpose: A Licensed Practical Nurse is responsible for assisting in the delivery of patient care through the nursing process of assessment, planning, implementation and evaluation. Under the supervision of the RN(s), directs and guides patient teaching and activities that commensurate with his/her education and demonstrated competencies.

Job Responsibilities:

1. Under supervision of a Registered Nurse (RN), assists in the assessment of the physical, psychological and social dimensions of patients in the Health Care Unit and, as necessary, in the housing units.
2. Assists in planning an individual treatment program by using available resources in planning care, and consults with RNs and other staff as appropriate while applying knowledge and resources in planning care and patient teaching.
3. Implements individualized treatment programs as directed by the Health Care Practitioner.
4. Count controlled substances, syringes, needles and sharps at the beginning of each shift with another staff member and sign count logs.
5. Implements clinical and technical aspects of care in accordance with established policies, procedures and protocols. Intervenes with proper safety techniques, procedures and standard precautions.
6. Responds to a code or health emergency within standard guidelines.
7. Implements medical plan through administering medications in accordance with Health Care Practitioner's orders and protocols: Administers medications according to proper techniques and procedures including IV therapy (when certified) and all other approved routes of administration. Uses pharmacy knowledge and available resources to include drug reaction and overdose in administration of medications.
8. Implements medical plans through obtaining diagnostic tests in accordance with Health Care Practitioner's orders and protocols: Obtains body fluid specimens and performs EKG's using proper techniques and procedures. Communicates information to ancillary departments using established referral process.
9. Assists the Health Care Practitioner in medical or minor surgical procedures as necessary and/or requested to meet individual needs of patients.
10. Implement nutrition and therapeutic diet plan through proper techniques and procedures as ordered by Health Care Practitioner.
11. Documents nursing encounters using the SOAP form of charting as required by policy and procedure.

12. Communicates information to nursing staff, physician, health care unit supervisory personnel and other staff as necessary.
13. Respects dignity and confidentiality of patients.
14. Attends mandatory staff meetings and training.
15. Must be able to obtain and maintain security clearance.
16. Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.
17. Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.
18. Must be alert at all times; pay close attention to details.
19. Must be able to work under stress on a regular or continuous basis.
20. Post orders, if applicable, per site contract.
21. Perform other duties as assigned.

Job Qualifications:

Education	Graduation from an accredited School of Nursing.
Experience	Prefer a minimum of one (1) year clinic experience.
Licenses/Certifications	Have and maintain current licensure as a Licensed Practical / Licensed Vocational Nurse within the state. Must be able to obtain and maintain CPR certification.

Management Activities:

Interview, select and train employees

Set and adjust their rates of pay and hours of work

Direct the work of employees

Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status

Handle employee complaints

Discipline employees

Plan the work

Determine the techniques to be used

Apportion the work among the employees

Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold

Control the flow and distribution of materials or merchandise and supplies

Provide for the safety and security of the employees or the property

Plan and control the budget

Monitor or implement legal compliance measures

Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees). Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	No
Does this position have authority to commit the employer in matters that have significant financial impact?	No
Does this position have authority to waive or deviate from established policies and procedures without prior approval?	No
Does this position have authority to negotiate and bind the company on significant matters?	No
Is this position involved in planning long or short-term business objectives?	No
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	No
Does this position have authority to make an independent choice, free from immediate direction or supervision or make decisions or recommendations that may occasionally be reviewed, revised or reversed?	No

Physical Requirements: Works in a clean well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 pounds; requires pushing and pulling equipment and supplies weighing up to 75 pounds; requires walking and standing; requires sitting; requires the ability to negotiate stairs; requires the ability to lift inmates in and out of bed, wheelchair, and/or stretcher; requires the ability to reach or bend frequently; requires visual acuity and manual dexterity to operate equipment and administer or dispense medications. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit environment with fluctuating temperatures in close proximity to others.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature:

Employee Signature **Printed Name** **Date**

CCS
CORRECT CARE SOLUTIONS

JOB DESCRIPTION

Job Title: Medical Director

Kronos Job Code: MD1200, MD1300 2010 Census Code: 0350, Medical and Health Services Managers
EEO-1 Job Category: 1.2 Job Group: 1C, Mid-level Managers

Status: Exempt

Reports To: Clinically – Regional or Corporate Medical Director
Administratively – Health Services Administrator

Supervises: Staff Physician(s), Physician Assistant(s), Advanced Registered Nurse Practitioner(s) as assigned

Date Created: February 2013

Job Purpose: The Medical Director abides by the security regulations of CCS and the regulations of the institution to which assigned; provides required documentation of services to the Regional or Corporate Medical Director or designee in order to monitor services provided and compliance with facility/client contract; notifies Regional or Corporate Medical Director and Health Services Administrator or designee of schedule changes in schedule coverage; assists in arrangements for coverage of medical services if unavailable for extended period of time.

Job Responsibilities:

1. Reports to assigned facility at designated hour to examine referred patients.
2. Visits the infirmary daily when on-site and records encounters in the patient's progress notes.
3. Ensures progress note documentation in Electronic Medical Record (EMR) or on approved paper form is in SOAP format, problem oriented, corresponds to the therapeutic order and is legible, if handwritten.
4. Ensures all documentation is dated, timed, problem oriented and encounters in EMR are locked with document made or legible and signed, if handwritten.
5. Ensures all verbal or telephone orders are countersigned within one business day, if possible.
6. Adheres to the established formulary for therapeutic regimens before utilizing non-formulary procedures.
7. Utilizes available in-house resource personnel for treatment or resolution of identified problems before utilizing off-site referral, if possible.
8. Provides emergency treatment on-site and responds appropriately in urgent or emergency situations.
9. Demonstrates proper technique for cardiopulmonary resuscitation and related drug therapy.
10. Supports standards of correctional medical care through adherence to existing policies and procedures for: admission to the infirmary, transfer to emergency room and utilization review process for specialty consultant referrals.
11. Supervises care given by other professional or non-professional personnel providing instructions as needed.
12. Reports any doubts or questions regarding the lack of appropriate referrals, nursing or medical intervention necessary for the realization of established patient goals to the Regional or Corporate Medical Director for disposition.

13. Provides clinical oversight to the facility medical program, as defined by the NCCHC and ACA standards.
14. Consults with medical specialists for advice and expertise in their respective areas.
15. Provides consultation for all professionals in the system.
16. Provides medical services to inmates as scheduled.
17. Partners with H.S.A. in supervising continuous quality improvement program, including patient grievances, sanitation, infection control, utilization management, pharmacy and therapeutics and assists in development of appropriate criteria.
18. Serves as member of the Continuous Quality Improvement Committee. Make recommendations to improve patient outcomes.
19. As needed – not less than annually – reviews and approves the treatment protocols, clinical policies and procedures, to include infection control and infirmary (if applicable at site) and the fire and disaster plans.
20. Serves as liaison with health care providers in the community
21. Works with the Health Services Administrator to identify problems and to recommend solutions to improve patient outcomes.
22. Assist the Health Services Administrator to establish and maintain Chronic Care Clinics that assure compliance with NCCHC and ACA standards, as well as CCS policy/procedures.
23. Assist the Health Services Administrator to monitor pharmacy services including formulary compliance, prescribing patterns and dispensing of medication.
24. Respects dignity and confidentiality of inmates.
25. Must be able to obtain and maintain security clearance.
26. Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.
27. Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.
28. Must be alert at all times; pay close attention to details.
29. Must be able to work under stress on a regular or continuous basis.
30. Post orders, if applicable, per site contract.
31. Perform other duties as assigned.

Job Qualifications:

Education	Medical school graduate.
Experience	Experience in Family Practice, Emergency Medicine, Internal Medicine or Public Health preferred.
Licenses/Certifications	Must have and maintain current licensure within the State. Maintains a current DEA number. Must be able to obtain and maintain CPR certification. Must maintain privileges. Maintains CME requirements for continued medical practice in the State.

Management Activities:

	Interview, select and train employees
	Set and adjust their rates of pay and hours of work
X	Direct the work of employees
X	Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status
X	Handle employee complaints

	Discipline employees
X	Plan the work
X	Determine the techniques to be used
X	Apportion the work among the employees
X	Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold
X	Control the flow and distribution of materials or merchandise and supplies
X	Provide for the safety and security of the employees or the property
X	Plan and control the budget
X	Monitor or implement legal compliance measures
X	Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees). Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	Yes. Review and countersigns therapeutic orders and corresponding progress notes of inmates seen by the PA/ARNP, if applicable, ensuring they are appropriate and effective per Correct Care Solutions (CCS) policy/procedures and standards.
Does this position have authority to commit the employer in matters that have significant financial impact?	NO
Does this position have authority to waive or deviate from established policies and procedures without prior approval?	NO
Does this position have authority to negotiate and bind the company on significant matters?	NO
Is this position involved in planning long or short-term business objectives?	NO
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	Yes. Reviews all death and inmates grievances and appeals
Does this position have authority to make an independent choice, free from immediate direction or supervision or make decisions or recommendations that may occasionally be reviewed, revised or reversed?	Yes. Can exercise independent medical judgment with regards to patient diagnosis and treatment - unrestricted.

Physical Requirements: Works in a clean well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 pounds; requires pushing and pulling equipment and supplies weighing up to 75 pounds; requires walking and standing; requires sitting; requires the ability to negotiate stairs; requires the ability to lift inmates in and out of bed, wheelchair, and/or stretcher; requires the ability to reach or bend frequently; requires visual acuity and manual dexterity to operate equipment and administer or dispense medications. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit environment with fluctuating temperatures in close proximity to others.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature: _____

Employee Signature	**Printed Name**	**Date**

CCS
CORRECT CARE SOLUTIONS

JOB DESCRIPTION

Job Title: Mental Health Professional

Kronos Job Code: MH2100, MH5300 2010 Census Code: 2000, Counselors

EEO-1 Job Category: 2 Job Group: 4, Other Professional Workers

Status: Exempt

Reports To: Clinically – Mental Health Coordinator, Clinical Supervisor, Mental Health Director

Administratively – Health Services Administrator

Supervises: None

Date Created: January 2014

Job Purpose: The Mental Health Professional provides clinical services under the direction of the MH Coordinator, Clinical Supervisor or MH Director to inmates. Provide mental health consultation and training to facility staff.

Job Responsibilities:

1. Provide direct clinical and consultation services in accordance with CCS Policies and procedures, policies and procedures of the institution, and in accordance with the ethics and standards of relevant professional organizations (e.g., NASW, APA)
2. Responsible for having a basic understanding of mental health accreditation standards issued by National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA) if those accrediting bodies are applicable to the facility
3. Interrelate and work effectively with facility staff, inmates, and outside support agencies as delegated by MH Coordinator, Clinical Supervisor, or MH Director
4. Maintain the confidentiality of inmate information in accordance with CCS policy and procedure, state law, site policy and the standards of the NCCHC and ACA, if those accrediting bodies are applicable to the site
5. Completion of specific duties and responsibilities as designated by the Mental Health Coordinator, Clinical Supervisor or Mental Health Director. Designation of duties will be determined by current needs of the inmate population and the mental health professional's privilege status, taking into consideration employee's interests whenever possible.
6. Provision of individual and group psychotherapy/counseling to inmates with the goals of reducing maladaptive behavior and fostering effective psychological functioning.
7. Provision of crisis intervention services to inmates as referred by institutional and medical staff or to self-referred inmates. Crisis intervention may require consultation with institutional staff regarding management/treatment concerns, referral, and/or mental health follow-up. Crisis intervention duties may be assigned by the Mental Health Coordinator, Clinical Supervisor or Mental Health Director after normal working hours and weekends.
8. Completion of Clinical Service Reports of inmates as assigned by the Mental Health Coordinator, Clinical Supervisor or Mental Health Director based upon requests of the Facility administrative staff, Parole Board or other appropriate agencies in accordance with the policy and procedures of CCS. Reports are

to be completed in a timely, professional manner. Personality, intellectual and other such testing may be administered, interpreted, and reported as allowed by State statutes, rules and regulations governing the employee's license.

9. For Mental Health Professionals assigned to a Reception and Diagnostic Unit, primary duties include completion of a diagnostic evaluation, to include clinical interview, interpretation of psychological testing, and development of a written report to include findings and recommendations. For those MHPs whose level of training and licensure do not allow for psychological test interpretation, consultation with a supervisor or department staff member interpreting testing shall occur.
10. Provision of consultation services for institutional screening committees to include, but not limited to, Initial Classification Boards and Segregation Review Boards. Provision of consultation services to institutional staff concerning the mental status and management of inmates.
11. Provision of training in human behavior and/or mental health issues to institutional staff in accordance with the institution's training program and as assigned by the Mental Health Coordinator, Clinical Supervisor or Mental Health Director.
12. Completion of relevant clinical documentation in the health record regarding the inmate's participation in mental health treatment.
13. Completion of regular reports of the employee's activities in accordance with the policies and procedures.
14. Provision of support and/or monitoring of inmate's mental condition for institutional psychiatric staff as assigned by the Mental Health Coordinator, Clinical Supervisor or Mental Health Director
15. Provision of consultation and in-service training to the Facility personnel as assigned by the Mental Health Coordinator, Clinical Supervisor or Mental Health Director.
16. Participation in staff meetings and in-service training programs.
17. Inform Mental Health Coordinator, Clinical Supervisor or Mental Health Director of personal need for additional clinical supervision, overall problems in the delivery of clinical services, and/or proposals to improve clinical skills.
18. Participation in specialized clinical services and/or program development activities in a professional, timely manner providing these duties have been assumed with the mutual agreement of the Mental Health Coordinator, Clinical Supervisor or Mental Health Director and the individual staff member.
19. Maintain accountability for services provided through timely and accurate recording of activities through participation in the Quality Improvement program
20. Compliance with employee standards of the Facility. Compliance includes, but is not limited to, the maintenance of a professional working environment and personal appearance consistent with professional responsibilities, development of harmonious working relationships, and timely notification of supervisory personnel of absences from institution.
21. May be required to participate in a system of 24-hour crisis intervention services.
22. Must be able to obtain and maintain security clearance.
23. Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.
24. Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.
25. Must be alert at all times; pay close attention to details.
26. Must be able to work under stress on a regular or continuous basis.
27. Post orders, if applicable, per site contract.
28. Perform other duties as assigned.

Job Qualifications:

Education	Master's degree in a behavioral/social science field from an accredited college or university.
Experience	Coursework and professional experience that indicates knowledge of mental health counseling, group and individual psychotherapy, diagnosis and treatment of mental disorders, psychological assessment techniques, crisis intervention, and mental health consultation.
Licenses/Certifications	Licensure in the state from the appropriate state licensing board; Must maintain CPR certification and any other certifications (such as First Aid) required.

Management Activities:

Interview, select and train employees

Set and adjust their rates of pay and hours of work

Direct the work of employees

Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status

Handle employee complaints

Discipline employees

Plan the work

Determine the techniques to be used

Apportion the work among the employees

Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold

Control the flow and distribution of materials or merchandise and supplies

Provide for the safety and security of the employees or the property

Plan and control the budget

Monitor or implement legal compliance measures

Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees).

Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	No
Does this position have authority to commit the employer in matters that have significant financial impact?	No
Does this position have authority to waive or deviate from established policies and procedures without prior approval?	No

Does this position have authority to negotiate and bind the company on significant matters?	No
Is this position involved in planning long or short-term business objectives?	No
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	No
Does this position have authority to make an independent choice, free from immediate direction or supervision or make decisions or recommendations that may occasionally be reviewed, revised or reversed?	Yes

Physical Requirements: Works in a clean well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 pounds; requires pushing and pulling equipment and supplies weighing up to 75 pounds; requires walking and standing; requires sitting; requires the ability to negotiate stairs; requires the ability to lift inmates in and out of bed, wheelchair, and/or stretcher; requires the ability to reach or bend frequently; requires visual acuity and manual dexterity to operate equipment and administer or dispense medications. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit environment with fluctuating temperatures in close proximity to others.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature:

Employee Signature **Printed Name** **Date**

CCS
CORRECT CARE SOLUTIONS

JOB DESCRIPTION

Job Title: Registered Nurse

Kronos Job Code: RN1300 2010 Census Code: 3255, Registered Nurses
EEO-1 Job Category: 2 Job Group: 3, Healthcare Practitioner Professionals

Status: Non-exempt

Reports To: Clinically – Charge Nurse, Director of Nursing
Administratively – Health Services Administrator

Supervises: LPN(s), RN(s), CNA(s), CMA(s) as assigned

Date Created: February 2013

Job Purpose: A Registered Nurse is responsible for assisting in the delivery of patient care through the nursing process of assessment, planning, implementation and evaluation. Under the supervision of the Charge Nurse(s), directs and guides patient teaching and activities that commensurate with his/her education and demonstrated competencies.

Job Responsibilities:

1. Under supervision of a Charge Nurse, assists in the assessment of the physical, psychological and social dimensions of patients in the Health Care Unit and, as necessary, in the housing units.
2. Assists in planning an individual treatment program by using available resources in planning care, and consults with Charge Nurse(s), DON and other staff as appropriate while applying knowledge and resources in planning care and patient teaching.
3. Implements individualized treatment programs as directed by the Health Care Practitioner.
4. Count controlled substances, syringes, needles and sharps at the beginning of each shift with another staff member and sign count logs.
5. Implements clinical and technical aspects of care in accordance with established policies, procedures and protocols. Intervenes with proper safety techniques, procedures and standard precautions.
6. Respond to "code" or patient crisis as set forth by the sites policy and procedure.
7. Implements medical plan through administering medications in accordance with Health Care Practitioner's orders and protocols: Administers medications according to proper techniques and procedures including IV therapy (when certified) and all other approved routes of administration. Uses pharmacy knowledge and available resources to include drug reaction and overdose in administration of medications.
8. Implements medical plans through obtaining diagnostic tests in accordance with Health Care Practitioner's orders and protocols: Obtains body fluid specimens and performs EKG's using proper techniques and procedures. Communicates information to ancillary departments using established referral process.
9. Assists the Health Care Practitioner in medical or minor surgical procedures as necessary and/or requested to meet individual needs of patients.
10. Implement nutrition and therapeutic diet plan through proper techniques and procedures as ordered by Health Care Practitioner.
11. Documents nursing encounters using the SOAP form of charting as required by policy and procedure.

12. Communicates information to nursing staff, physician, health care unit supervisory personnel and other staff as necessary.
13. Respects dignity and confidentiality of patients.
14. Attends mandatory staff meetings and training.
15. Must be able to obtain and maintain security clearance.
16. Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.
17. Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.
18. Must be alert at all times; pay close attention to details.
19. Must be able to work under stress on a regular or continuous basis.
20. Post orders, if applicable, per site contract.
21. Perform other duties as assigned.

Job Qualifications:

Education	Graduation from an accredited School of Nursing
Experience	Prefer a minimum of one (1) year clinic experience
Licenses/Certifications	Have and maintain current licensure as a Registered Nurse within the state. Must be able to obtain and maintain CPR certification.

Management Activities:

Interview, select and train employees

Set and adjust their rates of pay and hours of work

Direct the work of employees

Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status

Handle employee complaints

Discipline employees

Plan the work

Determine the techniques to be used

Apportion the work among the employees

Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold

Control the flow and distribution of materials or merchandise and supplies

Provide for the safety and security of the employees or the property

Plan and control the budget

Monitor or implement legal compliance measures

Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees). Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	No
Does this position have authority to commit the employer in matters that have significant financial impact?	No
Does this position have authority to waive or deviate from established policies and procedures without prior approval?	No
Does this position have authority to negotiate and bind the company on significant matters?	No
Is this position involved in planning long or short-term business objectives?	No
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	No
Does this position have authority to make an independent choice, free from immediate direction or supervision or make decisions or recommendations that may occasionally be reviewed, revised or reversed?	No

Physical Requirements: Works in a clean well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 pounds; requires pushing and pulling equipment and supplies weighing up to 75 pounds; requires walking and standing; requires sitting; requires the ability to negotiate stairs; requires the ability to lift inmates in and out of bed, wheelchair, and/or stretcher; requires the ability to reach or bend frequently; requires visual acuity and manual dexterity to operate equipment and administer or dispense medications. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit environment with fluctuating temperatures in close proximity to others.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature:

Employee Signature **Printed Name** **Date**

PURPOSE

This policy is intended to ensure that protocols exist for managing inmates under the influence of alcohol or other drugs and those undergoing withdrawal from alcohol, sedatives, or opioids

SCOPE

This policy applies to all health care staff, correctional staff and patients.

POLICY

One of the many medical consequences from the repeated intake of alcohol is the development of physiological dependence, which frequently leads to signs and symptoms of withdrawal when intake is decreased or stopped. CCS has established protocols for the identification, observation and treatment of inmates under the influence of alcohol or other drugs or those going through withdrawal. All protocols are approved by the Chief Medical Officer and the on- site Medical Director.

PROCEDURE

1. Established protocols are followed for the assessment, monitoring and management of individuals manifesting symptoms of alcohol and drug intoxication or withdrawal.
2. Protocols for intoxication and detoxification are approved by the responsible physician, are current, and are consistent with nationally accepted treatment guidelines.
3. During the receiving screening, each new inmate should be asked about his or her alcohol and drug use. Specific information should be obtained regarding:
    a. Type of substance(s) used;
    b. Frequency and amount of usage;
    c. Mode of use;
    d. How long the inmate has been using;
    e. Time of last use; and
    f. Side-effects experienced when ceasing use in the past.
4. The health staff member completing the receiving screening will evaluate the inmate for the following:
    a. Anxiety;
    b. Agitation;
    c. Disorientation;
    d. Headache;
    e. Visual disturbances;
    f. Auditory disturbances;
    g. Nausea;
    h. Tremors;

i. Paroxysmal sweats; and
j. Elevated pulse, respiratory rate and blood pressure.

5. Inmates who report alcohol dependence or are identified as being at risk for alcohol withdrawal will receive a more in-depth evaluation. The Addiction Research Foundation Clinical Institute Withdrawal Assessment – Alcohol (CIWA-Ar) tool may be used to complete the evaluation. The CIWA-Ar is a validated tool designed to assess severity of alcohol withdrawal. The CIWA-Ar has been extensively researched and shown to be a viable tool when used by nursing staff in both emergency departments and community settings. The tool describes symptoms of alcohol withdrawal that are then graded by the nurse through observing inmate behavior or by asking the inmate for a response to questioning. Based on the information documented on the CIWA-Ar tool, the inmate will be classified as being in mild, moderate or severe AWS. The tool is included at the end of the policy.
6. If it is determined that the inmate can be properly managed at the facility, the following steps should be taken:

   a. An assessment within 24 hours of admission. This may include the completion of the CIWA-Ar tool. This assessment may be completed by a licensed practical nurse as allowed by the appropriate state-licensing agency.

   b. Consultation with or examination by the on-site physician or mid-level provider to determine if there is a need for medication therapy and to establish a treatment plan.

   c. Individuals being monitored are housed in a safe location that allows for effective monitoring. Increased supervision of the inmate with specific observations of the inmate's condition monitored and recorded on a regular basis.

   d. Establishment of actions to be taken when specific criteria are met according to the CIWA-Ar recommendations and physician's assessment. Nursing staff will contact the physician when monitoring results are outside established parameters of mild withdrawal.
7. Inmates experiencing severe, life-threatening intoxication (overdose) or withdrawal that cannot be managed on-site are immediately transferred to a licensed acute care facility.
8. Detoxification is done under physician supervision.
9. If a pregnant inmate is admitted with opioid dependence or treatment (including methadone and buprenorphine), a qualified clinician is contacted so that the opioid dependence can be assessed and appropriately treated.
10. Inmates including pregnant females on methadone or similar substances will receive appropriate treatment for methadone have their therapy continued or a plan for appropriate treatment of the methadone withdrawal syndrome is initiated.
11. Pregnant inmates entering the facility on methadone treatment are continued on the treatment when possible.

REFERENCES

NCCHC Standards for Health Services Jails 2014
NCCHC Standards for Health Services Prisons 2014
ACA Standards / 2014 Standards Supplement 2014:

- Performance-Based Standards for Adult Local Detention Facilities (ALDF), 4th Edition
- Adult Correctional Institutions (ACI), 4th Edition
- Performance-Based Standards for Adult Community Residential Services (ACRS), 4th Edition
- Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions-(HC) 1st Edition
- Core Jail Standards (CORE), 1st Edition

Patients with Alcohol and Other Drug Problems

PURPOSE

This policy is intended to ensure that patients with alcohol or other drug (AOD) problems are assessed and properly managed by a physician or, where permitted by law, other qualified health care professionals.

SCOPE

This policy applies to all health care staff, correctional staff and patients.

POLICY

Inmates are screened for abuse or dependency on alcohol and other drugs ("AOD") during the intake screening, health assessment and during other health encounters.

Any inmate incarcerated under the influence of alcohol or drugs shall be separated from the general population and kept under close observation as clinically indicated. Referrals will be made to the appropriate provider for those inmates who have a medical condition that would be significantly impacted by alcohol and/or drug use.

Depending on the nature of the governing contract, other agencies or entities within the facility may have primary responsibility for diagnostic evaluations, evaluation of treatment need, and provision of counseling or self-help groups for inmates with substance abuse or dependence problems. Site Responsible Health Authority (RHA)/Health Service Administrators (HSA) will have responsibility for insuring that appropriate referral avenues are in place to communicate and coordinate care provision for these inmates. For sites at which CCS plays a role in providing evaluation and/or treatment services for the substance dependent population, the site HSA and Mental Health Coordinator/Director will develop specific processes for provision of these services. If no substance abuse treatment services are offered within the facility, inmates may be referred to community providers for evaluation and treatment upon release.

PROCEDURE

1. All health care staff and correctional staff are trained in recognizing AOD problems in inmates.

2. Inmates will be screened for substance abuse or dependency at the time of the receiving screening and again at the time of the health assessment. A standardized diagnostic needs assessment will be administered.

3. Any inmate suspected of substance dependency will be triaged by healthcare personnel and appropriate referrals will be made. Disorders associated with AOD (e.g., HIV, liver disease) are recognized and treated.

4. Communication and coordination between medical, mental health and substance abuse staff regarding AOD care occurs routinely.

5. Assessments, treatment, and referrals will be documented in the health record.

6. The facility has on-site individual counseling, group therapy, or self-help groups.

7. Monitoring and drug testing are not routinely done in this setting. Inmates requiring this level of care will be evaluated and referred to an outside facility as needed.

REFERENCES

NCCHC Standards for Health Services Jails 2014
NCCHC Standards for Health Services Prisons 2014
ACA Standards / 2014 Standards Supplement 2014:

- Performance-Based Standards for Adult Local Detention Facilities (ALDF), 4th Edition
- Adult Correctional Institutions (ACI), 4th Edition
- Performance-Based Standards for Adult Community Residential Services (ACRS), 4th Edition
- Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions-(HC) 1st Edition
- Core Jail Standards (CORE), 1st Edition

Nursing Documentation Pathway

Withdrawal, Alcohol and Benzodiazepines

CCS CORRECT CARE SOLUTIONS

Patient Name:				ID No:
Date of Visit:	Time of Visit:	Date of Birth:	Gender: ☐ Male ☐ Female	Race:
Allergies:				
Current Medication(s):				

SUBJECTIVE

Drug/Alcohol	Amount	Frequency of Use	Duration of Use	Last Use

Medical History ☐None	Withdrawal History ☐None	Surgical History ☐None	Symptoms ☐None
☐ Alcoholism ☐ Head Injury ☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Asthma ☐ Seizure Disorder ☐ Mental Health Disorder ☐ Suicide Attempt(s) ☐ Trauma/recent injury	☐ DTs (delirium tremens) ☐ Seizures ☐ Blackouts ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Headache ☐ Hallucinations ☐ Visual ☐ Auditory ☐ Tactile	☐ List significant: _____ _____ Family History ☐ Hypertension ☐ Diabetes ☐ Heart Disease	☐ Tremors ☐ **Seizures** ☐ Sweats ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Headache ☐ **Hallucinations** ☐ **Visual** ☐ **Auditory** ☐ **Tactile**

OBJECTIVE

Vital Signs:	Temp:	Pulse:	Resp.:	B/P:	Weight:	Pulse Ox:
☐ **CIWA-AR Score: (Initial)**		☐ **+Pregnancy**	☐ -Pregnancy	☐ Fingerstick:		☐ Sclera icteric

AVPU: ○ Alert ○Responds to Voice ○Responds to Pain ○**Unresponsive**

Color	Skin	**Delirium Tremens**	Neuro Exam	Behavior
☐ Pink ☐ Pallor ☐ Flushed ☐ Cyanotic ☐ Jaundice	☐ Warm ☐ Dry ☐ Cool ☐ Clammy ☐ Diaphoretic	○ **Yes** ○ No **The following symptoms can be an indication of DTs:** • **Hallucinations** • **Delirium** • **Restlessness** • **Agitation** • **Drenching sweats** • **Severe Hypertension** • **Marked Tremulousness**	☐ PERRLA ☐ Pupils unequal ☐ Alert ☐ Confused ☐ Responsive ☐ **Unresponsiveness** ☐ Oriented ☐ Time ☐ Place ☐ Person ☐ Disoriented ☐ Tremors ☐ Unsteady gait	☐ Appropriate ☐ Anxious ☐ Restless ☐ Insensible ☐ Disorderly ☐ Guarding ☐ Lethargic
Mucous Membranes	Skin Turgor			
○ Moist ○ Dry	○ Normal ○ Decreased			

***Initiate and continue CIWA-AR monitoring every 8 hours and prior to each dose of Librium for 5 days unless otherwise directed by HCP.**

Nursing Documentation Pathway

Withdrawal, Alcohol and Benzodiazepines

CCS CORRECT CARE SOLUTIONS

Patient Name:	ID No:

O Emergent | **O Not Emergent – evaluate for Urgent**

Immediate evaluation by the HCP; if not available activate EMS. Notify HCP after activation of EMS.
Time Provider Notified _____ **Time EMS Activated** _____

☐ **CIWA Score>19 with Delirium Tremens**
☐ **Unresponsiveness**

O Urgent | **O Not Urgent – evaluate for Routine**

If condition deteriorates consider upgrade to emergent

☐ SBP >180 or <90 and/or DBP >110 or <60
☐ Pulse >120 or <60
☐ Respiratory Rate <10 or >24
☐ Temperature >101.1 F
☐ Pregnancy
☐ Patient answers "yes" to behavioral health screen
☐ Altered mental status
☐ Repetitive seizures
☐ FBS >350
☐ CIWA Score >12
☐ Other dangerous signs noted

O Routine

Data collection that does not trigger emergent/urgent intervention.
If condition deteriorates consider upgrade to urgent or emergent.

Keep in mind that alcohol withdrawal treatment should be initiated based on the clinical history & likelihood that the patient will undergo alcohol withdrawal not specific CIWA-AR scores.

OEmergent Interventions	**OUrgent Interventions**	**ORoutine Interventions**
☐ **Immediate evaluation by the HCP** ☐ **If EMS activated reassess every 5 minutes until EMS arrival.** ☐ **Additional interventions as ordered** Consider: ☐ Oxygen ☐ IV Fluids ☐ CPR ☐ AED	☐ Contact HCP/SBAR format ☐ Refer to hypoglycemic NDP if FS<60 ☐ FBS BID x 3 days for FS 200-350 ☐ VS q8hr & prior to each Librium dose ☐ Aggressive hydration ☐ Thiamine 100 mg PO daily x 30 days ☐ Notify HCP if patient unable to take po medications ☐ Additional interventions as ordered ☐ Bottom Bunk/bottom level ☐ Instruct per education fact sheet ☐ Instructed to contact medical if symptoms reoccur ☐ Reassure patient ☐ Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up	☐ Call HCP to receive orders to begin Librium taper ☐ Refer to hypoglycemic NDP if FS<60 ☐ FBS BID x 3 days for FS 200-350 ☐ VS q8hr & prior to each Librium dose ☐ Aggressive hydration ☐ Thiamine 100 mg PO daily x 30 days ☐ Notify HCP if patient unable to take po medications ☐ Additional interventions as ordered ☐ Bottom Bunk/bottom level ☐ Instruct per education fact sheet ☐ Instructed to contact medical if symptoms reoccur ☐ Reassure patient ☐ Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Scheduled Follow-up

☐ None - resolved	☐ Behavioral Health	☐ Referral to
☐ Provider	☐ Nursing	☐ Other (provide detail):

Refusals
Refers to encounter, not CIWA- scoring as scoring may not be refused

☐ refusal form signed ☐ referred to HCP ☐ no further action required

Nurse's Signature:	Printed Name(Stamp):	Title:	Date:	Time:

Nursing Documentation Pathway

Withdrawal, Opiate

CCS CORRECT CARE SOLUTIONS

Patient Name:				ID No:
Date of Visit:	Time of Visit:	Date of Birth:	Gender: ☐ Male ☐ Female	Race:
Allergies:				
Current Medication(s):				

SUBJECTIVE

Drug/Alcohol	Amount	Frequency of Use	Duration of Use	Last Use

Medical History ☐None	Withdrawal History ☐None	Surgical History ☐None	Symptoms ☐None
☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Asthma ☐ Seizure Disorder ☐ Mental Health Disorder ☐ Suicide Attempt(s) ☐ Trauma/recent injury	☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Methadone detox ☐ Seizures	☐ List significant: **Family History** ☐ Hypertension ☐ Diabetes ☐ Heart Disease	☐ Nausea/vomiting ☐ Dizziness ☐ Headache ☐ Decreased urination ☐ Thirst ☐ Diarrhea ☐ Agitation ☐ Anxiety ☐ Muscle Aches/cramps ☐ Increased tearing ☐ Insomnia ☐ Runny nose ☐ Sweating ☐ Yawning ☐ Abdominal cramping ☐ Goosebumps ☐ Tactile

OBJECTIVE

Vital Signs:	Temp:	Pulse:	Resp.:	B/P:	Weight:	Pulse Ox:
☐ **COWS Score: (Initial)**		☐ **+Pregnancy**	☐ -Pregnancy	☐ Fingerstick:		☐ Sclera icteric

AVPU: ○ Alert ○Responds to Voice ○Responds to Pain ○**Unresponsive**

Color	Skin	Dehydration	Neuro Exam	Behavior
☐ Pink ☐ Pallor ☐ Flushed ☐ Cyanotic ☐ Jaundice	☐ Warm ☐ Dry ☐ Cool ☐ Clammy ☐ Diaphoretic	○ Yes ○ No A combination of these symptoms indicate dehydration and can lead to a medical emergency: • Concentrated urine • Orthostatic BP changes • Dry cool skin • Irritability, confusion • Rapid heart rate • Rapid respiratory rate • Sunken eyes • Listlessness • **Unconscious**	☐ PERRLA ☐ Pupils unequal ☐ Alert ☐ Confused ☐ Responsive ☐ **Unresponsiveness** ☐ Oriented ☐ Time ☐ Place ☐ Person ☐ Disoriented	☐ Appropriate ☐ Anxious ☐ Restless ☐ Insensible ☐ Disorderly ☐ Guarding ☐ Lethargic
Mucous Membranes	**Skin Turgor**			
○ Moist ○ Dry	○ Normal ○ Decreased			

***Initiate and continue COWS monitoring every 8 hours until score is <12 x 72 hours unless otherwise directed by HCP.**

Nursing Documentation Pathway

Withdrawal, Opiate

CCS CORRECT CARE SOLUTIONS

Patient Name:	ID No:

○ Emergent	○ Not Emergent – evaluate for Urgent
Immediate evaluation by the HCP; if not available activate EMS. Notify HCP after activation of EMS.	
Time Provider Notified _____ Time EMS Activated _____	
☐ **COWS Score> 36 with dehydration/decreasing level of consciousness**	
☐ **Unresponsiveness**	

○ Urgent	○ Not Urgent – evaluate for Routine
If condition deteriorates consider upgrade to emergent	
☐ SBP180 or <90 and/or DBP >120 or <60	☐ Delirium
☐ Pulse >120 or <60	☐ FBS >350
☐ Respiratory Rate <10 or >24	☐ COWS Score >12
☐ Temperature >101.1 F	☐ Seizures
☐ Pregnancy	☐ Other dangerous signs noted
☐ Patient answers "yes" to behavioral health screen	

○ Routine

Data collection that does not trigger emergent/urgent intervention.
If condition deteriorates consider upgrade to urgent or emergent.
Keep in mind that opioid withdrawal treatment should be initiated based on the clinical history & likelihood that the patient will undergo opioid withdrawal not specific COWS scores.

○Emergent Interventions	○Urgent Interventions	○Routine Interventions
☐ **Immediate evaluation by the HCP.**	☐ Contact HCP/using SBAR format	☐ Refer to hypoglycemic NDP if FS<60
☐ **If EMS activated reassess every 5 minutes until EMS arrival.**	☐ Refer to hypoglycemic NDP if FS<60	☐ FBS BID x 3 days for FS 200-350
☐ **Additional interventions as ordered**	☐ FBS BID x 3 days for FS 200-350	☐ VS q8hr
	☐ Increase COWS to QID if >12 until <12 x 72 hours	☐ Aggressive hydration
	☐ VS q8hr	☐ Acetaminophen 650mg po q8hrs muscle pain/spasm x 7 days
	☐ Aggressive hydration	☐ Ibuprofen 200mg po TID prn muscle pain or spasm for 7 days if unable to p take Tylenol including while pregnant
	☐ Acetaminophen 650mg po q8hrs muscle pain/spasm x 7 days	☐ Meclizine 25mg po TID prn nausea & vomiting x 7days
	☐ Ibuprofen 200mg po TID prn muscle pain or spasm for 7 days if unable to take Tylenol including while pregnant	☐ Loperamide 4mg po q2hrs after each loose stool prn diarrhea x 7 days not to exceed 16mg a day
	☐ Meclizine 25mg po TID prn nausea & vomiting x 7days	☐ Notify HCP if unable to take PO medications
	☐ Loperamide 4mg po q2hrs after each loose stool prn diarrhea x 7 days not to exceed 16mg a day	☐ Limit activity to bedrest as much as possible
	☐ Notify HCP if unable to take PO medications	☐ Additional interventions as ordered
	☐ Limit activity to bedrest as much as possible	☐ Bottom Bunk/bottom level
	☐ Additional interventions as ordered	☐ Instruct per education fact sheet
	☐ Bottom Bunk/bottom level	☐ Instructed to contact medical if symptoms reoccur
	☐ Instruct per education fact sheet	☐ Reassure patient
	☐ Instructed to contact medical if symptoms reoccur	☐ Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up
	☐ Reassure patient	☐ If persistent nausea, vomiting, diarrhea, or muscle cramps call HCP for Clonidine order
	☐ Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up	

Scheduled Follow-up		
☐ None - resolved	☐ Behavioral Health	☐ Referral to
☐ Provider	☐ Nursing	☐ Other (provide detail):

Refusals Refers to encounter, not COWS scoring as scoring may not be refused		
☐ refusal form signed	☐ referred to HCP	☐ no further action required

Nurse's Signature:	Printed Name (Stamp):	Title:	Date:	Time:

CIWA-AR SCORE SHEET
Alcohol and Benzodiazepine Withdrawal

CCS CORRECT CARE SOLUTIONS

Patient Name (Last, First, MI):	DOB:	Inmate ID No:	Date:

Complete CIWA-AR assessments every 8 hours x 5 days and prior to each Librium dose	**Contact HCP if CIWA-AR >19** CIWA score >15 schedule next clinic day with HCP	Contact HCP if CIWA-AR score>10 prior to last dose Librium on day 5
Contact Behavioral Health/HCP for positive BH screen and place on suicide watch **Yes** No	Contact HCP for Delirium Tremens **Yes** No A combination of these symptoms indicate DTs and is a medical emergency: Hallucinations, Delirium, Tremors, Confusion, Agitation	Contact HCP for deteriorating condition including, but not limited to, unresponsiveness, multiple seizures, unstable vital signs, persistent vomiting, or dehydration.

Complete each section of score sheet every 8 hours x 5 days							
Date							
Time							

Vital Signs							
Blood Pressure (S)>180 or (D)>110 call HCP (S)<90 or (D)< 60 call HCP							
Pulse >120 or <60 call HCP							
Temperature >101.1F call HCP							
Respirations <10 or >24 call HCP							

CIWA-Ar Scoring							
Nausea/Vomiting							
Tremors							
Paroxysmal sweating							
Agitation							
Tactile Disturbances							
Auditory Disturbances							
Visual Disturbances							
Anxiety							
Headaches, Fullness in Head							
Orientation							
Total Score (max score 67)							

Behavioral Health Screen							
Expresses thoughts about self-harm?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Has patient had a negative visit/phone call with family/friends since last nursing encounter?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Has the patient gone to court/video court since last nursing encounter and reports that it didn't go well?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Expresses feelings there is nothing to look forward to in the future? (Feelings of hopelessness/helplessness)	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Clinical Staff Initial							

Initial	Signature	Initial	Signature	Initial	Signature

CIWA-AR

Clinical Institute Withdrawal Assessment for Alcohol

NAUSEA & VOMITING – Ask "Do you feel sick to your stomach? Have you vomited?" Observation 0 No nausea, no vomiting 1 Mild Nausea with no vomiting 4 Intermittent nausea with dry heaves 7 Constant nausea, frequent dry heaves & vomiting	**AUDITORY DISTURBANCES** - Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" 0 Not present 1 Very mild harshness or ability to frighten 2 Mild harshness or ability to frighten 3 Moderate harshness or ability to frighten 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations
TREMOR - Arms extended, fingers spread apart. Observation 0 No tremor 1 Not visible but can be felt fingertip to fingertip 4 Moderate, with patient's arms extended 7 Severe, even with arms not extended	**VISUAL DISTURBANCES** - Ask, "Does the light appear to be too bright? Is the color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" 0 Not present 1 Very mild sensitivity 2 Mild sensitivity 3 Moderate harshness or ability to frighten 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations
PAROXYSMAL SWEATS Observation 0 No sweat visible 1 Barely perceptible sweating, palms moist 4 Beads of sweat obvious on forehead 7 Drenching sweats	**ANXIETY** - Ask "Do you feel nervous?" 0 No anxiety, at ease 1 Mildly anxious 4 Moderately anxious, or guarded, so anxiety is inferred 7 Equivalent to acute panic state, as seen in severe delirium or acute schizophrenic reactions
AGITATION Observation 0 Normal activity 1 Somewhat more than normal activity 4 Moderately fidgety and restless, shifting positions frequently 7 Paces back and forth during most of the interview, or constantly thrashes about	**HEADACHE FULLNESS IN HEAD** - Ask, "Does your head feel different?" Does it feel like there is a band around your head?" Otherwise rate severity. Do not rate dizziness or lightheadedness 0 Not present 1 Very mild 2 Mild 3 Moderate 4 Moderately severe 5 Severe 6 Very severe 7. Extremely severe
TACTILE DISTURBANCES - Ask "Have you had any itching, pins & needles sensations, burning or numbness, or do you feel bugs crawling on or under your skin?" 0 None 1 Very mild itching, pins & needles, blurring, or numbness 2 Mild itching, pins & needles, burning, or numbness 3 Moderate itching, pins & needles, burning, or numbness 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations	**ORIENTATION** - Ask "What day is this? Where are you? Who am I?" 0 Oriented and can do serial additions 1 Cannot do serial additions or is uncertain about the date 2 Disoriented for date by no more than 2 calendar days 3 Disoriented for date by more than 2 calendar days 4 Disoriented for place and/or person

<10 Stable	10-15 Mild to moderate withdrawal	16-19 Moderate withdrawal	>20 Severe withdrawal

COWS SCORE SHEET
Opiate Withdrawal

CCS CORRECT CARE SOLUTIONS

Patient Name (Last, First, MI):		DOB:	Inmate ID No:	Date:
Complete COWS score sheet every 8 hours	COWS >12 increase COWS score sheet to QID (every 6 hours) and schedule next clinic day with HCP	Contact Behavioral Health/HCP for positive BH screen and place on suicide watch ☐ Yes ☐ No	Contact HCP for deteriorating condition including, but not limited to, unresponsiveness, multiple seizures, unstable vital signs, persistent vomiting, or dehydration.	
Discontinue COWS score sheet if COWS score remains <12 for 72 hours				

Complete each section of score sheet TID until <12 x 72 hours							
Date							
Time							

Vital Signs							
Blood Pressure (S)>180 or (D)>120 call HCP (S)<90 or (D)< 60 call HCP							
Resting Pulse >120 or <60 call HCP							
Temperature >101.1F call HCP							
Respirations <10 or >24 call HCP							

COWS Scoring							
Resting pulse rate							
Sweating							
Restlessness							
Pupil size							
Runny nose or tearing							
GI upset							
Yawning							
Anxiety or irritability							
Skin							
Total Score (max score 48)							

Behavioral Health Screen							
Expresses thoughts about self-harm?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Has patient had a negative visit/phone call with family/friends since last nursing encounter?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Has the patient gone to court/video court since last nursing encounter and reports that it didn't go well?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Expresses feelings there is nothing to look forward to in the future? (Feelings of hopelessness/helplessness)	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Clinical Staff Initial							

Initial	Signature	Initial	Signature	Initial	Signature

COWS
Clinical Opiate Withdrawal Scale

Resting Pulse Rate: measured after the pt. is sitting or lying for one minute 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**Tremor:** observation of outstretched hands 0 no tremor 1 tremor can be felt but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Sweating: over past 1/2 hour not accounted for by room temperature or patient activity 0 no report of chills or flushing 1 pt. reports chills or flushing 2 flushed or observable moisture on face 3 beads of sweat on brow or face 4 sweat streaming off face	**GI Upset:** over the last ½ hour 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of vomiting or diarrhea
Restlessness: observation during assessment 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning:** observation on assessment 0 no yawning 1 yawning once or twice during assessment 2 yawning 3 or more times during assessment 4 yawning several times/minute
Pupil Size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 pt. reports increasing irritability or anxiousness 2 pt. obviously irritable or anxious 4 pt. so irritable or anxious that participation in the assessment is difficult
Bone or Joint Aches: if pt. was having pain previously, only the additional component attributed to opiate withdrawal is scored. 0 not present 1 mild diffuse discomfort 2 pt. reports severe diffuse aching of joints/muscles 4 pt. is rubbing joints or muscles & is unable to sit still because of discomfort	**Skin** 0 skin is smooth 3 gooseflesh can be felt or hairs standing up on arms 5 prominent gooseflesh
Runny Nose or Tearing: not accounted for by cold symptoms or allergies 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	

5-12 Mild Withdrawal	13-24 Moderate Withdrawal	25-36 Moderately Severe Withdrawal	>36 Severe Withdrawal

CCS CORRECT CARE SOLUTIONS

CLINICAL GUIDELINE

Subject: **Detoxification of Chemically Dependent Patients – Alcohol**

Review Date: 08-11-2014
Effective Date: 01-15-2007

REFERENCES: NCCHC J-E-11
ACA

BACKGROUND

Alcohol withdrawal is a serious medical condition. When full blown, delirium tremens can be life-threatening, especially for persons with other serious clinical conditions. Examples of conditions which may suggest the need for special care include:

- Patients with a recent history of brain injury or seizures (increased potential for seizures or delirium during withdrawal)
- Patients who have liver or kidney disease (potential for slowed metabolism of drugs of abuse or medications used during detoxification, may require more or longer monitoring)
- Patients who have cardiac disease (increased danger from sympathomimetic stimulation; may require slower withdrawal)
- Patients with psychiatric disorders (potential to suffer an exacerbation or recurrence of symptoms)
- Patients who are elderly (age sympathetic hyperactivity may become less marked although the withdrawal syndrome may be very severe, and the elderly often exhibit a decrease in speed of drug metabolism, increasing the possibility of toxicity if medications are utilized during detoxification)
- Patients who are pregnant (some drugs commonly used to help detoxify patients may cross the placenta and cause problems)

Nursing personnel typically identify the risk for developing alcohol withdrawal syndrome (AWS) during or shortly after booking. When informed about an inmate withdrawing from alcohol addiction, you should be provided with at least the following:

- Vital signs
- Withdrawal symptoms (CIWA-Ar)
- Alcohol history
- Other drug history
- Other significant medical history
- In some facilities an estimated blood alcohol concentration (BAC) will be provided

The first stage of AWS (starting about 6-8 hours after the last drink or after the blood alcohol content (BAC) undergoes a serious drop), is characterized by sympathetic nervous system activation (anxiety and agitation, restlessness, mild tremors, mild sweating usually limited to the head and face), fluctuating tachycardia, mild elevation in blood pressure, appetite disturbance, and nausea. These patients may demonstrate some cognitive impairment, but will generally be coherent and oriented. First stage withdrawal may progress into second stage withdrawal during the first day after the last drink, or it may even take two to three days afterwards.

Second stage AWS can be thought of as a more intense presentation of the same type of symptoms, including severe restlessness and agitation, increased tremulousness, paroxysmal diaphoresis, nausea and vomiting, diarrhea, tachycardia above 120 bpm, and blood pressure above 160 mm systolic. Stage 2 disturbances may even include seizures, typically single grand mal lasting only a few minutes but sometimes in short runs, but not persisting into status epilepticus. If status supervenes, it typically indicates a different problem such as head trauma or a metabolic disturbance. During stage 2 patients may be disoriented or confused, but respond to structure by becoming oriented again, at least temporarily. Hallucinations may be present, but stage 2 patients typically recognize them as not being real.

Stage 2 can progress during the first three days after the last drink into stage 3, also known as "delirium tremens" or "DTs." DTs are life-threatening and are characterized by the same signs and symptoms as are seen in stage 2, but to an even greater degree. This includes severe hypertension and tachycardia, marked tremulousness, drenching sweats, persistent vomiting, and full-fledged delirium. Cardiovascular collapse may supervene, aspiration may occur (followed by either infectious or chemical pneumonia), head trauma may result from seizures, and fluid and electrolyte abnormalities may cause attendant problems. DTs must be managed in a hospital environment.

Stages 1 and 2 AWS are not immediately dangerous and proper treatment can prevent progression from stage 2 into DTs. Our primary goal is to rapidly identify those individuals at risk for AWS early during their stay at our facilities and begin treatment to prevent progression. Typically a benzodiazepine is used to substitute for alcohol during the withdrawal process, and then is rapidly tapered; in our settings the benzodiazepine of choice for a scheduled dosing regimen is Librium (chlordiazepoxide). To monitor patient response to the Librium and make medication adjustments we use the Clinical Institute Withdrawal Assessment Scale for Alcohol, Revised scale (CIWA-Ar). A CCS version of the CIWA-Ar and a flow sheet for serial documentation (CCS-TX19) are available on the CCS web site (ccsmgr.com).

Providers are encouraged to utilize the dose of Librium outlined in the protocol with scheduled CIWA-Ar monitoring to ensure effective management of those individuals at risk for AWS leading to DTs. General guidelines are provided under the Management section of this document.

Alcohol Withdrawal treatment should be initiated based on the clinical history and likelihood that the patient will undergo alcohol withdrawal not specific CIWA-Ar scores.

Alcohol Withdrawal Seizures

Alcohol withdrawal seizures may occur during moderate or severe AWS. They do not signify the onset of DTs and can be managed with observation and benzodiazepine therapy in facilities that have infirmaries or well managed medical observation areas. If a patient has more than one alcohol withdrawal seizure in the jail setting, EMS transportation and evaluation via local emergency department is appropriate to rule out an intracranial process.

Alcohol withdrawal seizures should not be managed in general population settings.

AWS seizures are not indicative of an underlying seizure disorder and should not be treated with typical anticonvulsant medication such as diphenylhydantoin (Dilantin), carbamazepine (Tegretol), or valproic acid (Depakene). Long term anticonvulsant medication is **not** indicated as a response to withdrawal seizures.

Vitamin Deficiency

Nutritional deficiencies are common in patients dependent upon alcohol. Thiamine deficiency is most immediately worrisome in newly admitted. A serious, potentially irreversible neurological condition can be precipitated by administration of glucose or other carbohydrate loads to a patient with thiamine deficiency. **Thiamine should be administered early in the jail management in all patients who appear to be alcohol-dependent whether or not AWS is diagnosed**. Typical thiamine dosage is 100 mg, orally 1 time per day for 30 days. If the patient is vomiting consistently the first dose of thiamine 100mg can be given intramuscularly. Thiamine should always be given in advance of a carbohydrate load Multivitamins and folate are not indicated as these deficiencies are not life threatening and will resolve upon the resumption of a regular diet.

Other Considerations

Clonidine therapy should **not** be used to ameliorate sympathomimetic symptoms of AWS or to treat concomitant hypertension. Clonidine will hide symptoms, but will not reduce the likelihood of DTs. Clonidine may permit DTs to develop in a patient who exhibits few AWS signs and symptoms. If the patient is exhibiting an elevation in blood pressure that requires treatment, calcium channel blockers or ACE inhibitors are effective.

Alcoholic ketoacidosis may develop during the first days of confinement and withdrawal. Although basic support in the form of carbohydrate and fluids will usually prevent or

treat alcoholic ketoacidosis, if a patient is not recovering from withdrawal or responding to treatment as expected, this complication should be considered and is grounds for hospitalization.

The BAC can provide early warning regarding potential problems. Individuals who present with AWS despite significant BAC (for example, .03%) are likely to experience severe withdrawal syndromes. At the other end, patients who are presumed to be intoxicated on alcohol but whose BACs are zero or very low need to be reviewed for other intoxications or causes for altered mental status.

Management

Note: The following processes may be modified based upon knowledge of a patient's response to medication or previous withdrawal syndrome. This guideline cannot be applied reliably to mixed withdrawal syndromes. What follows contains both provider and nursing interventions.

For Patients with histories suggestive of high risk for **alcohol** withdrawal **NURSING INTERVENTIONS** include:

- Check finger-stick blood sugar (FBS)
  - If less than 60, follow the hypoglycemia nursing pathway
  - If 60-199, no recheck is needed
  - If > or = to 200, schedule for BID FBS checks x 3 days, then a chart review should occur with the HCP
  - Call provider if FBS > 350
- Begin CIWA-Ar assessments and call HCP to receive orders to begin Librium taper. This should be done regardless of the CIWA score.
- CIWA-Ar assessments should occur every eight (8) hours for five days and just prior to each Librium administration.
- If CIWA-Ar score is <10 prior to the administration of the final dose of Librium, assessments can be discontinued. If the CIWA-Ar score is >10 at that time, contact HCP for direction.
- Provide thiamine 100mg PO daily x 30 days unless otherwise contraindicated. If patient is not capable of taking oral medication, call HCP for orders; anticipate thiamine 100mg IM at least for the initial dose.
- If CIWA-AR is above 19, contact HCP to determine if the patient should continue to be managed at the facility.
- Contact the HCP if blood pressure goes above 180 systolic or 110 diastolic, or into the range of shock (SBP<90 or DBP<60).
- Contact the HCP if pulse goes above 120 for more than a few minutes, pulse <60, RR <10 or > 24, temperature > 101.1 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, patient answers "yes" to mental health screen, or other dangerous signs are noted.
- If CIWA-R score >15, schedule patient to be seen by health care provider the following business day.

For Patients with histories suggestive of high risk for **alcohol** withdrawal **PROVIDER INTERVENTIONS** include:

- Providing a tapering dose of a long-acting benzodiazepine. Providers are strongly encouraged to individualize treatment plans, but also to start with the following taper:
  - Librium 50mg PO TID x 2 days
  - Librium 50mg PO BID x 2 days
  - Librium 50mg PO QDay x 1 day
- Appropriately evaluate any patients in active withdrawal referred by nursing or mental health staff.
- Evaluating each patient undergoing withdrawal for the presence of diabetes and hypoglycemia.
- Providing thiamine to each patient at risk for alcohol withdrawal.

NOTES:

- If the patient is addicted to multiple substances, withdrawal becomes unpredictable. Use of multiple withdrawal pathways is not unreasonable provided no medication orders are duplicated or contraindicated meds are used (such as clonidine being used in a patient being treated for a patient undergoing treatment for alcohol and opiate withdrawal. The clonidine is contraindicated in alcohol withdrawal, so it should not be used in this mixed withdrawal situation).
- Use flow sheet CCS TX-19 for documentation of serial CIWA-Ar scores
- Use Progress Notes and Orders for documentation of observations and interventions.
- 1 mg of lorazepam is approximately equivalent in effect to 25 mg of chlordiazepoxide.
- While most benzodiazepines are known or suspected teratogens, the risk/benefit ratio of administering a few doses of this type of medication to prevent a pregnant patient from going into DT's while waiting to be seen in the ER or by high-risk OB certainly favors the benefits.
- Withdrawal associated with short-acting benzodiazepines mimics alcohol withdrawal. The CIWA assessment tool is useful in determining the presence and severity of this life-threatening withdrawal state. Additionally, Librium at the dose suggested for the treatment of alcohol withdrawal lends itself perfectly in treating withdrawal from short acting benzodiazepines or other sedative-hypnotics. This is not a best practice but it is an acceptable one.

Withdrawal characteristics:

Score	Response
<10	Withdrawal is minimal or nonexistent.
10-15	Withdrawal is mild.
16-19	Withdrawal is moderate. A rising score in the face of medication should result in increasing frequency of assessment and contact with a practitioner.
20+	Withdrawal is severe; if moderate to high doses of cross tolerant medication do not result in lowered scores, delirium tremens may develop and require hospitalization.

AUTHORITY

Site Medical Director _____ Date _____

Judd Bazzel, MD, CCHP
Chief Medical Officer _____ Date _____

CCS CORRECT CARE SOLUTIONS

CLINICAL GUIDELINE

Subject: **Detoxification of Chemically Dependent Patients – Opiates**

Review Date: 08-11-2014
Effective Date: 01-16-2006

REFERENCES: NCCHC J-E-11
ACA

BACKGROUND

Opioid withdrawal, while very uncomfortable, is not usually a life-threatening condition. Exceptions to this exist for persons who are pregnant or who have other serious clinical conditions that make them less able to handle the stress of withdrawal. Examples of such conditions, which may suggest the need for special care, include:

- Patients with a history of brain injury or seizures (increased potential for seizures or delirium during withdrawal)
- Patients who have liver or kidney disease (potential for decreased metabolism of drugs of abuse or medications used during detoxification and may require more or longer monitoring)
- Patients who have cardiac disease (increased sensitivity to the sympathomimetic stimulation of withdrawal may require slower withdrawal)
- Patients with psychiatric disorders (potential to suffer and exacerbation or recurrent of symptoms)
- Patients who are elderly (with age sympathetic hyperactivity may become less marked although the withdrawal syndrome may be very severe. Also, the elderly often exhibit a decrease in speed of drug metabolism, increasing the possibility of toxicity during detoxification.)
- Patients who are pregnant (some drugs commonly used to help detoxify patients may cross the placenta and cause problems; also, pregnant women should not be withdrawn from opiate/opioid drugs except under the supervision of a specialist)

Nursing personnel typically identify the risk for developing opiate withdrawal during or shortly after booking. When informed about an inmate withdrawing from opiate addiction, you should be provided with at least the following:

- Vital signs
- Pregnancy status
- Withdrawal symptoms (COWS)
- Alcohol history
- Other drug history
- Other significant medical history

Because opioid withdrawal during pregnancy may cause spontaneous abortion, it should be avoided. If pregnancy status is not volunteered by nursing staff, it should be actively asked about by the provider.

Opioid withdrawal may begin within hours of the last dose of a short acting drug such as heroin (peaking in 36-72 hours and disappearing over 5-10 days) or within 24-48 hours of the last dose of a long-acting drug such as methadone (peaking within 72-96 hours and disappearing over 1-3 weeks).

Unless pregnancy is present, the standard for opioid dependency in a correctional setting is to permit withdrawal and ameliorate the major symptoms. Opioid withdrawal begins with signs a runny nose, sweating, tearing, and dilated pupils and progressing to include persistent yawning and increased temperature. As withdrawal worsens, the patient develops signs of increased gastrointestinal activity such as nausea, vomiting, diarrhea, and tenesmus with cramping. As withdrawal peaks, the patient shivers uncontrollably, develops an elevated pulse and blood pressure, becomes agitated and restless, and experiences severe muscle and bone pain.

Severity of the withdrawal is assessed using the Clinical Opiate Withdrawal Scale (COWS). This tool scores the various signs and symptoms associated with opiate withdrawal. The total of these scores relates to the severity of the withdrawal. A COWS score of 10 or less is typically indicative of mild withdrawal.

To monitor patient response to interventions and make medication adjustments, we use the Clinical Opiate Withdrawal Scale (COWS). A CCS version of the COWS form and a flow sheet for serial documentation (CCS TX20) are available on the CCS web site (ccsmgr.com).

CCS strongly encourages providers to utilize the Clinical Opiate Withdrawal Scale (COWS) protocol in conjunction with scheduled monitoring to ensure effective management of those individuals at risk for opiate withdrawal. General guidelines are provided under the Management section of this document.

Opiate Withdrawal treatment should be initiated based on the clinical history and *likelihood* that the patient will undergo opiate withdrawal not specific COWS scores.

Management

Note: The following processes may be modified based upon knowledge of an individual inmate's response to medication or previous withdrawal syndrome. This guideline cannot be applied reliably to mixed withdrawal syndromes. What follows contains both provider and nursing interventions.

For Patients with histories suggestive of high risk for **opiate** withdrawal **NURSING INTERVENTIONS** include:

- Check finger-stick blood sugar (FBS)
  - If less than 60, follow the hypoglycemia nursing pathway
  - If 60-199, no recheck is needed
  - If > or = to 200, schedule for BID FBS checks x 3 days, then a chart review should occur with the HCP
  - Call provider if FBS > 350
- Rule out pregnancy by history, physical examination, or urine test. If pregnancy is present, contact PROVIDER for direction.
- Begin COWS assessments TID.
- Assure the patient that withdrawal will pass and that we will provide medications to blunt symptoms. Make sure the patient understands that withdrawal symptoms cannot be eliminated.
- Therapy is provided based on the presence of symptoms:
  - If diarrhea is present, offer loperamide (Imodium) 4 mg PO (additional 2 mg doses with additional loose bowel movements to a maximum of 16 mg during any 24 hour period) for 7 days. If patient requires this med for more than 7 days or if the patient shows signs of dehydration, contact PROVIDER.
  - If patient develops muscle cramps, offer acetaminophen (Tylenol) 650 mg PO QID x 7 days for pain. If patient has documented allergy to acetaminophen, provide ibuprofen 200mg PO TID x 7 days unless otherwise contraindicated. If patient requires this med for more than 7 days, contact PROVIDER.
    - If muscle cramps are disabling or acetaminophen AND ibuprofen are contraindicated, contact PROVIDER and request orders for a muscle relaxer.
  - If vomiting develops, offer meclizine 25mg PO TID for 7 days. Offer a clear liquid diet. If patient requires this med for more than 7 days or if the patient shows signs of dehydration, contact PROVIDER. If patient is unable to tolerate PO meds or if vomiting is intractable, contact PROVIDER for advice.
- If the COWS score is 12 or less and vital signs are normal, vital signs and COWS should be repeated TID.
- If the COWS score remains 12 or less for 72 hours, no specific intervention is necessary and this pathway and its respective order set terminate. If the COWS score does not remain at this low level, the withdrawal could be significant.
- If COWS score is above 12, contact the PROVIDER for direction and increase the frequency of COWS assessments to QID until such time as the COWS score is less than 12. Continue to provide symptom based medications as outlined above.
- Contact the PROVIDER if the COWS score does not decrease.

- Contact the PROVIDER if blood pressure goes above 180 systolic or 110 diastolic, or into the range of shock (SBP<90 or DBP<60).
- Contact the PROVIDER if pulse goes above 120 for more than a few minutes, pulse <60, RR <10 or > 24, temperature > 101.1 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, patient answers "yes" to mental health screen, or other dangerous signs are noted.
- If COWS score >12, schedule patient to be seen by health care provider the next clinic day.

For Patients with histories suggestive of high risk for **opiate** withdrawal **PROVIDER INTERVENTIONS** include:

- Providing clonidine (0.1 – 0.2 mg PO up to QID). This can suppress much of the nervous system hyperactivity including nausea, vomiting, diarrhea, cramps, and sweating. It will not affect bone and muscle pain. Clonidine can, of course, cause hypotension or bradycardia. If clonidine is effective, it can be maintained at baseline dosing for 2-3 days and then tapered over a week; this should be individualized for each patient.
- Appropriately evaluate any patients in active withdrawal referred by nursing or mental health staff.
- Evaluating each patient undergoing withdrawal for the presence of diabetes and hypoglycemia.
- Being mindful of the development of dehydration in patients with significant opiate withdrawal.
- Consulting your Regional Medical Director immediately when treating an opiate dependent pregnant patient (see next section).

Pregnancy

It is now commonplace to have a pregnant patient present to a correctional facility dependent on opiates. This dependency may have occurred through a variety of situations. The opiate may have been prescribed for the treatment of opiate dependency (as in a methadone treatment program) or for the treatment of some other medical condition like chronic pain. Alternatively, the patient may be dependent on opiates through illicit and illegal activity such as heroin abuse or obtaining prescription opiates from non-medical sources or by duping unsuspecting medical providers. Regardless of the road that led them to dependence on these medications, once they enter the correctional facility, it is our job as correctional medical providers to safely prevent withdrawal from opiates while the patient is pregnant which is also consistent with CCS' policy.

Prevention of opiate withdrawal during pregnancy can be accomplished by using any opiate. Methadone, while commonly used in the community to treat opiate dependency in pregnancy, is not the recommended initial medication to use in a correctional setting except in a very few clinical scenarios outlined below. Methadone, while a useful drug, can be a very dangerous drug if not initiated by a clinician experienced in its use.

Additionally, the DEA regulates the use of methadone in the treatment of addiction rigorously and its use in a correctional setting can also be problematic.

The most common clinical scenarios related to the pregnant opiate-dependent patient are listed below along with a recommendation for a "best practice" approach to management for each scenario:

1. **Patient is opiate-dependent and is methadone-naïve**: Initiation of methadone should be avoided. This type of patient can be maintained on some other opiate until such time as they can be seen at a local community methadone clinic. The recommendation of the CCS clinical leadership is to use hydrocodone/acetaminophen (Vicodin) at a dose of 10mg BID to TID, based on clinical judgment. The patient should be assessed with the Clinical Opiate Withdrawal Scale (COWS) as per routine. If their COWS score indicates that they are experiencing anything other than mild withdrawal, then the dose of the opiate should be increased. Please be aware that it is the acetaminophen content of this medication that limits its use, not the hydrocodone. To reiterate, our recommendation is that methadone not be initiated for this patient type.

2. **Patient is opiate-dependent and "reports" using methadone**:

    a. **Methadone can be verified**: If methadone use can be verified as coming from a licensed opiate treatment facility and the dose can be confirmed by that same clinic or associated pharmacy, then it is reasonable to continue the methadone at that same dose until such time as this aspect of the patient's care can be taken over by the local methadone clinic. Please be aware that the DEA limits the amount of methadone that prescribers (not associated with a methadone clinic) can obtain for the treatment of addiction to a one-time, 3 day supply of a fixed, once daily dose. (For example, if the patient's methadone dose is verified as 20mg daily, then only three 20mg pills of methadone can be obtained from the back-up pharmacy for that patient.) It has also been suggested by some that "the pregnancy," not the addiction, is what is being treated, thus the 3 day rule should not apply; this is NOT how Correct Care Solutions interprets this regulation. Additionally, your back-up pharmacy will not dispense the methadone without a prescription with the original signature of the provider on it. These patients should also be followed using the COWS assessment tool, but if their COWS score indicates anything more than mild withdrawal, and you are using a 3 day supply of methadone, an alternate opiate must be used as the DEA only allows for a single daily dose from the 3 day supply. Alternatively, it is also reasonable to follow the same procedure as outlined for the opiate-naïve patient and let the methadone clinic reinitiate the methadone.

    b. **Methadone cannot be verified**: follow the procedure outlined for the methadone-naïve patient above.

Of course, pregnant patients may also be dependent on alcohol or some other sedative hypnotic substance. These patients may well require administration of Librium and frequent CIWA assessments during their stay in the correctional facility as coverage with opiates will not protect them from alcohol and/or benzodiazepine withdrawal.

As always, clinicians are strongly encouraged to consult with their Regional Medical Directors for support and consultation when faced with treating any complicated patient, including substance dependent pregnant patients.

NOTES:

- If the patient is addicted to multiple substances, withdrawal becomes unpredictable. Use of multiple withdrawal pathways is not unreasonable provided no medication orders are duplicated or contraindicated meds are used (such as clonidine being used in a patient being treated for a patient undergoing treatment for alcohol and opiate withdrawal. The clonidine is contraindicated in alcohol withdrawal, so it should not be used in this mixed withdrawal situation).
- Use flow sheet for documentation of serial COWS determination. Use Progress Notes and Orders for documentation of observations and interventions.
- Use of buprenorphine is restricted to physicians who meet qualifying requirements and have received a DEA waiver to prescribe for the treatment of opioid dependence.

Withdrawal characteristics:

Score	Response
<13	Withdrawal is mild.
13-24	Withdrawal is moderate.
25-36	Withdrawal is moderately severe. A rising score in the face of medication should result in increasing frequency of assessment and contact with a practitioner.
37+	Withdrawal is severe; severe dehydration may develop and require hospitalization.

AUTHORITY

Site Medical Director	Date
Judd Bazzel, MD, CCHP Chief Medical Officer	Date

CCS CORRECT CARE SOLUTIONS NURSING PATHWAY	Subject: **Opiate Withdrawal** (SUBSTANCE ABUSE) Effective Date: 01/19/10 Revised: 11/01/12

I. REFERENCES: NCCHC J-E-11
NCCHC P-E-11

II. BACKGROUND:

Withdrawal and detoxification from opiates are common problems in the jail intake population. This pathway provides general information and direction on opiate withdrawal for nursing personnel. True mixed addiction requires individualized orders from the practitioner.

The DSM defines substance dependency as

> A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:
> - tolerance,
> - withdrawal,
> - loss of control evidenced by use of more of the substance than intended,
> - loss of control evidenced by persistent and unsuccessful efforts to cut down or control the use,
> - preoccupation with obtaining, using, or recovering from the use,
> - giving up important life activities in order to obtain, use, or recover from the use(loss of control), or
> - continuing use despite having knowledge of persistent or recurring psychological or physical sequelae to usage.

Termination of dependency on opiates is associated with syndromes that are uncomfortable and disturbing, but not usually life-threatening - except for persons who are clinically fragile or pregnant. Persons who are at high risk because of their clinical circumstances may require more intensive management. Such circumstances include

- Inmates with a history of brain injury or seizures (increased potential for seizures or delirium during withdrawal)
- Inmates who have liver or kidney disease (potential for decreased metabolism of drugs of abuse or medications used during detoxification and may require more or longer monitoring)
- Inmates who have cardiac disease (increased sensitivity to the sympathomimetic stimulation of withdrawal may require slower withdrawal)
- Inmates with psychiatric disorders (potential for exacerbation or recurrence of symptoms)
- Inmates who are elderly (with age sympathetic hyperactivity may become less marked although the withdrawal syndrome may be very severe. Also, the elderly often exhibit a decrease in speed of drug metabolism, increasing the possibility of toxicity during detoxification.)
- Inmates who are pregnant (some drugs commonly used to help detoxify patients may cross the placenta and cause problems; also, pregnant women should not be withdrawn from opiate/opioid drugs except under the supervision of a specialist)

The treatment of substance abuse withdrawal falls into one of three categories:

- Avoidance or amelioration of a life-threatening syndrome,
- Avoidance of precipitous opiate withdrawal during pregnancy, and
- Amelioration of the discomfort of withdrawal or monitoring of the clinical status when life is not

at risk.

Nursing personnel identify inmates for whom opiate withdrawal is likely, administer appropriate comfort medications, monitor the severity of the patient's withdrawal, and identify problems when they develop. Practitioners guide the medication decisions, determine when regimen changes are necessary, and determine how to respond to a patient's changing needs. Practitioners must rely upon information developed by nursing personnel. Practitioners and nursing personnel must cooperate if in-jail detoxification is to be accomplished safely.

This pathway addresses the role of nursing personnel in the detoxification process. Where reference is made to actions and decision taken or made by the practitioners, this is included for clarification and not because the nurse is responsible for the action or decision.

Withdrawal from opiates begins with increased parasympathetic nervous system discharge (dilated pupils, diaphoresis, runny nose, and yawning) and progresses to include fever, nausea and vomiting; diarrhea, agitation and restlessness; and muscle and bone pain. Opiate withdrawal usually begins 6-12 hours after the last dose of a short acting opiate (longer if the abused drug is long acting). It causes great discomfort but is not dangerous **except** to persons who are clinically fragile (see list earlier in this document). The danger presented to the fetus by opiate withdrawal must be underscored.

The management of opiate withdrawal (other than in those who are clinically fragile or pregnant) relies upon blunting the patient's symptoms with medications that reduce restlessness, agitation, and gastrointestinal distress, typically clonidine. Severity of the withdrawal is assessed using the Clinical Opiate Withdrawal Scale (COWS). This tool scores the various signs and symptoms associated with opiate withdrawal. The total of these scores relates to the severity of the withdrawal. A COWS score of 12 or less is typically indicative of mild withdrawal.

Methadone management of opiate addiction (substitution with a long acting cross-tolerant opiate) may be utilized only by practitioners holding federal licensure to employ methadone in the management of substance abuse. Methadone maintenance may not be initiated by our staff in any of our facilities.

Addicted pregnant women require individual treatment planning and should not be permitted to detoxify except under the supervision of an experienced obstetrician.

Nutritional considerations

Persons with severe addictions often neglect their nutrition. Placement in a correctional setting with a planned balanced diet provides most of the treatment necessary, and neither food nor vitamin supplementation are typically required, with the exception of chronic alcoholics.

Nursing responsibility

To summarize briefly the nursing responsibilities:

- The nurse must recognize the symptoms of withdrawal even if the inmate fails to provide an accurate history.

- The nurse must recognize the possibility of withdrawal based upon the inmate's substance abuse history even if the inmate has no current symptoms.
- The nurse must assess the inmate who is withdrawing from opiates using the Clinical Opiate Withdrawal Scale (COWS) and recognize when emergency situations are developing.
- The nurse must communicate with the prescribing HCP so that proper medication is provided and complications are avoided.

II SUBJECTIVE:

- Identify what substances the patient uses, including the frequency, quantity, routes of administration, and last usage.
- Inquire regarding previous withdrawal episodes (previous withdrawals often provide useful information regarding what to expect this time).
- Identify what symptoms the patient is now experiencing, if any.
- Inquire regarding other serious medical conditions that may make the inmate high risk for withdrawal including (for females) pregnancy.

IV OBJECTIVE

- Obtain temperature, pulse, blood pressure, and respiration rate.
- Determine the level of consciousness and orientation.
- For narcotic users, perform the COWS assessment at least TID.
- Assess gait.
- Assess skin.
- Inspect for tremor.
- Based upon history, inspect and assess other organ systems.
- Make a gross determination of nutritional status.
- Inspect pupils.

V ASSESSMENT

- Assess opiate dependency and/or withdrawal as appropriate, naming the specific substance.

VI PLAN

Use of prescription medication other than for emergency treatment requires contact with the HCP.
The following guidelines are provided to assist the nurse in understanding what to expect and how to monitor the patient.

For inmates with histories suggestive of opiate withdrawal:

- Rule out pregnancy by history, physical examination, or urine test. If pregnancy is present, contact HCP for direction.
- Begin COWS assessments TID.
- Assure the patient that withdrawal will pass and that we will provide medications to blunt symptoms. Make sure the patient understands that withdrawal symptoms cannot be eliminated.
- Therapy is provided based on the presence of symptoms:

- If diarrhea is present, offer loperamide (Imodium) 4 mg PO (additional 2 mg doses with additional loose bowel movements to a maximum of 16 mg during any 24 hour period) for 7 days. If patient requires this med for more than 7 days or if the patient shows signs of dehydration, contact HCP.
- If patient develops muscle cramps, offer acetaminophen (Tylenol) 650 mg PO QID x 7 days for pain. If patient has documented allergy to acetaminophen, provide ibuprofen 200mg PO TID x 7 days unless otherwise contraindicated. If patient requires this med for more than 7 days, contact HCP.
  - If muscle cramps are disabling or acetaminophen AND ibuprofen are contraindicated, contact HCP and request orders for a muscle relaxer.
- If vomiting develops, offer meclizine 25mg po TID for 7 days. Offer a clear liquid diet. If patient requires this med for more than 7 days or if the patient shows signs of dehydration, contact HCP. If patient is unable to tolerate PO meds or if vomiting is intractable, contact HCP for advice.

- If the COWS score is 12 or less and vital signs are normal, vital signs and COWS should be repeated TID.
- If the COWS score remains 10 or less for 72 hours, no specific intervention is necessary and this pathway and its respective order set terminate. If the COWS score does not remain at this low level, the withdrawal could be significant.
- If COWS score is above 12, contact the HCP for direction and increase the frequency of COWS assessments to QID until such time as the COWS score is less than 12. Continue to provide symptom based medications as outlined above.
- Complete the Suicide Potential Screening Form at the second COWS assessment. Follow instructions on form as to when to call mental health.
- Contact the HCP if the COWS score does not decrease.
- Contact the HCP if blood pressure goes above 200 systolic or 120 diastolic, or below 90/60 (the range of shock).
- Contact the HCP if pulse stays above 140 for more than a few minutes.
- Contact the HCP if seizures occur for more than 10 minutes or recur.
- Contact the HCP if patient becomes fully hallucinated or delirious.
- Contact the HCP if other dangerous sign is noted.
- Contact Mental Health immediately if patient answers "yes" to mental health screen.

VII ATTACHMENTS

Clinical Opiate Withdrawal Scale (COWS) score sheet
Opiate Withdrawal Nursing Flow-sheet
Opiate Withdrawal Order Set

VIII AUTHORITY

Dean Rieger MD MPH, Chief Medical Officer CCS — 11/01/2012
Date

Site Medical Director — Date

CCS CORRECT CARE SOLUTIONS NURSING PATHWAY	Subject: **ALCOHOL AND SEDATIVE HYPNOTIC WITHDRAWAL (SUBSTANCE ABUSE)** Review Date: 11/01/2012 Effective Date: 09/01/2005

I. REFERENCES: NCCHC J-E-11 NCCHC P-E-11

II. BACKGROUND:

Withdrawal and detoxification are common problems in the jail intake population. The most common substances on which inmates become dependent are alcohol, sedative-hypnotics (primarily benzodiazepines and barbiturates), stimulants (cocaine, amphetamines, and methylphenidate), and opiates. This pathway provides general information and direction for nursing personnel for patients undergoing withdrawal from alcohol or sedative hypnotics. True mixed addiction requires individualized orders from the practitioner.

The DSM defines substance dependency as

> A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:
> - tolerance,
> - withdrawal,
> - loss of control evidenced by use of more of the substance than intended,
> - loss of control evidenced by persistent and unsuccessful efforts to cut down or control the use,
> - preoccupation with obtaining, using, or recovering from the use,
> - giving up important life activities in order to obtain, use, or recover from the use(loss of control), or
> - continuing use despite having knowledge of persistent or recurring psychological or physical sequelae to usage.

Termination of dependency on alcohol or sedative-hypnotics is associated with potentially life-threatening syndromes. Persons who are at high risk because of their clinical circumstances may require more intensive management. Such circumstances include

- Inmates with a history of brain injury or seizures (increased potential for seizures or delirium during withdrawal)
- Inmates who have liver or kidney disease (potential for decreased metabolism of drugs of abuse or medications used during detoxification and may require more or longer monitoring)
- Inmates who have cardiac disease (increased sensitivity to the sympathomimetic stimulation of withdrawal may require slower withdrawal)
- Inmates with psychiatric disorders (potential to suffer and exacerbation or recurrent of symptoms)
- Inmates or are elderly (with age sympathetic hyperactivity may become less marked although the withdrawal syndrome may be very severe. Also, the elderly often exhibit a decrease in speed of drug metabolism, increasing the possibility of toxicity during detoxification.)
- Inmates who are pregnant (some drugs commonly used to help detoxify patients may cross the placenta and cause problems; also, pregnant women should not be withdrawn from opiate/opioid drugs except under the supervision of a specialist)

The treatment of substance abuse withdrawal falls into one of three categories:

- Avoidance or amelioration of a life-threatening syndrome,
- Avoidance of precipitous opiate withdrawal during pregnancy, and
- Amelioration of the discomfort of withdrawal or monitoring of the clinical status when life is not at risk.

The first step in detoxification is **recognition** of substance dependence. Safe detoxification from dangerous dependence typically relies upon substitution of a long acting substance cross-tolerant for the abused drug, followed by controlled tapering dosages. Practitioners and nursing personnel must cooperate if in-jail detoxification is to be accomplished safely.

Nursing personnel identify inmates for whom withdrawal is likely, administer and monitor the cross-tolerant medications, and identify problems when they develop. Practitioners guide the medication decisions, determine when regimen changes are necessary, and determine how to respond to a patient's changing needs. Practitioners must rely upon information developed by nursing personnel.

This pathway addresses the role of nursing personnel in the detoxification process. Where reference is made to actions and decision taken or made by the practitioners, this is included for clarification and not because the nurse is responsible for the action or decision.

Alcohol

Alcohol withdrawal syndrome (AWS) is typically divided into three stages.

The first stage of AWS (starting perhaps a half-dozen hours after the last drink or after the blood alcohol level (BAL) undergoes a serious drop, is characterized by sympathetic nervous system activation (anxiety and agitation, restlessness, mild tremors, mild sweating (usually limited to the head and face), fluctuating tachycardia, mild elevation in blood pressure, appetite disturbance, and nausea. These patients may demonstrate some cognitive impairment, but will generally be coherent and oriented. First stage withdrawal my progress into second stage withdrawal over the first day after the last drink, but may present even two to three days afterwards.

Second stage AWS can be thought of as a more intense presentation of the same type of symptoms, including severe restlessness and agitation, increased tremulousness, paroxysmal diaphoresis, nausea and vomiting, diarrhea, tachycardia above 120 bpm, and blood pressure above 160 mm systolic. Stage 2 disturbances may even include seizures, typically single grand mal lasting only a few minutes but sometimes in short runs, but not persisting into status epilepticus. (If status supervenes, it typically indicates a different problem such as head trauma or a metabolic disturbance.) During stage 2 patients may be disoriented or confused, but respond to structure by becoming oriented again, at least temporarily. Hallucinations may be present, but stage 2 patients typically recognize them as not being real.

Stage 2 can progress during the first three days after the last drink into stage 3, also known as "delirium tremens" or "DTs." DTs are life-threatening and are characterized by the same signs and symptoms as are seen in stage 2, but to a even greater degree. This includes severe hypertension and tachycardia, marked tremulousness, drenching seats, persistent vomiting, and full fledged delirium. Cardiovascular collapse may supervene, aspiration may occur (followed by either infectious or chemical pneumonia), head trauma may result from seizures, and fluid and

electrolyte abnormalities may cause attendant problems. DTs must be managed in a hospital environment.

Stages 1 and 2 AWS are not dangerous, and proper treatment can prevent progression from stage 2 into DTs. Typically benzodiazepine medication is used to substitute for alcohol during the withdrawal process, and then the short term benzodiazepine is rapidly tapered. (Other medications can be used, too, but barbiturate substitution is to be avoided because of the narrow range between their therapeutic and toxic levels.) Usage of benzodiazepine medication can be minimized by reliance upon a symptom-triggered medication regimen; the Clinical Institute Withdrawal Assessment Scale for Alcohol, Revised Scale (the CIWA-Ar scale) has been demonstrated repeatedly to provide safe guidance regarding which AWS patients require benzodiazepine therapy, and how much needs to be provided to them. A version of the CIWA-Ar is provided as an attachment, along with a score sheet that provides a way to look at serial scores.

CIWA-Ar scores can be used to guide management of alcohol withdrawal as described in the following table

Score	Response
<10	Withdrawal is minimal or nonexistent.
10-15	Withdrawal is mild.
16-19	Withdrawal is moderate. A rising score in the face of medication should result in increasing frequency of assessment and contact with a practitioner.
20+	Withdrawal is severe; if moderate to high doses of cross tolerant medication do not result in lowered scores, delirium tremens may develop and require hospitalization.

Just as a rising score in the face of benzodiazepine therapy is a worrisome finding, the presence of withdrawal symptoms when blood alcohol is still over 0.10% is cause for concern.

While any sedative-hypnotic may be used to manage the AWS, most experience has been obtained using benzodiazepine medications. For historical reasons, chlordiazepoxide (Librium) is the benzodiazepine most commonly used to manage AWS. It does have a few drawbacks. First, chlordiazepoxide is metabolized in the liver and can accumulate in a patient with liver dysfunction. Also, chlordiazepoxide is absorbed erratically when injected intramuscularly. Despite these potential limitations, this medication can be used safely and effectively in most patients.

Management of AWS in jail settings requires close communication between the staff that is monitoring the patient on a minute to minute basis and the Health Care Practitioner (HCP), who may be on or off site. Facilities with infirmaries may be able to manage patients with more severe AWS than can facilities without infirmary settings; we need to be careful not to exceed the NCCHC mandate that placement in a medical bed for 24 hours or longer requires an infirmary.

Nursing personnel are expected to recognize alcohol addiction (and therefore impending withdrawal), monitor patients with observation, vital signs, and CIWA-Ar, and work closely with the practitioner until withdrawal is ruled out or complete. It is important to note that the chlordiazepoxide is started based on the patient's risk of going through withdrawal not the CIWA score.

Sedative-hypnotic drugs

The most common sedative-hypnotic addictions now seen involve the use of benzodiazepine

medications. Many patients who receive benzodiazepine medication from their doctors do not even realize that they are dependent, and benzodiazepine dependency should be suspected after as little as one month's use, especially if the drug involved has a long half-life. Dependency without concurrent abuse may lack the biosocial problems associated with substance abuse, but the withdrawal process is no different. Benzodiazepine withdrawal includes psychological and sympathetic nervous system symptoms that may last for months or even years.

Withdrawal from benzodiazepines resembles that from alcohol, and ranges from minimally excessive sympathetic discharge (increased pulse and blood pressure, anxiety, sleeplessness and restlessness, panic attacks) all the way to delirium with seizures, confusion, cardiovascular collapse, and death. The speed at which withdrawal develops and the length of time during which it must be managed varies according to the half-life of the involved medication. Whether dependency involves short or long acting benzodiazepines, safe withdrawal from benzodiazepines relies upon tapering usage of a long acting benzodiazepine. When determining how to approach a benzodiazepine addicted patient, the HCP should try to determine what medications have been in use. Because most benzodiazepine addicts use prescription medications, they are usually able to identify their drug of choice. As with treatment of AWS, treatment of benzodiazepine withdrawal relies upon drug substitution and tapering of a moderate to long acting benzodiazepine.

The CIWA-Ar, so useful in managing alcohol withdrawal, can also be used to assess withdrawal from sedative hypnotics due to the similar presentations of these withdrawal syndromes. While this is not best practice, as the CIWA-Ar has not been validated for this use, it is acceptable practice.

Nursing personnel are expected to recognize continuing use of benzodiazepines and withdrawal, and to monitor withdrawal, working closely with the practitioner until withdrawal is complete or is ruled out. It is important to note that the chlordiazepoxide is started based on the patient's risk of going through withdrawal not the CIWA score.

Barbiturates

Barbiturate addiction is no longer common, as benzodiazepine usage has largely supplanted that of barbiturates. However, the barbiturate withdrawal syndrome remains as dangerous as ever, and because some barbiturates are very short acting, can present as a full blown phenomenon in a matter of hours. Barbiturate withdrawal resembles that of alcohol and benzodiazepines; in mild withdrawal patients present with increased pulse or blood pressure, anxiety or panic attacks, and gastrointestinal symptoms. In moderate withdrawal these signs and symptoms increase in intensity and are joined by tremor and fever. In severe withdrawal, alterations in consciousness, severe agitation, hallucinations, seizures, and cardiovascular collapse may present.

Management of barbiturate addiction relies upon the use and controlled taper of a controlled and long acting barbiturate for the abused medication. Luckily, chlordiazepoxide is cross tolerant and will provide excellent results in treating patients with barbiturate withdrawal.

Nursing personnel are expected to recognize continuing use of barbiturates and withdrawal, and to monitor withdrawal, working closely with the practitioner until withdrawal is complete or is ruled out. It is important to note that the chlordiazepoxide is started based on the patient's risk of going through withdrawal not the CIWA score.

Nutritional considerations

Persons with severe addictions often neglect their nutrition. Placement in a correctional setting with a planned balanced diet provides most of the treatment necessary, and neither food nor vitamin supplementation are typically required, with the exception of chronic alcoholics. Alcoholics often develop a severe thiamine deficiency and provision of carbohydrate, especially intravenously, can precipitate acute psychosis or cardiac disease. All alcoholics being treated for a withdrawal syndrome should receive thiamine as part of their immediate management.

Nursing responsibility

To summarize briefly the nursing responsibilities:

- The nurse must recognize the symptoms of withdrawal even if the inmate fails to provide an accurate history.
- The nurse must recognize the possibility of withdrawal based upon the inmate's substance abuse history even if the inmate has no current symptoms.
- The nurse must assess the inmate who is withdrawing and recognize when emergency situations are developing.
- The nurse must communicate with the prescribing HCP so that proper medication is provided and complications are avoided.

II SUBJECTIVE:

- Identify what substances the patient uses, including the frequency, quantity, routes of administration, and last usage.
- Inquire regarding previous withdrawal episodes (previous withdrawals often provide useful information regarding what to expect this time).
- Identify what symptoms the patient is now experiencing, if any.
- Inquire regarding other serious medical conditions that may make the inmate high risk for withdrawal including (for females) pregnancy.

IV OBJECTIVE

- Obtain temperature, pulse, blood pressure, and respiration rate.
- Determine the level of consciousness and orientation.
- For alcohol and sedative hypnotic users, perform the CIWA-Ar. (The frequency for re-determination of vital signs and CIWA-Ar should coincide with the administration of the scheduled chlordiazepoxide dose or more often as directed by the provider.
- Assess gait.
- Assess skin.
- Inspect for tremor.
- Based upon history, inspect and assess other organ systems.
- Make a gross determination of nutritional status.
- Inspect pupils.

V ASSESSMENT

- Assess dependency and/or withdrawal as appropriate, naming the substance.
- If withdrawal is occurring, identify it.

VI PLAN

Use of prescription medication other than for emergency treatment requires contact with the HCP.
The following guidelines are provided to assist the nurse in understanding what to expect and how to monitor the patient.

For inmates with histories suggestive of high risk for **alcohol** withdrawal **in sites using chlordiazepoxide (librium)-based detoxification pathway**:

- Begin CIWA-Ar assessments and call HCP to receive orders for:
  - Librium 50mg PO TID x 2 days
  - Librium 50mg PO BID x 2 days
  - Librium 50mg PO QDay x 1 day
- CIWA-Ar assessments should occur prior to administration of each librium dose or as directed by HCP.
- Complete the Suicide Potential Screening Form at the second CIWA assessment. Follow instructions on form as to when to call mental health.
- If CIWA-Ar score is <10 prior to the administration of the final dose of librium, assessments can be discontinued. If the CIWA-Ar score is >10 at that time, contact HCP for direction.
- Provide thiamine 100mg PO QDay x 30 days **(FOR ALCOHOL WITHDRAWAL ONLY)** unless otherwise contraindicated. If patient is not capable of taking oral medication, call HCP for orders; anticipate thiamine 100mg IM for 5 days or longer.
- If CIWA-AR is above 19, contact HCP and ask if the patient should continue to be managed at the facility.
- Contact the HCP if blood pressure goes above 180 systolic or 110 diastolic, or into the range of shock (SBP<90 or DBP<60).
- Contact the HCP if pulse goes above 120 for more than a few minutes, pulse <60, RR <10 or > 24, temperature > 101.1 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, patient answers "yes" to mental health screen, or other dangerous signs are noted.
- Refer patient to see HCP on next business day.

For inmates with histories suggestive of high risk for **alcohol** withdrawal **in sites using lorazepam (ativan)-based detoxification pathway**:

1. Contact HCP for orders to initiate pathway
2. Perform the CIWA-Ar.
   a. If the numerical score is below 10, go to step 3.
   b. If the score is between10 and 15, provide 2 mg lorazepam (PO, IM, or IV).
   c. If the score is 15 or above, provide 4 mg lorazepam.
   d. If the score is above 20, contact the health care practitioner; inpatient placement may be required.
3. Reassess in one hour.
4. If the score has not dropped, return to the actions in step 2. If the score has dropped:

a. If the score is 10 or above, provide 1 mg lorazepam.
b. If the score is 15 or above, provide 2 mg lorazepam.
c. If the score is 9 or less, provide no additional medication,

5. Reassess in 2 hours.
   a. If the score rises, return to step 2.
   b. If the score does not rise, repeat step 4.
   c. If the score is 9 or less twice in a row, continue to step 6.
6. Reassess in 4 hours
   a. If the score rises to 10 or above, return to step 4
   b. If the score remains at 9 or less, reassess in 8 hours.
7. If the score has been 9 or less for 16 or more hours, reassess one day later.
   a. If the score remains 9 or less for 40 or more hours, reassess one day later.
   b. If the score rises to 10 or above, return to step 4.
   c. If the score remains 9 or less for 64 or more hours, discontinue the monitoring and advise the patient to report any return of symptoms.

- Contact the HCP if blood pressure goes above 180 systolic or 110 diastolic, or into the range of shock (SBP<90 or DBP<60).
- Complete the Suicide Potential Screening Form at the second CIWA assessment. Follow instructions on form as to when to call mental health.
- Contact the HCP if pulse goes above 120 for more than a few minutes, pulse <60, RR <10 or > 24, temperature > 101.1 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, patient answers "yes" to mental health screen, or other dangerous signs are noted.
- Refer patient to see HCP on next business day.

For inmates with histories suggestive of high risk for **sedative hypnotic** withdrawal:

- Begin CIWA-Ar assessments and call HCP to receive orders for:
  - Librium 50mg PO TID x 2 days
  - Librium 50mg PO BID x 2 days
  - Librium 50mg PO QDay x 1 day
- CIWA-Ar assessments should occur prior to administration of each librium dose or as directed by HCP.
- Complete the Suicide Potential Screening Form at the second CIWA assessment. Follow instructions on form as to when to call mental health.
- If CIWA-Ar score is <10 prior to the administration of the final dose of librium, assessments can be discontinued. If the CIWA-Ar score is >10 at that time, contact HCP for direction.
- If CIWA-AR is above 19, contact HCP and ask if the patient should continue to be managed at the facility.
- Contact the HCP if blood pressure goes above 180 systolic or 120 diastolic, or into the range of shock (SBP<90 or DBP<60).
- Contact the HCP if pulse goes above 120 for more than a few minutes, pulse <60, RR <10 or > 24, temperature > 101.1 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, patient answers "yes" to mental health screen, or other dangerous signs are noted.
- Refer patient to see HCP on next business day.

For polysubstance withdrawal

- **CONTACT HCP ON-CALL FOR ORDERS.**

VII AUTHORITY

[redacted] 11/01/12
Date

b6
b7C

Site Medical Director Date

CCS CORRECT CARE SOLUTIONS NURSING PATHWAY	Subject: **SEIZURE** Review Date: 11/01/2012 Effective Date: 9-1-2005

I. REFERENCES: NCCHC J-E-11
NCCHC P-E-11

II. BACKGROUND:

In population most generalized seizures result from idiopathic epilepsy (affecting about 1% of the United States population). Despite the associated drama, an isolated seizure is not a medical emergency. Generalized seizures are usually self-limiting within minutes and do not require specific treatment. Generalized seizures are always followed by a "post-ictal" state in which patients are somnolent, confused, and disoriented. The post-ictal state may last as little as part of an hour, or may have residual effects for half a day. Post-ictal states do not require treatment, although the patient may require supervision.

Seizures that continue for prolonged periods or that follow in chains or clusters are of greater concern. "Status epilepticus" can cause brain damage through hypoxia, although this generally will not occur until seizures have lasted for at least an hour. Consultation should be sought as soon as seizures seem to be continuous, or occurring in clusters or chains.

The management of an isolated seizure is based upon protecting the patient from injury. A seizing patient should be placed on the floor on his side (typically on the left side), glasses should be removed, and tight clothing released if possible. No attempts should be made to place objects in the mouth. Potentially dangerous objects should be removed from the patient's immediate environment.

Pseudoseizures are not uncommon in correctional settings. Pseudoseizures are not seizures; they are voluntary movements that mimic seizures. Most pseudoseizure patients are not sophisticated enough to do a creditable job imitating a seizure and a post-ictal period, but pseudoseizures are often even more dramatic than true seizures. Persons experiencing generalized seizures cannot communicate, respond voluntarily, or form memories. Anyone communicating, responding voluntarily, or professing to remember events that occurred during a generalized seizure did not have one. For this reason, persons observing seizures should carefully document the actual sequence of events and movements being observed, as this often will assist the physician in concluding whether a seizure really occurred. If a video camera is immediately available, it can be very helpful to videotape the seizure.

During the days immediately after intake, seizures may result from the lowered seizure threshold that accompanies withdrawal from alcohol and sedative-hypnotic medications (not from opiate withdrawal). These seizures suggest that a significant addiction was present, and underscore the need for medical management of the withdrawal process. Status epilepticus can result from untreated withdrawal.

Other causes of seizures include hypoglycemia, hypoxia, brain tumors, central nervous system trauma, infections, and so on. This pathway will provide immediate guidance approaching a person with a single seizure or experiencing continuing seizures.

III SUBJECTIVE:

Inmate presents seizing or staff member is called because of an inmate seizing.
If it can be accomplished quickly (or if a second staff member can accomplish it), obtain the health record and determine if the patient has a seizure history or if the patient has any identified serious medical illnesses (Master Problem List).

If the patient is seizing or immediately post-ictal, no history can be obtained from the patient. If the patient is alert and can provide a history, it is doubtful that the patient had a generalized seizure in the immediately preceding 30-60 minutes. If the patient is no longer seizing and others (preferably employees) witnessed the seizure, obtain information from them.

If the patient is neither seizing nor post-ictal, inquire regarding previous episodes and regarding the patient's memory of this episode.

Obtain a medication history from the patient.

Inquire as to any mental health issues.

IV OBJECTIVE

- Observe and determine if the patient is currently seizing, if the patient is post-ictal, or if the patient is alert and doing well.
- Wait for the seizure to terminate before trying to examine the patient.
- If the patient is post-ictal
    - Attempt to determine the recent medical history. It may not be possible to obtain any information.
    - Obtain temperature, pulse, and blood pressure.
    - Inspect inside the mouth for bite marks or broken teeth.
    - Inspect to see if patient lost continence during the episode.
- Observe the patient to determine if seizures are continuous, clustered, or chained.
- If the patient has a history of diabetes, perform fingerstick glucose.

V ASSESSMENT

- If the patient has one seizure that ends in a few minutes leaving the patient confused and sleepy, assess "seizure – single."
- If seizures recur within a few minutes of ending, assess "seizure – clusters."
- If seizures continue for many minutes (more than 10 without a period of consciousness, assess "seizure – possible status epilepticus."
- If patient gives evidence that the seizure(s) is(are) not real, assess "possible pseudoseizure." Examples of such evidence include:
    - Patient is conscious during seizures – answers questions, warns observers, etc.
    - Patient actively resists being moved.
    - Patient follows people or objects with his eyes.
    - Patient moves arms and legs in a discoordinated manner rather than in tonic or clonic patterns.
    - Patient has a grand mal seizure but no post-ictal state.
- If the patient is diabetic and the blood sugar is below 50 mg/ml, utilize the hypoglycemia protocol (provide a sugar source and contact the HCP).

- If temperature is above 100, assess as "seizure with fever."

VI PLAN

If the patient is seizing, take steps as described in the background section to protect the patient from injury.
For "seizure – single,"

- Supervise the patient during the post-ictal period until the patient is fully alert.
- Review the patient's medication regimen (if any) and assure that the patient has been adherent.
- Review the record to determine when the last seizure occurred.
- If the last seizure occurred within the past week or the patient has not been adherent to the prescribed regimen, contact the HCP for advice.
- If the last seizure occurred at least a week previously and the patient has been taking medications properly, set up a chart review for the HCP per routine.

For "seizure – clusters" or "seizure – status epilepticus"
Contact the HCP for advice.

- If status epilepticus has persisted for 45 minutes, activate the emergency medical system and request an ambulance.

For "possible pseudoseizure"

- Schedule the patient to the HCP within ten days.
- If this episode is not the first and no visit has yet occurred, schedule the patient to the HCP per routine.

For "seizure with fever,"

- Contact HCP for direction.

VII AUTHORITY

b6
b7C

[redacted] 11/01/12
Date

Site Medical Director Date

CCS
CORRECT CARE SOLUTIONS

Withdrawal – Opiate (narcotic) COWS

1 page flow sheet

Check, circle, and complete all appropriate blanks.

Date: _____ Time: _____

Use this pathway for narcotic withdrawal only. For poly-substance withdrawal, contact HCP immediately for orders.

S: Subjective:

Identify what substances the patient uses, including the frequency, quantity, routes of administration, and last usage. _

_____

_____

_____

Inquire regarding previous withdrawal experiences (previous withdrawal experiences often provide useful information regarding what to expect this time). _____

_____

_____

_____

Identify what symptoms the patient is now experiencing, if any.

_____

_____

Inquire regarding other serious medical conditions that may make the Patient high risk for withdrawal. _____

_____

_____

Inquire regarding pregnancy. _____

_____

Allergies: _____

O: Examination:

T_____P_____BP_____RR_____

Determine the level of consciousness and orientation. _____

_____

Assess gait. _____

_____

Assess skin. _____

Inspect for tremor. _____

Based upon history, inspect and assess other organ systems.

_____

Make a gross determination of nutritional status. _____

_____

Inspect pupils. _____

A: Assessment:

Assess dependency and/or withdrawal as appropriate, naming the substance.

If withdrawal is occurring, identify it.

Assessment _____

P: Interventions:

Use of prescription medication other than for emergency treatment requires contact with the HCP.

The following guidelines are provided to assist the nurse in understanding what to expect and how to monitor the patient.

For opiate withdrawal:

- Rule out pregnancy by history, physical examination, or urine test. **If pregnancy is present, contact HCP immediately for direction**.
- Check finger-stick blood sugar (FBS)
  - If <200, no recheck is needed
  - If > or = to 200, schedule for BID FBS checks x 5 days, then a chart review should occur with the HCP
  - Call provider if FBS > 350
- Begin COWS scoring flowsheet, reevaluating TID.
- At the second COWS assessment, please complete the Suicide Potential Screening Form in lieu of the mental health screen on the COWS scoresheet. Follow instructions on this sheet as to when to call mental health.
- Assure the patient that withdrawal will pass and that we will provide medications to blunt symptoms. Make sure the patient understands that withdrawal symptoms cannot be eliminated.
- Contact the HCP if COWS score is greater than 12. Change reassessment interval to QID until COWS score is 12 or less.
- Offer clear liquid diet during active withdrawal.
- If diarrhea is present, offer loperamide (Imodium) 4 mg PO (additional 2 mg doses with additional loose bowel movements to a maximum of 16 mg during any 24 hour period) for 7 days. If patient requires this med for more than 7 days or shows signs of dehydration, contact HCP.
- If patient develops muscle cramps, offer acetaminophen 975 mg PO BID x 7 days for pain. If acetaminophen is contraindicated, offer ibuprofen 200mg PO TID x 7 days.
- If muscle cramps are disabling or acetaminophen AND ibuprofen are contraindicated, contact HCP and request a muscle relaxant.
- If vomiting occurs, offer meclizine 25 mg PO TID for 7 days.
- Contact HCP if vomiting is not controlled with PO meds, shows signs of dehydration, or patient requires meds for more than 7 days.
- Contact the HCP for SBP > 200, DBP > 120, BP in the range of shock (below 90/60), or HR > 140 for more than a few minutes
- Contact the HCP if other dangerous sign is noted such as delirium, hallucinations, recurrent or prolonged seizure activity.
- If patient shows no sign of withdrawal after 72 hours (COWS score <12), discontinue COWS assessment and order set.
- If patient answers "yes" to any question of the mental health screen done at all assessments subsequent to the second assessment, call mental health immediately and do not leave the patient unattended.
- Refer patient to HCP on next business day.

Nurse's signature and date

_____

Reviewer's signature and date

_____

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

CORRECT CARE SOLUTIONS

Alcohol/Sedative Hypnotic Withdrawal-- chloradiazepoxide(librium)-based detox

(This is a one page flow sheet)

Check, circle, and complete all appropriate blanks.

Date: _____ Time: _____

Use this pathway for alcohol or sedative hypnotic withdrawal only. For polysubstance withdrawal, contact HCP immediately for orders.

S: Subjective:

Identify what substances the patient uses, including the frequency, quantity, routes of administration, and last usage.

_____

_____

_____

_____

Inquire regarding previous withdrawal experiences (previous withdrawal experiences often provide useful information regarding what to expect this time). _____

_____

_____

_____

_____

Identify what symptoms the patient is now experiencing, if any.

_____

_____

_____

_____

Inquire regarding other serious medical conditions that may make the inmate high risk for withdrawal. _____

_____

_____

_____

_____

Inquire regarding pregnancy. _____

_____

Allergies:

_____

O: Examination:

T____P____BP_____RR_____FBS_____

Determine the level of consciousness and orientation. _____

_____

_____

Perform the CIWA. _____

_____

Assess gait. _____

Assess skin. _____

Inspect for tremor. _____

Based upon history, inspect and assess other organ systems.

_____

Make a gross determination of nutritional status. _____

_____

Inspect pupils. _____

_____

A: Assessment:

Assess dependency and/or withdrawal as appropriate, naming the substance.

If withdrawal is occurring, identify it.

Assessment _____

P: Interventions:

Use of prescription medication other than for emergency treatment requires contact with the HCP.

The following guidelines are provided to assist the nurse in understanding what to expect and how to monitor the patient.

For inmates with histories suggestive of high risk for alcohol withdrawal:

- Check finger-stick blood sugar (FBS)
  - If <200, no recheck is needed
  - If > or = to 200, schedule for BID FBS checks x 5 days, then a chart review should occur with the HCP
  - Call provider if FBS > 350
- Begin CIWA-Ar assessments and call HCP to receive orders for:
  - Librium 50mg PO TID x 2 days
  - Librium 50mg PO BID x 2 days
  - Librium 50mg PO QDay x 1 day
- CIWA-Ar assessments should occur prior to administration of each librium dose or as directed by HCP.
- Provide thiamine 100mg PO QDay x 30 **(For Alcohol Withdrawal Only)** days unless otherwise contraindicated. If patient is not capable of taking oral medication, call HCP for orders; anticipate thiamine 100mg IM for 5 days or longer.
- If CIWA-Ar score is <10 prior to the administration of the final dose of librium, assessments can be discontinued. If the CIWA-Ar score is >10 at that time, contact HCP for direction.
- If CIWA-AR is above 19, ask HCP if the jail can continue to manage the patient.
- Contact the HCP if blood pressure goes above 180 systolic or 110 diastolic, or into the range of shock (SBP<90 or DBP<60).
- Contact the HCP if pulse goes above 120 for more than a few minutes, pulse <60, RR <10 or > 24, temperature > 101.1 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, or other dangerous signs are noted.
- At the second CIWA assessment, please complete the Suicide Potential Screening Form in lieu of the mental health screen on the CIWA scoresheet. Follow instructions on this sheet as to when to call mental health.
- If patient answers "yes" to any question of the mental health screen done at all assessments subsequent to the second assessment, call mental health immediately and do not leave the patient unattended.
- Refer patient to HCP next business day.
- Ensure patient receives chlordiazepoxide and/or lorazepam fact sheet(s) as appropriate.

Nurse's signature and date

_____

Reviewer's signature and date

_____

CORRECT CARE SOLUTIONS

Seizures (This is a two page pathway)

Check, circle, and complete all appropriate blanks.

Date:_____ Time:_____

S: Subjective:

Patient presents seizing or staff member is called because of a prisoner seizing.
If it can be accomplished quickly (or if a second staff member can accomplish it), obtain the health record and determine if the patient has a seizure history or if the patient has any identified serious medical illnesses (Master Problem List).

If the patient is seizing or immediately post-ictal, no history can be obtained from the patient. If the patient is alert and can provide a history, it is doubtful that the patient had a generalized seizure in the immediately preceding 30-60 minutes. If the patient is no longer seizing and others (preferably employees) witnessed the seizure, obtain information from them.

If the patient is neither seizing nor post-ictal, inquire regarding previous episodes and regarding the patient's memory of this episode.

Obtain a medication history from the patient. Inquire as to any mental health issues.

O: Examination:

T:_____ P:_____ R:_____ B/P:_____
Observe and determine if the patient is currently seizing, if the patient is post-ictal, or if the patient is alert and doing well.

Wait for the seizure to terminate before trying to examine the patient.
Inspect inside the mouth for bite marks or broken teeth. Inspect to see if patient lost continence during the episode.

If the patient is neither seizing nor post-ictal, inquire regarding previous episodes and regarding the patient's memory of this episode.

Observe the patient to determine if seizures are continuous, clustered, or chained.

If the patient has a history of diabetes, perform fingerstick glucose.

A: Assessment:

- If the patient has one seizure that ends in a few minutes leaving the patient confused and sleepy, assess "seizure – single."
- If seizures recur within a few minutes of ending, assess "seizure – clusters."
- If seizures continue for many minutes (more than 10 without a period of consciousness, assess "seizure – possible status epilepticus."
- If patient gives evidence that the seizure(s) is (are) not real, assess "possible pseudoseizure." Examples of such evidence include:
  - Patient is conscious during seizures – answers questions, warns observers, etc.
  - Patient actively resists being moved.
  - Patient follows people or objects with his eyes.
  - Patient moves arms and legs in a discoordinated manner rather than in tonic or clonic patterns.
  - Patient has a grand mal seizure but no post-ictal state.
- If the patient is diabetic and the blood sugar is below 50 mg/ml, utilize the hypoglycemia pathway (provide a sugar source and contact the HCP).
- If temperature is above 100, assess as "seizure with fever."

Assessment _____

P: Interventions:

If the patient is seizing, the patient from injury.
For "seizure– single,"

- Supervise the patient during the post-ictal period until the patient is fully alert.
- Review the patient's medication regimen (if any) and assure that the patient has been adherent.
- Review the record to determine when the last seizure occurred.
- If the last seizure occurred within the past week or the patient has not been adherent to the prescribed regimen, contact the HCP for advice.
- If the last seizure occurred at least a week previously and the patient has been taking medications properly, set up a chart review for the HCP on the next clinic day.

For "seizure – clusters" or "seizure – status epilepticus"
Contact the HCP for advice.

- If status epilepticus has persisted for 45 minutes, activate the emergency medical system and request an ambulance.

For "possible pseudoseizure"

- Schedule the patient to the HCP within ten days.
- If this episode is not the first and no visit has yet occurred, schedule the patient to the HCP on the next clinic day following clinic routine for next day follow-ups.

For "seizure with fever,"

- Contact HCP for direction.

Nurse's signature and date:

_____

Reviewer's signature and date:

_____

INMATE HEALTH CARE SERVICES MANAGEMENT AGREEMENT
BETWEEN
CORRECT CARE SOLUTIONS, LLC
AND
MACOMB COUNTY, MICHIGAN
FOR THE MACOMB COUNTY JAIL

This Inmate Health Care Services Management Agreement ("Agreement") is made and entered into this 1st day of October, 2011, between Correct Care Solutions, LLC (hereinafter "CCS"), a limited liability company organized under the laws of the State of Kansas, 3343 Perimeter Hill Drive, Suite 300, Nashville, TN 37211; and the County of Macomb (hereinafter "the County"), a political subdivision of the State of Michigan.

RECITALS

WHEREAS, the County desires to provide quality health care to individuals placed, held, or detained in the Macomb County Jail or the Juvenile Justice Center or for whose health care services Macomb County is otherwise financially liable, in accordance with applicable law; and

WHEREAS, the County issued RFB-04-11 for Inmate Healthcare Services Management ("RFP"); and

WHEREAS, CCS is in the business of administering correctional health care services and submitted a proposal in response to the RFP; and

WHEREAS, the County issued notice of award to CCS pursuant to the RFP, and the parties have negotiated the terms under which CCS will provide services to the County and have developed this Agreement to govern services associated with the Macomb County Jail and a separate Agreement to govern services associated with the Macomb County Juvenile Justice Center ("Justice Center Agreement");

NOW, THEREFORE, in consideration of the covenants and promises hereinafter made, the parties hereto agree as follows:

HEALTH CARE SERVICES

1.0 SCOPE OF SERVICES. CCS shall provide comprehensive institutional healthcare services for the Macomb County Jail ("Facility") according to the terms and provisions of: a) this Agreement, b) applicable law, c) CCS's Proposal to Macomb County RFB-04-11 and d) Macomb County RFB-04-11, as amended. To the extent of any conflict, the documents shall take precedence in the order listed. Infant care and elective treatments are expressly excluded from the scope of services. CCS will provide a training program for security staff as requested covering emergency procedures, first aid, CPR, communicable disease prevention in conformity with the standard promulgated by the National Commission on

Health Care. CCS will provide emergency medical treatment to Facility staff and visitors.

CCS will meet the requirements of section Q "Off-Site Care and Utilization Review" on page 15 of the RFP as follows. The County will have read-only access to CCS's electronic records management system ("ERMA"). CCS will provide a daily emailed census of inpatients to a recipient designated by the County. CCS will maintain review notes which include the clinical status of the patient descriptive of daily hospital progress notes. On Monday of each week, CCS will perform retrospective review of weekend admissions/days.

1.1 STAFFING. CCS will maintain the existing staffing pattern and full time employee count for approximately ninety days from the commencement of this Agreement. Thereafter, CCS will provide staffing in accordance with Attachment 1 – Staffing Patterns unless otherwise agreed to by the parties in writing. If County should become dissatisfied with any health care personnel provided by CCS hereunder, CCS, in recognition of the sensitive nature of correctional services, will, following receipt of written notice from County of its dissatisfaction and the reasons thereof, exercise its best efforts to resolve the problem, and, if the problem is not resolved, remove the individual about whom the County has expressed a dissatisfaction. CCS will be allowed a reasonable time to find a qualified replacement.

1.2 HEALTH CARE STAFF PRACTICES. CCS will require its health care staff to abide by all the laws, rules and regulations that govern the practices and procedures under which the health care staff is/are licensed and shall act within the parameters of all applicable ethical and professional standards in providing the services. CCS will require its health care staff to comply with all administrative policies adopted by the county to protect the health, safety and welfare of the Facility's population.

1.3 LICENSING OF HEALTH CARE STAFF. CCS agrees that it, and its health care staff, at all times during this Agreement, will be properly licensed and/or certified to provide the services they perform pursuant to this Agreement.

1.4 COMPLIANCE WITH HIPAA/STATE HEALTH INFORMATION PRIVACY LAWS. The County, the Facility, and their employees, agents and subcontractors shall treat inmate health information in a manner consistent with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for Protected Health Information (PHI) and the Health Information Technology for Economic and Clinical Health Act (HITECH), and shall abide by any State and federal health information privacy laws, to the extent they are applicable. The County shall implement policies and/or procedures to maintain confidentiality of health information. CCS assumes liability for any breach of confidentiality that may occur through the action or omission of CCS, CCS's employees, independent

contractors, and anyone directly or indirectly employed by CCS. The County assumes liability for any breach of confidentiality that may occur through the action or omission of the County, the County's agents, representatives and employees.

COMPENSATION

2.0 COSTS. This is a Cost Plus Management Fee Agreement in which all operational costs of CCS are passed to the County. Attachment 2 – Budget Worksheets contains anticipated costs to the County for medical care during the first year (contract year 2011/2012) of this Agreement. These costs include: 1) the management fee, a fixed amount of $566,156.00, which is paid to CCS for administering the County's medical care program; and 2) the non-recurring start-up cost for the initial term, in an amount not to exceed $69,251.00; and 3) pass-through costs as identified in Attachment 2: Personnel Costs, Pharmacy Costs, Off-site Expenses and On-site Administrative Expenses. Included in the budgeted Administrative Expenses is $40,000.00 for purposes of a Contract Monitor. The parties recognize that the foregoing pass-through costs in this section above may vary subject to inmate needs and the actual cost of these items.

2.1 PRICING GUARANTEE. If the total costs incurred under this Agreement for the first year exceed $5.78 million, CCS will refund the excess amount from its Management Fee up to a total of $40,000.00. Thereafter, CCS and the County will share equally additional excess expenses up to $120,000.00, with each party responsible for up to $60,000.00. On or around ninety (90) days prior to the anniversary date of this Agreement, the parties will meet to mutually determine the appropriate pricing guarantee for the second year budget estimate. Any similar pricing guarantee during the option year(s) shall be determined in the same manner.

2.2 PAYMENT TO CCS. On the 1st of each month, CCS will submit an invoice to the County for 1/12th of the management fee and for the costs that are estimated to be incurred during the month. The County will make payment to CCS within fifteen days of the date of invoice. On a quarterly basis, CCS will true up invoices with actual costs for that quarter and submit an adjusted invoice to the County. If actual costs exceeded payments, the County will pay any balance to CCS within 45 days of the date of invoice. If payments exceeded actual costs, CCS will issue a credit to the County in the next monthly invoice.

2.3 FEE ADJUSTMENT. Following the initial year of this Agreement, the management fee will be adjusted for the second year based upon negotiations between the parties, but not to exceed an increase of 3.5% of the management fee for the previous year. Adjustments for any option year will be made in accordance with section 3.0. Should there be a change, including but not limited to a significant increase or decrease in population or a change in applicable law or regulation, that materially impacts operations such that a change in the

management fee is warranted, either party will have the option to seek a commensurate change in the fee terms and the parties agree to negotiate such change in good faith.

TERM AND TERMINATION

3.0 TERM. The term of this Agreement shall be for a period from October 1, 2011, to September 30, 2013, unless this Agreement is otherwise terminated in accordance with this Agreement. The contract may be extended at the option of the County for a 12 month period beginning October 1, 2013 through September 30, 2014 and a separate second extension for another 12 month period beginning October 1, 2014 through September 30, 2015. If the first option is exercised, then the management fee pricing for that contract year (October 1, 2013 thru September 30, 2014) will be based upon the management fee of the immediately previous year of the contract plus/minus an adjustment equal to the change in the index rate from the end of September 2012 to the end of September 2013, not to exceed 3.75%. If the contract is extended by the County for the second renewal year (October 1, 2014 through September 30, 2015), then the management fee pricing will be based upon the management fee of the immediately previous year of the contract plus/minus an adjustment equal to the change in the index rate from the end of September 2013 to the end of September 2014, not to exceed 3.75%.

The "index rate" means the rate of annual percentage increase or decrease, rounded to the nearest one quarter percent, as computed and published by the United States Department of Commerce, Bureau of Economic Analysis.

3.1 TERMINATION FOR LACK OF APPROPRIATIONS. It is understood and agreed that this Agreement shall be subject to annual appropriations by the County.

3.1.1 Recognizing that termination for lack of appropriations may entail substantial costs for CCS, the County will act in good faith and make every effort to give CCS reasonable advance notice of any potential problem with funding or appropriations.

3.1.2 If future funds are not appropriated for this Agreement, and upon exhaustion of existing funding, the County may terminate this Agreement without penalty or liability, by providing a minimum of thirty (30) days advance written notice to CCS. The County will be liable for payment to CCS for any services rendered prior to the effective date of termination.

3.2 TERMINATION DUE TO CCS'S OPERATIONS. The County reserves the right to terminate this Agreement immediately upon written notification to CCS in the event that CCS discontinues or abandons operations, is adjudged bankrupt, or is reorganized under any bankruptcy law. Both parties agree that termination under

this provision will be considered without cause.

3.3 TERMINATION FOR CAUSE. This Agreement may be terminated for cause under the following provisions:

3.3.1 TERMINATION BY CCS. Failure of the County to comply with any provision of this Agreement shall be considered grounds for termination of this Agreement by CCS upon thirty (30) days advance written notice to the County specifying the termination effective date and identifying the non-compliance. Upon receipt of the written notice, the County will have ten (10) days to cure the non-compliance. If the County cures the non-compliance to the satisfaction of CCS, the thirty (30) day notice will become null and void, and this Agreement will remain in full force and effect. Termination under this provision will be without penalty to CCS.

3.3.2 TERMINATION BY COUNTY. Failure of CCS to comply with any provision of this Agreement shall be considered grounds for termination of this Agreement by the County upon thirty (30) days advance written notice to the CCS specifying the termination effective date and identifying the non-compliance. Upon receipt of the written notice, CCS will have ten (10) days to cure the non-compliance. If CCS cures the non-compliance to the satisfaction of the County, the thirty day notice will become null and void and this Agreement will remain in full force and effect. Termination under this provision will be without penalty to the County.

3.4 TERMINATION WITHOUT CAUSE. Either party may, without prejudice to any other rights it may have and without penalty or liability, terminate this Agreement for their convenience, for any reason and without cause by giving one hundred twenty (120) days advance written notice to the other party.

3.5 COMPENSATION UPON TERMINATION. If any of the above termination clauses are exercised by any of the parties to this Agreement, the County will pay CCS for all services rendered by CCS up to the date of termination of the Agreement regardless of the County's failure to appropriate funds.

3.6 COPIES OF RECORDS. During the term of this Agreement, CCS owns all inmate medical records. Upon termination or expiration of the Agreement for any reason and thereafter, with respect to any third-party claims related to this Agreement, ownership of the medical records will transfer to the County, and the County will ensure that CCS will be timely provided with copies of any needed medical records for purposes of providing a defense for either the County or CCS. If medical services have been transitioned to another provider, the County will require that provider to cooperate with CCS in obtaining copies of records related to the claim. This provision will survive the termination or expiration of this Agreement.

LIABILITY AND RISK MANAGEMENT

4.0 INSURANCE COVERAGE. CCS will procure and maintain during the term of this Agreement, the following coverage and limits of insurance:

4.0.1 MEDICAL MALPRACTICE/PROFESSIONAL LIABILITY. Medical Malpractice/Professional Liability insurance in an amount not less than $1,000,000 per occurrence and $3,000,000 in the aggregate. CCS shall not commence work pursuant to this Agreement until it has obtained such insurance and has provided the County with proof of such insurance.

4.0.2 COMPREHENSIVE GENERAL LIABILITY. Comprehensive General Liability insurance, including coverage for bodily injury, wrongful death, personal injury, property damage, contractual liability, civil rights liability and products/completed operations liability. The minimum acceptable limits of liability to be provided by such insurance shall be as follows: $1,000,000 per occurrence and $3,000,000 in the aggregate.

4.0.3 WORKERS' COMPENSATION. Workers' Compensation coverage fully insuring its employees as required by applicable state law. Said insurance will be obtained from an insurance company which is authorized to do business in the State of Michigan.

4.0.4 CARRIER APPROVAL. CCS's insurance carrier and the format of certificates for CCS's insurance coverage at the time of execution of the contract are approved and deemed compliant with this Agreement.

4.1 PROOF OF INSURANCE. CCS will provide the County proof of professional liability or medical malpractice coverage for CCS's Health Care Staff, employees, agents and subcontractors, for the term services are provided under this Agreement. CCS will not be responsible for covering subcontractors under its own policy if the subcontractor provides its own coverage in the requisite amount. CCS will promptly notify the County of any notice it receives of each change in coverage, reduction in policy amounts or cancellation of insurance coverage.

4.2 INDEMNIFICATION. CCS will indemnify the County, the Macomb County Sheriff's Department, the Macomb County Jail, the Juvenile Justice Center and their officers, agents, servants and all employees from all claims, actions, omissions, lawsuits, damages, judgments, charges, expenses or liabilities, excluding attorney's fees and court costs, arising out of the negligence or willful misconduct of CCS and its officers, agents, servants, employees or subcontracted staff. CCS and County may agree to related defenses to be asserted, as well as management of the case if both parties retain their own counsel. Settlement decisions may be made solely by CCS without final approval by the County if such settlement decision results in the dismissal of all claims made against the County and its employees and results in a settlement with prejudice and without cost to the

County. The County retains its right to select its own counsel at its own expense in defense of any claim filed, whether or not CCS is responsible to indemnify the County of any judgments rendered against it. CCS will defend itself and the County, if the County approves of such joint representation against any such claims brought or actions filed. CCS will provide the County a full copy of any claim or action within three (3) business days upon receipt. CCS will also disclose to the County within two weeks, any Letters of Intent received from claimant representation that could result in litigation. Nothing herein is intended to waive or forego any defenses that may be available to CCS or the County, including but not limited to sovereign immunity. Nothing in this Agreement will require CCS to indemnify or hold harmless the County from liability for the negligent or wrongful acts or omissions of the County or its officers, agents, servants or employees. The obligations under this Section will survive the termination of this Agreement.

MISCELLANEOUS

5.0 INDEPENDENT CONTRACTOR STATUS. It is the express intent of the parties that this Agreement will not create an employer-employee relationship. CCS, its agents, consultants, subcontractors, independent contractors, or representatives, and any employees of CCS will not be deemed to be employees of the County and employees of the County will not be deemed to be employees of CCS. Neither CCS, its employees, agents, consultants, subcontractors, independent contractors, or representatives, nor the County's employees shall be entitled to any salary or wages from the other party or to any benefits made to their employees, including but not limited to overtime, vacation, retirement benefits, workers' compensation, sick leave or injury leave. CCS shall also be responsible for maintaining workers' compensation insurance, unemployment insurance for its employees, agents, consultants, subcontractors, independent contractors, and representatives, and for payment of all federal, state, local and any other payroll taxes with respect to its employees', agents', consultants', subcontractors', independent contractors', and representatives' compensation.

5.1 EQUAL EMPLOYMENT OPPORTUNITY. In connection with the carrying out of the activities provided herein, CCS, its agents, consultants, subcontractors, independent contractors, or representatives will not discriminate against any client, inmate, independent contractor, employee or applicant for employment, or any other person on the basis of race, color, religion, sex, disability, national origin, age, marital status or receipt of public assistance.

5.2 ASSIGNMENT. No party to this Agreement may assign or transfer this Agreement, or any part thereof, without the written consent of the other party.

5.3 RECORDS AVAILABILITY. Any requirement of records disclosure under this Agreement will be subject to all applicable confidentiality provisions set forth in law, regulation, privilege or ethical rule.

5.4 NOTICES. Any notice of termination, requests, demands or other communications under this Agreement will be in writing and will be deemed delivered: (a) when delivered in person to a representative the parties listed below; (b) upon receipt when mailed by first-class certified mail, return receipt requested, addressed to the party at the address below:

If for CCS:
Correct Care Solutions
3343 Perimeter Hill Dr., Suite 300
Nashville, TN 37211
Attn: Leilani Boulware,
General Counsel

If for County:
Michelle Sanborn
43565 Elizabeth Road
Mt. Clemens, MI 48043

with a copy to:
George Brumbaugh
1 South Main, 8th Floor
Mt Clemens, MI 48043

5.5 GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the laws of the State of Michigan without regard to the conflicts of laws or rules of any jurisdiction.

5.6 COUNTERPARTS. This Agreement may be executed in several counterparts, each of which will be considered an original and all of which will constitute but one and the same instrument.

5.7 ENTIRE AGREEMENT. This Agreement including the documents referenced and incorporated herein represents the totality of the parties' agreement and supersedes any other documents or verbal discussions. The terms can be changed only by written agreement signed by both parties. CCS and the County hereby agree that all the terms and conditions of this Agreement shall be binding upon themselves, and their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as their official act by their respective representative, each of whom is duly authorized to execute the same.

AGREED TO AND ACCEPTED AS STATED ABOVE:

County of Macomb, Michigan

By:

Date: 9-29-11

Correct Care Solutions

By: Jerry Boyle
President and Chief Executive Officer

Date: 9-27-11

ATTACHMENT 1 - STAFFING

Main Jail Staffing

Correct Care Solutions									
Macomb County Jail								ADP:	1,200
POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
Health Services Administrator (RN)	8	8	8	8	8			40	1.00
Director of Nursing	8	8	8	8	8			40	1.00
Medical Director/Physician	8	8	8	8	8			40	1.00
RN	16	16	16	16	16	8	8	96	2.40
LPN	24	24	24	24	24	24	24	168	4.20
Medical Records Clerk	16	16	16	16	16			80	2.00
Administrative Assistant	8	8	8	8	8			40	1.00
Dentist		10		10				20	0.50
Dental Assistant		10		10				20	0.50
Psychiatrist	8		8		8			24	0.60
Mental Health Director	8	8	8	8	8			40	1.00
MSW	16	16	16	16	16	8	8	96	2.40
TOTAL HOURS/FTE-Day								*704*	*17.60*
EVENING SHIFT									
RN	8	8	8	8	8	8	8	56	1.40
LPN	24	24	24	24	24	24	24	168	4.20
TOTAL HOURS/FTE-Evening								*224*	*5.60*
NIGHT SHIFT									
RN	8	8	8	8	8	8	8	56	1.40
LPN	16	16	16	16	16	16	16	112	2.80
TOTAL HOURS/FTE-Night								*168*	*4.20*
TOTAL HOURS/FTE per week								*1,096*	*27.400*

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 12/14/2015

On December 2, 2015 records were received from the Chapman Law Group, representing Correct Care Solutions, LLC (CCS). The records include the following:

1. Curriculum Vitaes.
2. Job Descriptions.
3. CCS Staffing Policy.
4. CCS Contract Reviews and Revisions.

Investigation on 12/02/2015 at Clinton Township, Michigan, United States (Mail)

File # 282B-DE-6736446 Date drafted 12/10/2015

by [redacted]

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4.2 Corporate and Regional Leadership

Jerry Boyle
Executive Chairman
& Founder

Jerry Boyle founded Correct Care Solutions in 2003 and now serves as Chairman of the Board. Jerry has over 35 years of experience in key leadership positions working with justice involved clients in correctional, behavioral and residential settings. His corrections career started at the Massachusetts Department of Correction where he worked 15 years. For the past 25 years, he has had increased roles in operations, business development and mergers and acquisitions. His blend of public/private service has helped forge a vision for CCS that is focused on service excellence: service to patients, clients and team members.

Jerry received his bachelor's degree in human services from Fitchburg State College. His management philosophy is well known throughout the company and is based on what he calls the "Five Hs" meaning that CCS and its employees are Hardworking, Hungry, Honest, Humble, and possess a sense of Humor.

Jorge Dominicis
Chief Executive Officer

Jorge Dominicis serves as the Chief Executive Officer for Correct Care Solutions Group Holdings. His role is to ensure operational excellence and to drive the organization's strategic focus. Before joining CCS, Jorge served for 10 years as President of GEO Care during which GEO Care increased revenue six-fold. Prior to that, he served 14 years as Vice President of Corporate Affairs at Florida Crystals Corporation, where he was responsible for all governmental and public affairs activity at the local, state, and federal level, as well as for the coordination of community outreach and charitable involvement.

Additionally, in Florida, Jorge served in various public and government policy positions including St. Mary's Medical Center Governing Board and the Criminal Justice Commission. He holds a bachelor's degree in business administration, finance and international business from Florida International University.

Patrick Cummiskey
President

Since being a founding member of CCS, Patrick Cummiskey has served in a variety of leadership roles and is currently President of Correct Care Solutions Group Holdings. Patrick leads business development, client retention and support services for all CCS divisions. He works closely with each division president to ensure ongoing success and strategic growth of the company. Under Patrick's leadership, CCS stays consistently focused on understanding and supporting internal and external customer needs while developing innovative solutions to meet client budget objectives.

Patrick has a bachelor's degree in business administration from the University of Georgia and a master's degree in business administration with a marketing emphasis from Georgia State University.

David Watson
Chief Financial Officer

David Watson serves as CCS' Chief Financial Officer (CFO). He previously served as CFO for National Surgical Healthcare (NSH), a portfolio company of Irving Place Capital. NSH owns and operates 20 physician-partnered, specialty surgical hospitals and ambulatory surgical centers in 12 states. Prior to joining NSH, David served as CFO of Community Education Centers (CEC), an Ares Capital portfolio company, and before that, he was CFO of Radiation Therapy Services, a Vestar Capital Partners portfolio company operating 95 radiation oncology centers across the country. David spent over a decade serving as Treasurer and Vice President of Finance for The GEO Group, Inc. There, he played an instrumental role in the company's financial transactions including the acquisitions of Centracore Properties Trust and Correctional Services Corporation. He came to GEO via Wackenhut Corrections Corporation, where he helped originally spin-off an IPO in 1994.

David has a bachelor's degree in economics from the University of Virginia and a master's degree in business administration with an accounting emphasis from Rutgers, The State University of New Jersey.

Bob Martin
Chief Information Officer

Bob Martin began his career at CCS when it was founded in 2003. He has over 32 years of information technology (IT) experience, including 20 of those years in the healthcare arena. Bob is responsible for overseeing technology services as well as coordinating major project management activities. Currently, his team supervises the daily production and development of CCS internal systems and networks, as well as external IT needs including various electronic medical records products.
Bob has a bachelor's degree in engineering with an emphasis in computer science from Michigan State University.

Leilani Boulware, JD
EVP and General Counsel

Leilani Boulware joined CCS in 2008 and brings 16 years of experience in the delivery of sound legal counsel and representation for corporate and institutional clients. Leilani provides leadership and management to ensure the mission and core values of CCS are put into practice, provides legal counsel, and establishes administrative policies in an accountable environment. She, ultimately, is responsible for the litigation interaction and the medical compliance issues that are a constant reality and challenge in public healthcare.

Leilani attended Western Kentucky University, magna cum laude, and completed her juris doctor's degree at Vanderbilt University School of Law.

Scott Pustizzi, SPHR
SVP, Human Resources

Scott Pustizzi is responsible for the development, refinement, and implementation of human resources initiatives for CCS. Scott joined the company in 2007, and has over 20 years of progressive experience in human resources and operations with a focus in mergers and acquisitions, labor relations, talent acquisition, health and welfare, and human resources technologies. He has extensive experience developing innovative healthcare recruitment and retention initiatives for residential, specialty treatment and correctional healthcare facilities and programs throughout the United States. Under his leadership, CCS has successfully built a healthcare employer of choice brand that retains high-caliber, competent clinical and professional staff as well as attracts a solid network of qualified candidates.

Scott is a certified Senior Professional in Human Resources (SPHR), has a bachelor's degree in finance and international business and a master's degree in business from Florida International University, with specific emphasis in human resources management and industrial relations.

Chris Bove
President, Local Detention Division

As President of the Local Detention Division, Chris Bove is responsible for the largest division within CCS. He provides operations oversight of local adult and youth detention and, ultimately, is responsible for the overall management and administration of the division. Chris joined CCS in 2011 after successful leadership in a multi-service organization where he led a variety of teams. He brings this wealth of corporate experience along with his military leadership to the Local Detention Division of CCS.

Chris graduated with a bachelor's degree in engineering management from the United States Military Academy at West Point and a master's degree in business organizational management from the University of La Verne in California.

Cary McClure
EVP, Ancillary Services

Cary McClure is a Certified Public Accountant with 30 years of experience in accounting and finance. Currently, he works on special projects for the CCS Finance Division, including work related to the analysis and implementation of new company acquisitions, and internal special project assignments. His past experience includes 18 years as the Assistant Controller, Controller, and then Chief Financial Officer (CFO) of a 420-bed urban medical center in both non-profit and for-profit settings; CFO of a successful startup and operation of a $100 million for-profit medical center; and division CFO for the largest for-profit psychiatric hospital company in the country. He was selected by the Kansas Medicaid program to serve as a consultant to assist in the design and implementation of the Kansas Medicaid Diagnosis Related Group hospital payment system.

Cary has authored two articles on healthcare finance that were published in national healthcare journals. He earned a bachelor's degree with majors in accounting and business administration from the University of Kansas.

Jon Bosch, BSN, MHSA
EVP, Accreditation and Operational Compliance

Jon Bosch has worked in the healthcare field for more than 20 years and possesses over 15 years of correctional healthcare experience. Jon and his team are responsible for ensuring, as appropriate, all healthcare facilities, correctional facilities and programs meet or exceed national standards and operational processes. Accrediting and operational compliance organizations include, but are not limited to, the American Correctional Association, the National Commission of Correctional Healthcare (NCCHC), the Joint Commission Hospital Accreditation, the U.S. Department of Justice and the Commission on Accreditation of Rehabilitation Services. Jon is the former Director of Accreditation and Quality Assurance for NCCHC and has served in a variety of operational management, business development and clinical services roles throughout his career. He has surveyed and developed healthcare programs for, literally, hundreds of correctional facilities.

Jon has a bachelor's degree in nursing from the University of North Dakota and his master's degree in health service administration from George Washington University in D.C.

Carl Keldie, MD
Chief Clinical Officer

Dr. Carl Keldie joined CCS as the Chief Clinical Officer (CCO) in 2015. As CCO, he serves in an executive leadership role and his primary responsibility is ensuring CCS provides its patients with quality healthcare. Dr. Keldie also works as a liaison between medical staff and administration to support positive channels of communication while ensuring appropriate care to all patients. He comes to CCS with over three decades of clinical and administrative experience, and previous responsibilities include providing direct patient care in primary care, urgent care and emergency medicine in civilian, department of defense and correctional medicine settings. His professional memberships include the American Medical Association, Society of Correctional Physicians, American Correctional Association and the National Commission on Correctional Health Care.

Dr. Keldie earned his bachelor's degree in biology from the University of South Florida. He received his doctor of medicine from the University of South Florida College of Medicine and is a fellow of the American College of Emergency Medicine as well as board certified by the American Board of Emergency Medicine.

Dean Rieger, MD, MPH
Deputy Chief Clinical Officer

Dr. Rieger is a graduate of The Johns Hopkins University of Medicine and is Board Certified in Preventive Medicine and Public Health. He has worked with Prison inmate populations for over 20 years, most recently as Medical Director for the Indiana Department of Corrections. Dr. Rieger joined CCS in 2005 and works directly with all of our field clinical and mental health services. He will ensure that clinical vision, tone, and management of staff are consistently implemented. Dr. Rieger proactively communicates with each site to establish the level of quality care and continual compliance.

Judd Bazzel, MD
Patient Safety Officer

Dr. Bazzel joined CCS in 2005. He received his Medical Doctorate from the University of South Alabama College of Medicine in Mobile, Alabama and completed a residency in Family Medicine at the University of South Alabama Medical Center. Dr. Bazzel began working in correctional settings during his time as Chief Resident, and dedicated himself to the practice of correctional medicine in 2004. He is a member of the Society of Correctional Physicians and the Academy of Correctional Health Professionals. Dr. Bazzel has special interests in the management of withdrawal from substances of abuse. He assists in leading our clinical team and provides a hands-on management style when assisting our nurses and on-site medical practitioners. Dr. Bazzel is another home grown talent for CCS: he began as our Medical Director in Nashville, TN, giving him hands-on experience with large jails.

William Ruby, DO
Deputy Chief Medical Officer

Dr. Ruby obtained his status of U.S. Civil Surgeon in 2010 while working as Senior Physician at the Collier County Health Department. As an active U.S. Civil Surgeon, he is responsible for ensuring that aliens entering the United States do not pose a threat to the public health of this country. This is done by conducting medical examinations to evaluate the health of aliens applying for admission or adjustment of status as permanent residents in the United States. Additionally, Dr. Ruby is an Assistant Professor of Medicine at The Johns Hopkins University School of Medicine, where he obtained funding and created the Correctional Medicine Telemedicine Project which is in its 12th year of operation. Dr. Ruby joined CCS in 2011 as a Regional Medical Director and now serves as Deputy Chief Medical Officer at the corporate level.

Adeyemi Fatoki, MD
Regional Medical Director

Dr. Fatoki has been in practice for 24 years, with more than 15 years of experience in correctional medicine. He has extensive experience serving in a Medical Director capacity, including for CCS, HPL, the Illinois DPA/HFS, and Family Health Network in Chicago. Additionally, Dr. Fatoki has taught Family Practice and Family Medicine at the University of Illinois College of Medicine and Loyola University Medical Center. Dr. Fatoki received his medical degree from the University of Illinois College of Medicine. He has been with the company since 2004.

Johannes Dalmasy, MD
Chief Psychiatric Officer

Dr. Dalmasy is a Board Certified Psychiatrist who attended college and medical school at the Pontificia Universidad Católica Madre Y Maestra in his native Dominican Republic. He completed specialty training in psychiatry at the University of Maryland in Baltimore and is a Clinical Assistant Professor of Psychiatry at the University of Maryland School of Medicine, where he has taught medical students and psychiatry residents for more than a decade. Dr. Dalmasy also serves as an examiner for the American Board of Psychiatry and Neurology. He has over 15 years of correctional experience and specializes in cross-cultural mental health, as well as medico-legal and ethical issues in psychiatric practice.

Ilana Iacobovici, MD
Deputy Chief
Psychiatric Officer

Dr. Iacobovici has been with Conmed since 2009. Upon Conmed's integration with CCS, she became the Deputy Chief Psychiatric Officer for CCS, with responsibility for mental and behavioral health programs at client facilities nationwide. Dr. Iacobovici began her diverse career as a general practitioner in Uruguay. She later served as a Unit Director at Eastern Shore Hospital Center in Cambridge, Maryland. Dr. Iacobovici is a graduate of the Instituto Crandon and earned her medical degree at the Facultad de Medicina, Universidad de la Republica Medical School in Uruguay. She completed a residency in Psychiatry and Neurology and a Forensic Psychiatrist Fellowship at the University of Maryland. Dr. Iacobovici is a Board-certified Psychiatrist with added qualifications in Forensic Psychiatry.

Karen Galin, PhD
Chief of Behavioral Health

Dr. Galin has nearly three decades of experience as a clinical psychologist. She joined Correct Care Recovery Solutions (CCRS) as a psychologist at South Florida State Hospital in 2002 after serving in various clinical and administrative roles in varied settings, including a forensic facility, veteran's hospital, and pain clinic. As Chief of Behavioral Health, Dr. Galin oversees behavioral health services for CCS and CCRS. She received a bachelor's degree in psychology from Emory University and a doctoral degree in clinical psychology from the University of Alabama.

Marc Quillen, PhD
Deputy Chief of Behavioral Health

Dr. Quillen has been with CCS for more than 13 years and has over 35 years of experience as a psychologist. He received his Ph.D. in Clinical Psychology from the University of Kansas and began his career as a professor for the University of Kansas School of Medicine. Dr. Quillen has served as the Chief Psychologist for the Midwest Psychiatric Center and the Practice Manager for Wichita Psychiatric Consultants. He joined CCS in 2003, serving as a Clinical Supervisor and later as the Regional Mental Health Director for the Kansas Department of Corrections. Dr. Quillen then served as a Behavioral Health Supervisor and the Regional Behavioral Health Director for the Vermont Department of Corrections prior to being promoted to Deputy Chief of Behavioral Services.

Dawn Ducote, LCSW, CCHP, CQHQ
Director of CQI

Ms. Ducote is a Licensed Clinical Social Worker who has spent the majority of her career in correctional behavioral health and community mental health agencies. Advocacy for patients and ensuring quality and necessary services for at-risk populations are her passions. Ms. Ducote oversees the CCS Continuous Quality Improvement Program, which ensures that all patients in our care receive diagnostic and treatment services in the most expeditious and appropriate manner, while minimizing risk for our clients. Ms. Ducote is responsible for quality assurance, effective clinical operations, and client satisfaction. After working in a subcontracting role for several years, she officially joined CCS in 2009 as CQI Coordinator. Ms. Ducote was promoted to Director of CQI in 2013.

Jennifer Slencak,
BSN, RN, CCHP-RN
Corporate Director
of Nursing

Ms. Slencak is an experienced nursing professional with 15 years of proven leadership ability built on a solid foundation of clinical nursing care delivery. She is skilled in the areas of operations management, program development, quality assurance, risk management, and demonstrating fiscal responsibility in a variety of clinical care settings. She has held certifications as a forensic nurse in the areas of Sexual Assault Nurse Examiner Adult/Adolescent and Pediatric (SANE-A and SANE-P), and as a Certified Case Manager (CCM). Since joining CCS in 2014, Ms. Slencak has introduced cutting-edge nursing education programs and workflow solutions for CCS nursing professionals across the country. She also organized the first CCS annual nursing conference to promote clinical leadership and advance competency through skills evaluation and training.

Mark Morrissey, RN, MSN
Regional Manager

Mr. Morrissey has a Master's Degree in Nursing and Health Services Management and a Bachelor of Science in Nursing from University of Detroit Mercy. His nursing career on an interventional cardiac unit in a hospital in Pontiac, Michigan. After two years in the hospital he transitioned his career to correctional health care.

Mr. Morrissey has previously provided healthcare services for Oakland County, Michigan as a staff nurse, nursing super visor, and as the Chief of Clinic services for the Sheriff's Office. Mr. Morrissey began working for CCS in 2012 when the Sheriff's Office contracted with CCS. He assumed the role of H.S.A. of the Oakland County Jail, and in January 2015 he was promoted to the regional manager supporting services in Michigan and Indiana in the Local Detention division.

David Arft, BSN
Health Services
Administrator

Mr. Arft is a Registered Nurse with almost 20 years of nursing experience. Mr. Arft has served as the Health Services Administrator at the Macomb County Jail and Macomb County Juvenile Justice Center since 2013. Additionally, he has nurse management experience in multiple settings including in emergency and ICU settings.

CCS
CORRECT CARE SOLUTIONS

JOB DESCRIPTION

Job Title: Administrative Assistant

Kronos Job Code: CM8500 2010 Census Code: 5700, Secretaries and Administrative Assistants
EEO-1 Job Category: 5 Job Group: 7, Administrative Support Workers

Status: Non-exempt
Reports To: Department head
Supervises: None
Date Created: April 2015

Job Purpose:

The Administrative Assistant is responsible for the workflow of the department by performing administrative and clerical duties to support the department.

Job Responsibilities:

Assists in daily business of managers which includes general office work, answering phones, typing letters, filing, sorting and distributing mails.

Performs a variety of confidential and complex administrative duties for the department.

Coordinates the efficient operation of the office by maintaining confidential and general files and manuals, ordering supplies, and performing all other relevant duties for senior management.

Maintains and tracks a variety of records.

Maintains a variety of manual files and other reports.

Receives, sorts, and routes mail, and maintains and routes publications.

Responsible for departments messages, reports, and indicator boards.

Responsible for keeping calendars and scheduling appointments.

Operates a computer system with a printer, copier, fax machine and other office machines.

Process and submit management expense reports.

Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.

Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.

Must be alert at all times; pay close attention to details.

Must be able to work under stress on a regular or continuous basis.

Perform other duties as assigned.

Job Qualifications:

Education	High school diploma or equivalent required. Additional college level courses preferred.
Experience	One (1) year of clerical experience as a secretary or administrative assistant. Proficient with Microsoft Office
Licenses/Certifications	None required.

Management Activities:

Interview, select and train employees

Set and adjust their rates of pay and hours of work

Direct the work of employees

Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status

Handle employee complaints

Discipline employees

Plan the work

Determine the techniques to be used

Apportion the work among the employees

Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold

Control the flow and distribution of materials or merchandise and supplies

Provide for the safety and security of the employees or the property

Plan and control the budget

Monitor or implement legal compliance measures

Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees). Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	No
Does this position have authority to commit the employer in matters that have significant financial impact?	No

Does this position have authority to waive or deviate from established policies and procedures without prior approval?	No
Does this position have authority to negotiate and bind the company on significant matters?	No
Is this position involved in planning long or short-term business objectives?	No
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	No
Does this position have authority to make an independent choice, free from immediate direction or supervision or make decisions or recommendations that may occasionally be reviewed, revised or reversed?	No

Physical Requirements: Works in a clean, well-lit environment with fluctuating temperatures. Requires substantial periods of work utilizing a computer, monitor, keyboard, and mouse. Requires lifting and carrying equipment and supplies weighing up to 35 lbs.; requires walking and standing; requires sitting; occasional ascending/descending stairs. The ability to reach or bend frequently is required. Requires visual acuity and manual dexterity to operate equipment. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit, office environment.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature:

Employee Signature **Printed Name** **Date**

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JOB DESCRIPTION

Job Title: Health Services Administrator

Kronos Job Code: AD1100 2010 Census Code: 0350, Medical and Health Services Managers
EEO 1 Job Category: 1.2 Job Group: 1C, Mid-level Managers

Status: Exempt

Reports To: Regional Vice President, Regional Manager

Supervises: Administrative supervision of the Medical Director, Director of Nursing, Dentist, Psychiatrist (if applicable), Mental Health Coordinator (if applicable), and all other medical, dental, and mental health services staff.

Date Created: February 2013

Job Purpose: The Health Services Administrator (HSA) is a professional administrator who manages and evaluates the Health Care Delivery Program in accordance with State and Local Regulations; ensures medical, dental, and mental health program activities are based upon goals, objectives, aims, and policies and procedures of CCS and the facility; and are compliant with ACA, NCCHC and State accreditation standards.

Job Responsibilities:

- Monitor the implementation and effectiveness of procedures and programs.
- Evaluate financial and statistical data, program needs and problems, and makes recommendations for improvements.
- Develop, utilize, revise, interpret, and ensure compliance with CCS and facility policies and procedures.
- Monitor subcontracted services to include pharmacy, lab, x-ray, and specialty providers.
- Maintain communication and a good working relationship with facility administration, CCS employees, correctional personnel, contracted providers, and outside agencies.
- Evaluate and recommend methods of improving operational efficiency and cost effectiveness.
- Oversee recruitment, orientation, and performance evaluations of employees.
- Provide regular staff meetings and ensure effective communication with all staff on all shifts.
- Assume responsibility for planning, providing, and monitoring staff orientation and participation in education and staff development programs.
- Assist in recruitment of contracted professional providers (physicians, dentists, psychologists, etc.).
- Ensure appropriate licensure, credentialing, and insurance coverage on all medical personnel, i.e. – physicians, nurses, dentists, psychologists and social workers.
- Oversee services rendered by contractors and professional staff.
- Ensure reports are submitted as required in a timely and accurate manner.
- Audit weekly logs and accounts payable forms, forwards them to the CCS home office as required.
- Screen all requests for records and approve/disapprove responses as appropriate.
- Maintain confidentiality and security of health records and medical information.

Review status of inmates with serious health problems ensuring all necessary intervention and treatment is completed.
Monitor in-patient hospitalizations closely with utilization management to ensure early release whenever possible.
Audit referrals to outside consultants.
Closely monitor all potential catastrophic illnesses and explores utilizing all appropriate means of limiting both CCS and contractor's liabilities.
Monitor pharmacy use to ensure adherence to formulary.
Oversee the utilization of special housing, infirmary beds, and outside inpatient and outpatient services for appropriateness and quality of services provided.
Maintain an awareness of overall concepts of managed care and make administrative judgments to ensure care provided is compatible with these concepts.
Function as a liaison between other professional organizations.
Ensure, where available, NCCHC accreditation of the medical program by ensuring the presence of the required level or organizational efficiency and the provision of approved and appropriate medical services.
Accept on-call status.
Attend seminars, workshops, and conferences.
May be asked to travel overnight for two to four days.
May be asked, but not required, to relocate temporarily or permanently as needs require.
Promote Quality Improvement standards by actively participating in the quality of care screen audits.
Post Orders, if applicable, per site contract.
Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.
Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.
Must be alert at all times; pay close attention to details.
Must be able to work under stress on a regular or continuous basis.
Perform other duties as assigned.

Job Qualifications:

Education	Bachelor's Degree in Nursing, Health Administration, Business Administration, or health related field preferred.
Experience	Delivery and administration of correctional medical, dental, and mental health care recommended. Three years administrative, management and supervisory experience. Sound decision-making skills are mandatory. Organizational experience in operations and planning required. Experience in Managing budgets and analyzing contracts preferred.
Licenses/Certifications	CPR certification.

Management Activities:

- X Interview, select and train employees
- X Set and adjust their rates of pay and hours of work
- X Direct the work of employees
- X Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status

- X Handle employee complaints
- X Discipline employees
- X Plan the work
- X Determine the techniques to be used
- X Apportion the work among the employees
- X Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold
- X Control the flow and distribution of materials or merchandise and supplies
- X Provide for the safety and security of the employees or the property
- X Plan and control the budget
- X Monitor or implement legal compliance measures
- X Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees).
- X Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	Yes. They enforce corporate HR policies in a manner that is fair and consistent for all personnel.
Does this position have authority to commit the employer in matters that have significant financial impact?	Yes. The H.S.A. authorizes and secures supplies and equipment for operations and obtains approval for any equipment purchase great than $250. They identify financial responsibilities for all incurred expenses. They oversee payroll and Labor Control, as well as review financial reports and comments on accuracy and variances. They participate in the development and administration of a budget for medical services and anticipated patient care needs annually
Does this position have authority to waive or deviate from established policies and procedures without prior approval?	No
Does this position have authority to negotiate and bind the company on significant matters?	No
Is this position involved in planning long or short-term business objectives?	YES. They ensure adequate staffing at institutions to meet the needs of the inmate population as well as adhering to staffing plans.
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	YES. Counsels and disciplines employees as necessary. Investigates and responds to inmate/family grievances and legal matters
Does this position have authority to make an independent choice, free from immediate direction or supervision or make	YES. They ensure completion of evaluations on new employees in accordance with company HR policies. They meet with designated

decisions or recommendations that may occasionally be reviewed, revised or reversed?	wardens, deputy wardens, and facility administration on a monthly basis and establish agendas for MAC/QI/P&T and other required meetings.

Physical Requirements: Works in a clean, well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 lbs.; requires walking and standing; requires sitting; occasional ascending/descending stairs. The ability to reach or bend frequently is required. Requires visual acuity and manual dexterity to operate equipment and administer or dispense medications. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 lbs.; requires pushing and pulling equipment and supplies weighing up to 75 lbs.. Requires walking and standing for long periods of time; as well as frequent sitting; occasional ascending/descending stairs. The ability to reach or bend frequently is required. Visual acuity and manual dexterity to operate office equipment as well as continual use of manual dexterity and gross motor skills with frequent use of bi-manual dexterity and fine motor skills are also requirements. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature:

Employee Signature	Printed Name	Date

CCS
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JOB DESCRIPTION

Job Title: Physician

Kronos Job Code: MD1400, MD1500 2010 Census Code: 3060, Physicians and Surgeons
EEO-1 Job Category: 2 Job Group: 3, Healthcare Practitioner Professionals

Status: Exempt

Reports To: Clinically – Site Medical Director
Administratively – Health Services Administrator

Supervises: None

Date Created: February 2013

Job Purpose: A Physician is one who provides a full range of medical services for inmates. They provide required documentation of services to the Site Medical Director or designee in order to monitor provision of clinical services. They notify the Medical Director and H.S.A. regarding changes in schedule coverage. Assist in arrangements for coverage of medical services if unavailable for an extended period of time.

Job Responsibilities:

1. Reports to assigned facility at designated hour to examine referred patients.
2. Conducts on-site sick call and chronic care clinics, as established by Medical Director.
3. Review and countersigns therapeutic orders and corresponding progress notes of inmates seen by the P.A./ARNP, if applicable, ensuring they are appropriate and effective.
4. Visits the infirmary daily when on-site and records encounters in the patient's progress notes, as applicable.
5. Ensures progress note documentation is in SOAP format, problem oriented, corresponds to the therapeutic order and is dated, timed and legible.
6. Responds to a code or health emergency within standard guidelines.
7. Ensures all verbal or telephone orders are countersigned within one business day, if possible.
8. Adheres to the established formulary for therapeutic regimens before utilizing non-formulary procedures.
9. Makes pertinent observations and draws logical conclusions, which validate need for non-formulary drug, which is recorded on non-formulary form and submitted to the Medical Director for approval.
10. Utilizes available in-house resource personnel for treatment or resolution of identified problems before utilizing off-site referral, if possible.
11. Provides emergency treatment on-site and responds appropriately in urgent or emergency situations.
12. Demonstrates proper technique for cardiopulmonary resuscitation and related drug therapy.
13. Supports standards of medical care through adherence to existing policies and procedures for: admission to the infirmary (when available), transfer to emergency room and utilization review process for specialty consultant referrals.
14. Supervises care given by other professional or non-professional personnel providing instructions as needed.

15. Reports any doubts or questions regarding the lack of appropriate referrals, nursing or medical intervention necessary for the realization of established patient goals to the Medical Director for disposition.
16. Utilizes Universal or Standard Precautions at all times.
17. Prescribes a planned regimen of total patient care, which is adequate, problem-oriented and appropriate to the needs of the patient.
18. Keeps patient information confidential and respects patients' rights to privacy in accordance with accepted confidentiality practices for incarcerated individuals.
19. Provides input into facility mandatory committees such as P&T and Medical Audit Committee as requested by DON and H.S.A.
20. Must maintain privileges as a member of the CCS Medical Staff Organization.
21. Must be able to obtain and maintain security clearance.
22. Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.
23. Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.
24. Must be alert at all times; pay close attention to details.
25. Must be able to work under stress on a regular or continuous basis.
26. Post orders, if applicable, per site contract.
27. Perform other duties as assigned.

Job Qualifications:

Education	Medical school graduate.
Experience	Experience in Family Practice, Emergency Medicine, Internal Medicine or Public Health preferred (Board Certification).
Licenses/Certifications	Must have and maintain current licensure as a Physician within the state. Must be able to obtain and maintain CPR certification. Maintains a current DEA number.

Management Activities:

	Interview, select and train employees
	Set and adjust their rates of pay and hours of work
X	Direct the work of employees
X	Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status
	Handle employee complaints
	Discipline employees
X	Plan the work
X	Determine the techniques to be used
X	Apportion the work among the employees
X	Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold
X	Control the flow and distribution of materials or merchandise and supplies
X	Provide for the safety and security of the employees or the property

	Plan and control the budget
	Monitor or implement legal compliance measures
X	Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees). Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	No
Does this position have authority to commit the employer in matters that have significant financial impact?	No
Does this position have authority to waive or deviate from established policies and procedures without prior approval?	No
Does this position have authority to negotiate and bind the company on significant matters?	No
Is this position involved in planning long or short-term business objectives?	No
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	No
Does this position have authority to make an independent choice, free from immediate direction or supervision or make decisions or recommendations that may occasionally be reviewed, revised or reversed?	Yes. They assume responsibility and accountability for their individual judgments and actions. Their independent medical judgment with regards to patient diagnosis and treatment is unrestricted.

Physical Requirements: Works in a clean well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 pounds; requires pushing and pulling equipment and supplies weighing up to 75 pounds; requires walking and standing; requires sitting; requires the ability to negotiate stairs; requires the ability to lift inmates in and out of bed, wheelchair, and/or stretcher; requires the ability to reach or bend frequently; requires visual acuity and manual dexterity to operate equipment and administer or dispense medications. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit environment with fluctuating temperatures in close proximity to others.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature:

Employee Signature	Printed Name	Date

CCS
CORRECT CARE SOLUTIONS

JOB DESCRIPTION

Job Title: Dental Assistant

Kronos Job Code: DN1400 2010 Census Code: 3640, Dental Assistants
EEO-1 Job Category: 9 Job Group: 14, Service Workers

Status: Non-exempt

Reports To: Clinically – Dentist
Administratively – Health Services Administrator

Supervises: None

Date Created: February 2013

Job Purpose: The Dental Assistant provides required documentation of services to the Dentist or designee in order to monitor the provision of dental services. This includes maintaining dental charts, keeping records of dental findings, and scheduling patients for dental appointments.

Job Responsibilities:

1. Utilizes standard precautions during all dental encounters where applicable
2. Provides chair-side assistance by maintaining clear field of operation, passing instruments, suctioning, etc. as needed
3. Sterilizes instruments utilized in the dental office
4. Mixes restorative materials as required
5. Assists in performing of intra-oral and extra-oral x-rays
6. Develops and mounts x-ray films as needed
7. Performs intra-oral tasks with dentist supervision
8. Maintains x-ray unit, processor, autoclave and dental unit(s) according to specifications
9. Notifies H.S.A if equipment is not in appropriate working order
10. Inventories supplies and equipment maintaining adequate levels as indicated
11. Orders supplies and equipment
12. Ensures that sufficient number of trays is set up for the day's patients; pulpotomy, caries control, amalgam, and perio/scaling
13. Maintains cleanliness and sanitation of dental clinic through careful sanitation practices
14. Completes daily instrument count sheet – maintaining security control of all instruments within the dental office
15. If daily instruments count is incorrect, they complete reports to Security and H.S.A
16. Performs dental screenings as directed
17. Completes weekly: Cleans developer, cleans autoclave, prepares weekly report
18. Completes monthly: Cleans x-ray unit and film processor, submits monthly statistics report to H.S.A.
19. Must obtain and maintain security clearance
20. Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.

21. Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.
22. Must be alert at all times; pay close attention to details.
23. Must be able to work under stress on a regular or continuous basis.
24. Post orders, if applicable, per site contract.
25. Perform other duties as assigned.

Job Qualifications:

Education	High school diploma or G.E.D.
Experience	Experience as a Dental Assistant.
Licenses/Certifications	Must be able to obtain and maintain CPR certification.

Management Activities:

Interview, select and train employees

Set and adjust their rates of pay and hours of work

Direct the work of employees

Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status

Handle employee complaints

Discipline employees

Plan the work

Determine the techniques to be used

Apportion the work among the employees

Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold

Control the flow and distribution of materials or merchandise and supplies

Provide for the safety and security of the employees or the property

Plan and control the budget

Monitor or implement legal compliance measures

Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees).

Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	No
Does this position have authority to commit the employer in matters that have significant financial impact?	No
Does this position have authority to waive or deviate from established policies and procedures without prior approval?	No

Does this position have authority to negotiate and bind the company on significant matters?	No
Is this position involved in planning long or short-term business objectives?	No
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	No
Does this position have authority to make an independent choice, free from immediate direction or supervision or make decisions or recommendations that may occasionally be reviewed, revised or reversed?	No

Physical Requirements: Works in a clean well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 pounds; requires pushing and pulling equipment and supplies weighing up to 75 pounds; requires walking and standing; requires sitting; requires the ability to negotiate stairs; requires the ability to lift inmates in and out of bed, wheelchair, and/or stretcher; requires the ability to reach or bend frequently; requires visual acuity and manual dexterity to operate equipment and administer or dispense medications. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit environment with fluctuating temperatures in close proximity to others.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature:

Employee Signature **Printed Name** **Date**

CCS
CORRECT CARE SOLUTIONS

JOB DESCRIPTION

Job Title: Mental Health Coordinator

Kronos Job Code: MH1900, MH2000 2010 Census Code: 2000, Counselors

EEO-1 Job Category: 2 Job Group: 4, Other Professional Workers

Status: Exempt

Reports To: Clinically – Regional Mental Health Director, Vice President of Behavioral Services
Administratively – Health Services Administrator

Supervises: Mental Health Professional(s), Mental Health Technician(s), Mental Health Secretary(s), Discharge Planner(s), Social Worker(s), Psychologist(s) as assigned

Date Created: January 2014

Job Purpose: The Mental Health Coordinator provides clinical and administration supervision and direction to mental health staff and oversight of mental services within the facility. Also provides mental health services to inmates in the facility as well as provide mental health consultation to the facility personnel.

Job Responsibilities:

1. Responsible to plan, supervise, coordinate and manage the clinical services provided by mental health staff at the institutional level as designated by the Regional MH Director or the VP of Behavioral Services. In facilities with a Clinical Supervisor, clinical supervision will be under the direction of that position
2. Responsible to assign specific duties and clinical responsibilities to mental health staff in accordance with their position descriptions, education and professional experience and to notify Regional MH Director, VP of Behavioral Services and H.S.A. of staff's inability to perform such duties and responsibilities in a competent, ethical and professional manner
3. Represent interests of mental health services with the institution's administrative staff under the direction of Regional MH Director or VP of Behavioral Services and to facilitate cooperation in the delivery of mental health services
4. Maintain the confidentiality of inmate information in accordance with CCS policy, the facility policy, the standards of the American Psychological Association or National Association of Social Workers, the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA) if the last two accrediting body standards are applicable to the site
5. Allocate staff resources in mental health services to insure that institutional needs for clinical and consultative services are met in a timely, professional manner
6. Supervise and monitor mental health services' staff to ensure compliance with the health care policies and procedures, the policies and regulations of the facility; the responsibilities/duties of their specific position descriptions and the employee policies and procedures of the facility
7. Provide staff disciplinary counseling and performance evaluations including applicable documentation in a timely, professional manner under the direction of the H.S.A.

8. Provide in-service opportunities to mental health services staff to ensure compliance with CCS in-service requirements. Maintain documentation regarding material provided and staff attendance
9. Provide documentation of clinical services to the Regional MH Director or VP of Behavioral Services as requested
10. Assist the Regional MH Director or VP of Behavioral Services and H.S.A. in the development/refinement of policies and procedures to ensure that these meet not only recognized standards, but also the institution's General Orders
11. Supervise clerical support staff to ensure inmates' clinical documentation and department files are maintained appropriately
12. Aid the H.S.A in staff selection and recruitment
13. Responsible for coordinating with the H.S.A. the ordering of supplies for mental health services staff at the institution and ensuring the inventory is at an appropriate level
14. Provide direct clinical services duties as outlined in a professional relevant position description, depending on education, as needed to meet institutional mental health requirements
15. Depending on contract requirements, development of a system that provides an on-call mental health consultation services for institution staff who are dealing with inmates who require assistance with immediate crisis intervention. Responsible for providing clinical consultation to staff, providing crisis intervention and for informing the Regional MH Director or VP of Behavioral Services of serious incidents involving crisis intervention
16. On-site coordination of psychiatric services by provision of administrative support and patient monitoring
17. Notify the Regional MH Director or VP of Behavioral Services and H.S.A. in a timely manner the clinical or administrative concerns which may have a significant impact on an individual inmate or on the mental health services program
18. Keep compliance with employee standards of the facility: this includes, but is not limited to, the maintenance of a working environment and personal appearance consistent with professional responsibilities, development of harmonious working relationships, and timely notification of supervisory personnel of absences from institution
19. Responsible to assure provision of clinical evaluations as requested by the facility administrative staff, Parole Board, or other appropriate agencies. Evaluations are to be completed in a timely, professional manner and include the administration and interpretation of psychological assessment techniques when appropriate and within the scope of staff member's education and professional experience
20. Responsible for the provision of documentation as requested, to include Quality Improvement information, to the Regional or Home Office in a timely manner.
21. Responsible for the development and implementation of corrective steps necessary to ensure the provision of the quality mental health care
22. May be required to arrange and/or participate in a system of 24-hour crisis intervention services. Immediately notify the CCS Supervisor of any instances of suicide attempts, completed suicides, use of therapeutic restraints, or use of forced medications. Review any inadequacies with crisis intervention services and implement corrective steps as needed.
23. Must be able to obtain and maintain security clearance.
24. Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.
25. Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.
26. Must be alert at all times; pay close attention to details.
27. Must be able to work under stress on a regular or continuous basis.
28. Post orders, if applicable, per site contract.

29. Perform other duties as assigned.

Job Qualifications:

Education	Master's degree in psychology, social work or behavioral science field.
Experience	Need experience in the coordination and administration of mental health service delivery systems. Need coursework and professional experience that indicates knowledge of management/supervision techniques, mental health counseling, group and individual psychotherapy, diagnosis and treatment of major mental disorders and/or psychological evaluation techniques.
Licenses/Certifications	Licensed to practice psychology or social work in the State by the appropriate state licensing board; Must maintain CPR certification, and any other certifications (such as First Aid) required.

Management Activities:

- X Interview, select and train employees
- X Set and adjust their rates of pay and hours of work
- X Direct the work of employees
- X Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status
- X Handle employee complaints
- X Discipline employees
- X Plan the work
- X Determine the techniques to be used
- X Apportion the work among the employees
- X Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold
- X Control the flow and distribution of materials or merchandise and supplies
- X Provide for the safety and security of the employees or the property
- Plan and control the budget
- Monitor or implement legal compliance measures
- X Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees).
- X Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	Yes. Responsible to provide direct clinical services and consultation services in accordance with CCS policies and procedures, the policies and regulations of the facility, and in accordance with the ethics and standards of the American Psychological Association,

	National Association of Social Work, NCCHC, and the ACA, if the last two accrediting body standards are applicable to the site.
Does this position have authority to commit the employer in matters that have significant financial impact?	No
Does this position have authority to waive or deviate from established policies and procedures without prior approval?	No
Does this position have authority to negotiate and bind the company on significant matters?	No
Is this position involved in planning long or short-term business objectives?	No
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	Yes. Maintenance of open communication with institutional administrative, security, medical, and support staff to facilitate operation of mental health services and resolution of problem situations. Provision of staff meetings as needed, but at least twice monthly, to facilitate dissemination of information and discuss staff concerns.
Does this position have authority to make an independent choice, free from immediate direction or supervision or make decisions or recommendations that may occasionally be reviewed, revised or reversed?	Yes

Physical Requirements: Works in a clean well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 pounds; requires pushing and pulling equipment and supplies weighing up to 75 pounds; requires walking and standing; requires sitting; requires the ability to negotiate stairs; requires the ability to lift inmates in and out of bed, wheelchair, and/or stretcher; requires the ability to reach or bend frequently; requires visual acuity and manual dexterity to operate equipment and administer or dispense medications. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit environment with fluctuating temperatures in close proximity to others.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature:

Employee Signature **Printed Name** **Date**

CCS provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics.

CCS
CORRECT CARE SOLUTIONS

JOB DESCRIPTION

Job Title: Nurse Practitioner

Kronos Job Code: NP1200, NP1300 2010 Census Code: 3258, Nurse Practitioners and Nurse Midwives
EEO-1 Job Category: 2 Job Group: 3, Healthcare Practitioner Professionals

Status: Exempt

Reports To: Clinically – Site Medical Director, Staff Physician, Regional Medical Director
Administratively – Health Services Administrator

Supervises: None

Date Created: February 2013

Job Purpose: The Nurse Practitioner provide a full range of medical services for inmates. They work under the supervision of the Site Medical Director and other site Physicians and in accordance with established policy and procedure as well as within the state guidelines. They provide required documentation of services to the Site Medical Director or designee in order to monitor provision of clinical services. They notify the Medical Director and H.S.A. regarding changes in schedule coverage. Assist in arrangements for coverage of medical services if unavailable for an extended period of time.

Job Responsibilities:

1. Reports to assigned facility at designated hour to examine referred patients.
2. Conducts on-site chronic care clinics and sick call as established by Site Medical Director, Health Services Administrator or designee.
3. Conducts infirmary rounds as established by Site Medical Director, Health Services Administrator or designee and records encounters in the patient's progress notes.
4. Ensures progress note documentation is in SOAP format, problem oriented, corresponds to the therapeutic order and is dated, timed and legible.
5. Adheres to the established formulary for therapeutic regimens before using non-formulary procedure.
6. Respond to a code or health emergency within standard guidelines.
7. Makes pertinent observations and draws logical conclusions, which validate need for non-formulary drug, which is recorded on non-formulary form and submitted to the Medical Director for approval.
8. Utilizes available in-house resource personnel for treatment or resolution of identified problems before using off-site referral, if possible.
9. Provides emergency treatment on-site and responds appropriately in urgent or emergency situations.
10. Supports standards of medical care through adherence to existing policies and procedures for: Admission to the infirmary (when one is on site); Transfer to emergency room; Utilization review process for specialty consultant referrals
11. Assumes responsibility and accountability for his/her individual judgments and actions.
12. Reports any doubts or questions regarding the lack of appropriate referrals, nursing or medical intervention necessary for the realization of established patient goals to the Medical Director or Health Services Administrator for disposition.

13. Uses Universal or Standard Precautions at all times.
14. Prescribes a planned regimen of total patient care, which is adequate, problem-oriented and appropriate to the needs of the patient.
15. Keeps patient information confidential and respects patient's rights to privacy, in accordance with accepted confidentiality practices for incarcerated individuals.
16. Provides input into facility mandatory committees such as Pharmacy and Therapeutics and Medical Audit Committee as requested by Site Medical Director, Health Services Administrator or designee.
17. Must obtain and maintain security clearance
18. Must maintain privileges
19. Must be able to obtain and maintain security clearance.
20. Must be able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations.
21. Must be able to apply sound judgment beyond a specific set of instructions and apply knowledge to different factual situations.
22. Must be alert at all times; pay close attention to details.
23. Must be able to work under stress on a regular or continuous basis.
24. Post orders, if applicable, per site contract.
25. Perform other duties as assigned.

Job Qualifications:

Education	The Nurse Practitioner must be a graduate of an accredited school of nursing, and hold an advanced degree in an approved and accredited Nurse Practitioner program.
Experience	Prior medical/surgical and/or emergency/trauma experience and corrections experience is preferred. Must have the patience and tact to deal with the inmate population and ability to work effectively in the corrections environment. Scheduling flexibility is also required to be able to rotate hours and shifts, if needed, and to be called during emergency situations to provide coverage.
Licenses/Certifications	Must have and maintain current licensure as a Nurse Practitioner within the state. Must have and maintain current CPR certification.

Management Activities:

Interview, select and train employees

Set and adjust their rates of pay and hours of work

X Direct the work of employees

Appraise employees productivity and efficiency for the purpose of recommending promotions or other changes in status

Handle employee complaints

Discipline employees

X Plan the work

X Determine the techniques to be used

X Apportion the work among the employees

X Determine the type of materials, supplies, machinery, equipment or tools to be used or merchandise to be bought, stocked and sold

X	Control the flow and distribution of materials or merchandise and supplies
X	Provide for the safety and security of the employees or the property
	Plan and control the budget
	Monitor or implement legal compliance measures
X	Customarily and regularly direct the work of at least 2 or more full-time employees or their equivalent (1 full-time employee at 40 and 2 half-time employees at 20 hours each , are equivalent to 2 full-time employees). Authority to hire or fire other employees, or makes suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees are given particular weight.

Discretion & Independent Judgment:

Does this position have authority to formulate, affect, interpret, or implement management policies or operating practices?	No
Does this position have authority to commit the employer in matters that have significant financial impact?	No
Does this position have authority to waive or deviate from established policies and procedures without prior approval?	No
Does this position have authority to negotiate and bind the company on significant matters?	No
Is this position involved in planning long or short-term business objectives?	No
Does this position represent the company in handling complaints, arbitrating disputes or resolving grievances?	No
Does this position have authority to make an independent choice, free from immediate direction or supervision or make decisions or recommendations that may occasionally be reviewed, revised or reversed?	Yes. They assume responsibility and accountability for their individual judgments and actions. Their independent medical judgment with regards to patient diagnosis and treatment is unrestricted.

Physical Requirements: Works in a clean well-lit environment with fluctuating temperatures. Requires lifting and carrying equipment and supplies weighing up to 35 pounds; requires pushing and pulling equipment and supplies weighing up to 75 pounds; requires walking and standing; requires sitting; requires the ability to negotiate stairs; requires the ability to lift inmates in and out of bed, wheelchair, and/or stretcher; requires the ability to reach or bend frequently; requires visual acuity and manual dexterity to operate equipment and administer or dispense medications. Potential for exposure to blood and/or body substances and hazardous materials requiring observance of Standard Precautions and safe handling practices.

Working Conditions: Works in a clean, well-lit environment with fluctuating temperatures in close proximity to others.

This job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee.

Employee Signature:

Employee Signature	Printed Name	Date

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AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

Patient Name:_____ **Date of Birth:**_____

Phone: H)_____ **Phone: W)** _____

Address: _____ **City/State/Zip:** _____

Please Note: Copy Fee May Be Charged For Medical Records

Above listed patient authorizes the following healthcare facility to make record disclosure:

Facility Name: _____ **Facility Phone:** _____

Facility Address:_____ **Facility Fax:**_____

City, ST, Zip: _____

Dates and Type of information to disclose:

☐ 2 years prior from last date seen
☐ Dates Other: _____
☐ Specific Information Requested:

_____

The purpose of disclosure is:

☐ Change of Insurance or Physician
☐ Continuation of Care (e.g., VA Med Ctr)
☐ Referral
☐ Other_____

RESTRICTIONS: Only medical records originated through this healthcare facility will be copied unless otherwise requested. This authorization is valid only for the release of medical information dated prior to and including the date on this authorization unless other dates are specified.

I understand the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

This information may be disclosed and used by the following individual or organization:

Release To: _____

Address: _____

City, State, Zip: _____ ☐ **Please mail records.**

☐ **Please fax records.**

Fax:_____ **Phone:**_____

I understand I may revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. **Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire 1 year from the date signed.**

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the authorized individual or organization making disclosure.

I have read the above foregoing Authorization for Release of Information and do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this authorization.

X_____ _____

Signature of Patient / Parent / Guardian or Authorized Representative
(Guardian or Authorized Representative must attach documentation of such status.)

Date

_____ _____

Printed name of Authorized Representative

Relationship / Capacity to patient

_____

Address and telephone number of authorized representative

First Amendment to Inmate Health Care Services Management Agreement between
Correct Care Solutions LLC
And
Macomb County, Michigan
For the Macomb County Jail

This First Amendment is hereby entered into on this 1st day of October, 2014, by and between Correct Care Solutions, LLC (hereinafter "CCS"), a limited liability company organized under the laws of the State of Kansas, 1283 Murfreesboro Road, Suite 500, Nashville, TN 37217, and the County of Macomb (hereinafter "the County"), a political subdivision of the State of Michigan, for the purpose of amending the Agreement effective October 1, 2011 (hereinafter "the Agreement").

WHEREAS, the original term of the Agreement was October 1, 2011 to September 30, 2013; and

WHEREAS, the parties agreed to extend the agreement for the additional twelve (12) month period from October 1, 2013 to September 30, 2014 per Agreement Section 3.0; and

WHEREAS, the parties now wish to prolong this contract extension through December 31, 2014; and

WHEREAS, the parties also wish to exercise the second twelve (12) month extension per Agreement Section 3.0, for the period of January 1, 2015 to December 31, 2015; and

WHEREAS, the parties agree that for the current contract extension, the current budget will prorated to include an additional three (3) months of cost allocation;

NOW, THEREFORE, ACCORDINGLY, the Agreement is hereby amended as follows:

1. By deleting the Section 3.0: Term and substituting in lieu thereof the following:

2.1(c) The term of this Agreement shall be for a period from October 1, 2011 to September 30, 2013, unless this Agreement is otherwise terminated in accordance with this Agreement. The contract may be extended at the option of the County for a 15 month period beginning October 2, 2013 through December 31, 2014, and a second 12 month period beginning January 1, 2015 through December 31, 2015. If the first option is exercised, then the management fee pricing for that contract year will be based upon the management fee of the immediately previous year of the contract plus/minus an adjustment equal to the change in the index rate from the end of September 2012 to the end of September 2013, not to exceed 3.75%, and prorated with the entire budget to accommodate 15 months of service. If the contract is extended by the County for the second

renewal year, then the management fee pricing for that contract year will be based upon the management fee of the immediately previous year of the contract plus/minus an adjustment equal to the change in the index rate from the end of December 2013 to the end of December 2014, not to exceed 3.75%.

The "index rate" means the rate of annual percentage increase or decrease, rounded to the nearest one quarter percent, as computed and published by the United States Department of Commerce, Bureau of Economic Analysis.

All other terms of the original Agreement not otherwise inconsistent herewith, shall remain in full force and effect.

CORRECT CARE SOLUTIONS, LLC	COUNTY OF MACOMB
BY:	
Patrick J. Cummiskey	Albert L. Lorenzo
Printed Name	Printed Name
Signature	Signature
10/6/14	11/24/14
Date	Date

Mark A. Hackel
County Executive

CONTRACT REVIEW ROUTING FORM

ORIGINATING DEPARTMENT INFORMATION

Department Leader:	Department:	Date:
Anthony Wickersham	Sheriff's	08/23/2013

Contract Contact Person:	Contact Phone Number:	NOTE: Contracts are returned interoffice mail unless specified below:
Michelle Sanborn	(586) 307-9348	☐ Call for Pick Up: #

CONTACT / PROGRAM INFORMATION

Contract / Program Title:	GRANT	Return By Date:
Inmate Health Care Services Management Agreement	☐ Agreement ☐ Funded	09/23/13

DEPARTMENT ROUTING & AUTHORIZATIONS

1. OFFICE OF CONTRACT MANAGEMENT

☑ Verified - SEND TO RISK MANAGEMENT ☐ Rejected - Return to requesting Department

NOTES:

2. RISK MANAGEMENT -

☑ Approved

☐ Approved with changes

SEND TO FINANCE DEPARTMENT

Authorized Signature: [signature] Date: 9/27/13

Department Received Stamp: RECEIVED AUG 27 2013 Risk Management & Safety

3. FINANCE DEPARTMENT -

☒ Approved

☐ Approved with changes

SEND TO CORPORATION COUNSEL

Authorized Signature: [signature] Date: 9-5-13

Department Received Stamp: RECEIVED AUG 28 2013 MACOMB COUNTY FINANCE

4. OFFICE OF CORPORATION COUNSEL -

☑ Approved
SEND TO OCE

☐ Approved with changes
RETURN TO CONTRACT MANAGEMENT

Authorized Signature: [signature] Date: 9-9-13

Department Received Stamp: RECEIVED SEP 9 - 2013 CORPORATION COUNSEL

5. OFFICE OF COUNTY EXECUTIVE -

☑ Approved

☑ BOC Review Required

☐ Approved with changes
RETURN TO CONTRACT MANAGEMENT

Authorized Signature: [signature] Date: 9/9/13

Department Received Stamp: EXECUTIVE OFFICE SEP 09 2013 RECEIVED

Correct Care Solutions

omb County Jail ADP: 1200

Effective Date: 07/01/2013

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
HSA (Contract Administrator)	8	8	8	8	8			40	1.00
Director of Nursing	8	8	8	8	8			40	1.00
Medical Director*	8	8	8	8	8			40	1.00
Midlevel Practitioner (NP/PA)*	8		8		4			20	0.50
Administrative Assistant	8	8	8	8	8			40	1.00
RN	20	20	20	20	20	12	12	124	3.10
LPN	36	24	36	36	36	24	24	216	5.40
Medical Records Clerk	8	8	8	8	8			40	1.00
Dentist		10		10				20	0.50
Dental Assistant		10		10				20	0.50
Psychiatrist	8		8		8			24	0.60
Mental Health Director	8	8	8	8	8			40	1.00
MSW	16	16	16	16	16	8	8	96	2.40
TOTAL HOURS/FTE-Day								***760***	***19.00***
NIGHT SHIFT									
RN	12	12	12	12	12	12	12	84	2.10
LPN	36	36	36	36	36	24	24	228	5.70
TOTAL HOURS/FTE-Night								***312***	***7.80***
TOTAL HOURS/FTE per week								***1,072***	***26.80***

**May substitute (1) hour of physician time for (2) hours of mid-level pratitioner time, as necesssary with client approval*

Mark A. Hackel
County Executive

CONTRACT REVIEW ROUTING FORM

ORIGINATING DEPARTMENT INFORMATION

Department Leader:	Department:	Date:
Anthony Wickersham	Sheriff's	08/23/2013

Contract Contact Person:	Contact Phone Number:	NOTE: Contracts are returned interoffice mail unless specified below:
Michelle Sanborn	(586) 307-9348	☐ Call for Pick Up: #

CONTACT / PROGRAM INFORMATION

Contract / Program Title:	GRANT	Return By Date:
Inmate Health Care Services Management Agreement	☐ Agreement ☐ Funded	09/23/13

DEPARTMENT ROUTING & AUTHORIZATIONS

1. OFFICE OF CONTRACT MANAGEMENT

☒ Verified - *SEND TO RISK MANAGEMENT* ☐ Rejected - Return to requesting Department

NOTES:

2. RISK MANAGEMENT -

☒ Approved

☐ Approved with changes

SEND TO FINANCE DEPARTMENT

Authorized Signature: [signature] Date: 8/27/13

Department Received Stamp: RECEIVED AUG 2 7 2013 Risk Management & Safety

3. FINANCE DEPARTMENT -

☒ Approved

☐ Approved with changes

SEND TO CORPORATION COUNSEL

Authorized Signature: [signature] Date: 9-5-13

Department Received Stamp: RECEIVED AUG 2 8 2013 MACOMB COUNTY FINANCE

4. OFFICE OF CORPORATION COUNSEL -

☒ Approved

SEND TO OCE

☐ Approved with changes

RETURN TO CONTRACT MANAGEMENT

Authorized Signature: [signature] Date: 9-9-13

Department Received Stamp: RECEIVED SEP 0 9 2013 CORPORATION COUNSEL

5. OFFICE OF COUNTY EXECUTIVE -

☒ Approved

☒ BOC Review Required

☐ Approved with changes

RETURN TO CONTRACT MANAGEMENT

Authorized Signature: [signature] Date: 9/9/13

Department Received Stamp: EXECUTIVE OFFICE SEP 09 2013 RECEIVED

INMATE HEALTH CARE SERVICES MANAGEMENT AGREEMENT
BETWEEN
CORRECT CARE SOLUTIONS, LLC
AND
MACOMB COUNTY, MICHIGAN
FOR THE MACOMB COUNTY JUVENILE JUSTICE CENTER

This Inmate Health Care Services Management Agreement ("Agreement") is made and entered into this 1st day of October, 2011, between Correct Care Solutions, LLC (hereinafter "CCS"), a limited liability company organized under the laws of the State of Kansas, 3343 Perimeter Hill Drive, Suite 300, Nashville, TN 37211; and the County of Macomb (hereinafter "the County"), a political subdivision of the State of Michigan.

RECITALS

WHEREAS, the County desires to provide quality health care to individuals placed, held, or detained in the Macomb County Jail or the Juvenile Justice Center or for whose health care services Macomb County is otherwise financially liable, in accordance with applicable law; and

WHEREAS, the County issued RFB-04-11 for Inmate Healthcare Services Management ("RFP"); and

WHEREAS, CCS is in the business of administering correctional health care services and submitted a proposal in response to the RFP; and

WHEREAS, the County issued notice of award to CCS pursuant to the RFP, and the parties have negotiated the terms under which CCS will provide services to the County and have developed this Agreement to govern services associated with the Macomb County Juvenile Justice Center and a separate Agreement to govern services associated with the Macomb County Jail ("Jail Agreement");

NOW, THEREFORE, in consideration of the covenants and promises hereinafter made, the parties hereto agree as follows:

HEALTH CARE SERVICES

1.0 SCOPE OF SERVICES. CCS shall provide comprehensive institutional healthcare services for the Macomb County Juvenile Justice Center ("Facility") according to the terms and provisions of: a) this Agreement, b) applicable law, c) CCS's Proposal to Macomb County RFB-04-11 and d) Macomb County RFB-04-11, as amended. To the extent of any conflict, the documents shall take precedence in the order listed. Infant care and elective treatments are expressly excluded from the scope of services. CCS will provide a training program for security staff as requested covering emergency procedures, first aid, CPR, communicable disease prevention in conformity with the standard promulgated by

the National Commission on Health Care. CCS will provide emergency medical treatment to Facility staff and visitors. During the term of the Jail Agreement, the Contract Monitor referenced in section 2.0 of the Jail Agreement will also perform monitoring functions related to the services requirements under this Agreement.

CCS will meet the requirements of section Q "Off-Site Care and Utilization Review" on page 15 of the RFP as follows. The County will have read-only access to CCS's electronic records management system ("ERMA"). CCS will provide a daily emailed census of inpatients to a recipient designated by the County. CCS will maintain review notes which include the clinical status of the patient descriptive of daily hospital progress notes. On Monday of each week, CCS will perform retrospective review of weekend admissions/days.

1.1 STAFFING. CCS will maintain the existing staffing pattern and full time employee count for approximately ninety days from the commencement of this Agreement. Thereafter, CCS will provide staffing in accordance with Attachment 1 – Staffing Patterns unless otherwise agreed to by the parties in writing. If County should become dissatisfied with any health care personnel provided by CCS hereunder, CCS, in recognition of the sensitive nature of correctional services, will, following receipt of written notice from County of its dissatisfaction and the reasons thereof, exercise its best efforts to resolve the problem, and, if the problem is not resolved, remove the individual about whom the County has expressed a dissatisfaction. CCS will be allowed a reasonable time to find a qualified replacement.

1.2 HEALTH CARE STAFF PRACTICES. CCS will require its health care staff to abide by all the laws, rules and regulations that govern the practices and procedures under which the health care staff is/are licensed and shall act within the parameters of all applicable ethical and professional standards in providing the services. CCS will require its health care staff to comply with all administrative policies adopted by the county to protect the health, safety and welfare of the Facility's population.

1.3 LICENSING OF HEALTH CARE STAFF. CCS agrees that it, and its health care staff, at all times during this Agreement, will be properly licensed and/or certified to provide the services they perform pursuant to this Agreement.

1.4 COMPLIANCE WITH HIPAA/STATE HEALTH INFORMATION PRIVACY LAWS. The County, the Facility, and their employees, agents and subcontractors shall treat inmate health information in a manner consistent with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for Protected Health Information (PHI) and the Health Information Technology for Economic and Clinical Health Act (HITECH), and shall abide by any State and federal health information privacy laws, to the extent they are applicable. The

County shall implement policies and/or procedures to maintain confidentiality of health information. CCS assumes liability for any breach of confidentiality that may occur through the action or omission of CCS, CCS's employees, independent contractors, and anyone directly or indirectly employed by CCS. The County assumes liability for any breach of confidentiality that may occur through the action or omission of the County, the County's agents, representatives and employees.

COMPENSATION

2.0 COSTS. This is a Cost Plus Management Fee Agreement in which all operational costs of CCS are passed to the County. Attachment 2 – Budget Worksheets contains anticipated costs to the County for medical care during the first year (contract year 2011/2012) of this Agreement. These costs include: 1) the management fee, a fixed amount of $35,247.00, which is paid to CCS for administering the County's medical care program; and 2) the non-recurring start-up cost for the initial term, in an amount not to exceed $12,300.00; and 3) pass-through costs as identified in Attachment 2: Personnel Costs, Pharmacy Costs, Off-site Expenses and On-site Administrative Expenses. The parties recognize that the foregoing pass-through costs in this section above may vary subject to inmate needs and the actual cost of these items.

2.1 PAYMENT TO CCS. On the 1st of each month, CCS will submit an invoice to the County for 1/12th of the management fee and for the costs that are estimated to be incurred during the month. The County will make payment to CCS within fifteen days of the date of invoice. On a quarterly basis, CCS will true up invoices with actual costs for that quarter and submit an adjusted invoice to the County. If actual costs exceeded payments, the County will pay any balance to CCS within 45 days of the date of invoice. If payments exceeded actual costs, CCS will issue a credit to the County in the next monthly invoice.

2.2 FEE ADJUSTMENT. Following the initial year of this Agreement, the management fee will be adjusted for the second year based upon negotiations between the parties, but not to exceed an increase of 3.5% of the management fee for the previous year. Adjustments for any option year will be made in accordance with section 3.0. Should there be a change, including but not limited to a significant increase or decrease in population or a change in applicable law or regulation, that materially impacts operations such that a change in the management fee is warranted, either party will have the option to seek a commensurate change in the fee terms and the parties agree to negotiate such change in good faith.

TERM AND TERMINATION

3.0 TERM. The term of this Agreement shall be for a period from October 1, 2011, to September 30, 2013, unless this Agreement is otherwise terminated in

accordance with this Agreement. The contract may be extended at the option of the County for a 12 month period beginning October 1, 2013 through September 30, 2014 and a separate second extension for another 12 month period beginning October 1, 2014 through September 30, 2015. If the first option is exercised, then the management fee pricing for that contract year (October 1, 2013 thru September 30, 2014) will be based upon the management fee of the immediately previous year of the contract plus/minus an adjustment equal to the change in the index rate from the end of September 2012 to the end of September 2013, not to exceed 3.75%. If the contract is extended by the County for the second renewal year (October 1, 2014 through September 30, 2015), then the management fee pricing will be based upon the management fee of the immediately previous year of the contract plus/minus an adjustment equal to the change in the index rate from the end of September 2013 to the end of September 2014, not to exceed 3.75%.

The "index rate" means the rate of annual percentage increase or decrease, rounded to the nearest one quarter percent, as computed and published by the United States Department of Commerce, Bureau of Economic Analysis.

3.1 TERMINATION FOR LACK OF APPROPRIATIONS. It is understood and agreed that this Agreement shall be subject to annual appropriations by the County.

3.1.1 Recognizing that termination for lack of appropriations may entail substantial costs for CCS, the County will act in good faith and make every effort to give CCS reasonable advance notice of any potential problem with funding or appropriations.

3.1.2 If future funds are not appropriated for this Agreement, and upon exhaustion of existing funding, the County may terminate this Agreement without penalty or liability, by providing a minimum of thirty (30) days advance written notice to CCS. The County will be liable for payment to CCS for any services rendered prior to the effective date of termination.

3.2 TERMINATION DUE TO CCS'S OPERATIONS. The County reserves the right to terminate this Agreement immediately upon written notification to CCS in the event that CCS discontinues or abandons operations, is adjudged bankrupt, or is reorganized under any bankruptcy law. Both parties agree that termination under this provision will be considered without cause.

3.3 TERMINATION FOR CAUSE. This Agreement may be terminated for cause under the following provisions:

3.3.1 TERMINATION BY CCS. Failure of the County to comply with any provision of this Agreement shall be considered grounds for termination of this Agreement by CCS upon thirty (30) days advance written notice to the County

specifying the termination effective date and identifying the non-compliance. Upon receipt of the written notice, the County will have ten (10) days to cure the non-compliance. If the County cures the non-compliance to the satisfaction of CCS, the thirty (30) day notice will become null and void, and this Agreement will remain in full force and effect. Termination under this provision will be without penalty to CCS.

3.3.2 TERMINATION BY COUNTY. Failure of CCS to comply with any provision of this Agreement shall be considered grounds for termination of this Agreement by the County upon thirty (30) days advance written notice to the CCS specifying the termination effective date and identifying the non-compliance. Upon receipt of the written notice, CCS will have ten (10) days to cure the non-compliance. If CCS cures the non-compliance to the satisfaction of the County, the thirty day notice will become null and void and this Agreement will remain in full force and effect. Termination under this provision will be without penalty to the County.

3.4 TERMINATION WITHOUT CAUSE. Either party may, without prejudice to any other rights it may have and without penalty or liability, terminate this Agreement for their convenience, for any reason and without cause by giving one hundred twenty (120) days advance written notice to the other party.

3.5 COMPENSATION UPON TERMINATION. If any of the above termination clauses are exercised by any of the parties to this Agreement, the County will pay CCS for all services rendered by CCS up to the date of termination of the Agreement regardless of the County's failure to appropriate funds.

3.6 COPIES OF RECORDS. During the term of this Agreement and thereafter, CCS owns all inmate medical records. Upon termination or expiration of the Agreement for any reason and thereafter, with respect to any third-party claims related to this Agreement, ownership of the medical records will transfer to the County and the County will ensure that CCS will be timely provided with copies of any needed medical records for purposes of providing a defense for either the County or CCS. If medical services have been transitioned to another provider, the County will require that provider to cooperate with CCS in obtaining copies of records related to the claim. This provision will survive the termination or expiration of this Agreement.

LIABILITY AND RISK MANAGEMENT

4.0 INSURANCE COVERAGE. CCS will procure and maintain during the term of this Agreement, the following coverage and limits of insurance:

4.0.1 MEDICAL MALPRACTICE/PROFESSIONAL LIABILITY. Medical Malpractice/Professional Liability insurance in an amount not less than $1,000,000 per occurrence and $3,000,000 in the aggregate. CCS shall not commence work pursuant to this Agreement until it has obtained such

insurance and has provided the County with proof of such insurance.

4.0.2 COMPREHENSIVE GENERAL LIABILITY. Comprehensive General Liability insurance, including coverage for bodily injury, wrongful death, personal injury, property damage, contractual liability, civil rights liability and products/completed operations liability. The minimum acceptable limits of liability to be provided by such insurance shall be as follows: $1,000,000 per occurrence and $3,000,000 in the aggregate.

4.0.3 WORKERS' COMPENSATION. Workers' Compensation coverage fully insuring its employees as required by applicable state law. Said insurance will be obtained from an insurance company which is authorized to do business in the State of Michigan.

4.0.4 CARRIER APPROVAL. CCS's insurance carrier and the format of certificates for CCS's insurance coverage at the time of execution of the contract are approved and deemed compliant with this Agreement.

4.1 PROOF OF INSURANCE. CCS will provide the County proof of professional liability or medical malpractice coverage for CCS's Health Care Staff, employees, agents and subcontractors, for the term services are provided under this Agreement. CCS will not be responsible for covering subcontractors under its own policy if the subcontractor provides its own coverage in the requisite amount. CCS will promptly notify the County of any notice it receives of each change in coverage, reduction in policy amounts or cancellation of insurance coverage.

4.2 INDEMNIFICATION. CCS will indemnify the County, the Macomb County Sheriff's Department, the Macomb County Jail, the Juvenile Justice Center and their officers, agents, servants and all employees from all claims, actions, omissions, lawsuits, damages, judgments, charges, expenses or liabilities, excluding attorney's fees and court costs, arising out of the negligence or willful misconduct of CCS and its officers, agents, servants, employees or subcontracted staff. CCS and County may agree to related defenses to be asserted, as well as management of the case if both parties retain their own counsel. Settlement decisions may be made solely by CCS without final approval by the County if such settlement decision results in the dismissal of all claims made against the County and its employees and results in a settlement with prejudice and without cost to the County. The County retains its right to select its own counsel at its own expense in defense of any claim filed, whether or not CCS is responsible to indemnify the County of any judgments rendered against it. CCS will defend itself and the County, if the County approves of such joint representation against any such claims brought or actions filed. CCS will provide the County a full copy of any claim or action within three (3) business days upon receipt. CCS will also disclose to the County within two weeks, any Letters of Intent received from claimant representation that could result in litigation. Nothing herein is intended to waive or forego any

defenses that may be available to CCS or the County, including but not limited to sovereign immunity. Nothing in this Agreement will require CCS to indemnify or hold harmless the County from liability for the negligent or wrongful acts or omissions of the County or its officers, agents, servants or employees. The obligations under this Section will survive the termination of this Agreement.

MISCELLANEOUS

5.0 INDEPENDENT CONTRACTOR STATUS. It is the express intent of the parties that this Agreement will not create an employer-employee relationship. CCS, its agents, consultants, subcontractors, independent contractors, or representatives, and any employees of CCS will not be deemed to be employees of the County and employees of the County will not be deemed to be employees of CCS. Neither CCS, its employees, agents, consultants, subcontractors, independent contractors, or representatives, nor the County's employees shall be entitled to any salary or wages from the other party or to any benefits made to their employees, including but not limited to overtime, vacation, retirement benefits, workers' compensation, sick leave or injury leave. CCS shall also be responsible for maintaining workers' compensation insurance, unemployment insurance for its employees, agents, consultants, subcontractors, independent contractors, and representatives, and for payment of all federal, state, local and any other payroll taxes with respect to its employees', agents', consultants', subcontractors', independent contractors', and representatives' compensation.

5.1 EQUAL EMPLOYMENT OPPORTUNITY. In connection with the carrying out of the activities provided herein, CCS, its agents, consultants, subcontractors, independent contractors, or representatives will not discriminate against any client, inmate, independent contractor, employee or applicant for employment, or any other person on the basis of race, color, religion, sex, disability, national origin, age, marital status or receipt of public assistance.

5.2 ASSIGNMENT. No party to this Agreement may assign or transfer this Agreement, or any part thereof, without the written consent of the other party.

5.3 RECORDS AVAILABILITY. Any requirement of records disclosure under this Agreement will be subject to all applicable confidentiality provisions set forth in law, regulation, privilege or ethical rule.

5.4 NOTICES. Any notice of termination, requests, demands or other communications under this Agreement will be in writing and will be deemed delivered: (a) when delivered in person to a representative the parties listed below; (b) upon receipt when mailed by first-class certified mail, return receipt requested, addressed to the party at the address below:

If for CCS:
Correct Care Solutions

If for County:
Charles Seidelman

3343 Perimeter Hill Dr., Suite 300
Nashville, TN 37211
Attn: Leilani Boulware, General Counsel

400 North Rose Street
Mt. Clemens, MI 48043

with a copy to:
George Brumbaugh
1 South Main, 8th Floor
Mt Clemens, MI 48043

5.5 GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the laws of the State of Michigan without regard to the conflicts of laws or rules of any jurisdiction.

5.6 COUNTERPARTS. This Agreement may be executed in several counterparts, each of which will be considered an original and all of which will constitute but one and the same instrument.

5.7 ENTIRE AGREEMENT. This Agreement including the documents referenced and incorporated herein represents the totality of the parties' agreement and supersedes any other documents or verbal discussions. The terms can be changed only by written agreement signed by both parties. CCS and the County hereby agree that all the terms and conditions of this Agreement shall be binding upon themselves, and their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as their official act by their respective representative, each of whom is duly authorized to execute the same.

AGREED TO AND ACCEPTED AS STATED ABOVE:

County of Macomb, Michigan

By: MARK F. DEDIN
Macomb Deputy County Executive

Date: 10-6-11

Correct Care Solutions

By: Jerry Boyle
President and Chief Executive Officer

Date:

INMATE HEALTH CARE SERVICES MANAGEMENT AGREEMENT
BETWEEN
CORRECT CARE SOLUTIONS, LLC
AND
MACOMB COUNTY, MICHIGAN
FOR THE MACOMB COUNTY JUVENILE JUSTICE CENTER

This Inmate Health Care Services Management Agreement ("Agreement") is made and entered into this 1st day of October, 2015, between Correct Care Solutions, LLC (hereinafter "CCS", a limited liability company organized under the laws of the State of Kansas, 1283 Murfreesboro Road, Suite 500, Nashville, TN 37211; and the County of Macomb (hereinafter "the County") a political subdivision of the State of Michigan.

RECITALS

WHEREAS, the County desires to provide quality health care to individuals placed, held, or detained in the Macomb County Juvenile Justice Center, in accordance with applicable law; and

WHEREAS, the County issued RFB-43-15 for Inmate Healthcare Services Management ("RFP"); and

WHEREAS, CCS is in the business of administering correctional health care services and submitted a proposal in response to the RFP; and

WHEREAS, the County issued notice of award to CCS pursuant to the RFP, and the parties have negotiated the terms under which CCS will provide services to the County and have developed this Agreement to govern services associated with the Macomb County Juvenile Justice Center("Juvenile Justice Center Agreement");

NOW, THEREFORE, in consideration of the covenants and promises hereinafter made, the parties hereto agree as follows:

HEALTH CARE SERVICES

1.0 SCOPE OF SERVICES. CCS shall provide comprehensive institutional healthcare services for the Macomb County Juvenile Justice Center ("Facility") according to the terms and provisions of: (a) this Agreement; (b) applicable law; (c) CCS' Proposal to Macomb County RFB-43-15; and (d) Macomb County RFB-43-15. To the extent of any conflict, the documents shall take precedence in the order listed. Infant care and elective treatments are expressly excluded from the scope of services. CCS will provide a training program for security staff as requested covering emergency procedures, first aid, CPR, communicable disease prevention in conformity with the standard promulgated by the National Commission on Health Care. CCS will provide emergency medical treatment to Facility staff and visitors.

1.1 INTAKE SCREENINGS. Intake screenings shall be performed by Facility staff and reviewed by CCS nurses. CCS nurses shall respond to any medical concerns that the Facility staff may have during the time of admission.

1.2 CHILD HEALTH APPRAISALS AND ASSESSMENTS. CCS shall perform health examinations within seven (7) days of admission and annually; completed, signed and dated by a certified registered nurse practitioner licensed in the State of Michigan. Appraisals and assessments shall include comprehensive health and developmental history; immunizations; screening tests and lab tests as needed; sickle cell screening; communicable disease detection; precautions if child has communicable disease; assessment child's health maintenance special health or dietary needs; allergies or contraindicated medications; mental health evaluation; physical or mental disabilities; tests for communicable diseases; and physician prescribed treatment or therapy.

1.3 HEALTH CALL – SICK CALL. CCS health care staff shall collect and review request forms or referrals daily to identify any issues requiring emergent attention. All non-emergent sick calls shall be held at least seven (7) days per week. If a juvenile's custody status precludes attendance at a sick call session, arrangements shall be made to ensure sick call services are provided at the place of the juvenile's confinement. CCS health care staff shall accept and triage all complaints with referrals to qualified health care personnel as required, and in accordance with the National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA).

1.4 PHARMACY. CCS shall provide a total pharmaceutical management program that includes formulary and non-formulary oversight, prescribing of medications, filling, dispensing, record-keeping and appropriate licensure and DEA management. Prescribing, dispensing, and administering of medication shall comply with all State and Federal laws and regulations and all medications shall be dispensed under the supervision of a duly authorized, appropriately licensed or certified health care provider.

1.5 YOUTH DENTAL SERVICES. Under the direction and supervision of a licensed dentist, CCS shall provide dental services to the juvenile population in accordance with State of Michigan regulations, and NCCHC and ACA standards. CCS' Dental Program shall include prevention of dental disease, oral hygiene education and dental specialist referrals, if needed. Any equipment additions or replacements are the responsibility of CCS.

1.6 LABORATORY SERVICES. CCS shall arrange and bear the cost of pathology and radiology services (also referred to as laboratory and X-ray services) ordered by a CCS physician for the juvenile population. CCS shall arrange on-site pathology and radiology services to the extent reasonably possible. To the extent pathology and radiology services are required and cannot be rendered on-site, CCS shall make appropriate arrangements for rendering offsite pathology and radiology

care but shall not be responsible for the cost of such off-site services. CCS will arrange and coordinate with the Facility for the transportation for pathology and radiology off-site services.

1.7 ERMA. The County will have read-only access to CCS' electronic records management system ("ERMA"). CCS will provide a daily email census of inpatients to a recipient designated by the County. CCS will maintain review notes which include the clinical status of the patient description of daily hospital progress notes.

1.8 STAFFING. CCS will provide staffing in accordance with Exhibit A – Staffing Matrix, unless otherwise agreed to by the parties in writing. If County should become dissatisfied with any health care personnel provided by CCS hereunder, CCS, in recognition of the sensitive nature of correctional services, will, following receipt of written notice from County of its dissatisfaction and the reasons thereof, exercise its best efforts to resolve the problem, and, if the problem is not resolved, remove the individual about whom the County has expressed a dissatisfaction. CCS will be allowed a reasonable time to find a qualified replacement.

1.9 HEALTH CARE STAFF PRACTICES. CCS will require its health care staff to abide by all the laws, rules and regulations that govern the practices and procedures under which the health care staff is/are licensed and shall act within the parameters of all applicable ethical and professional standards in providing the services. CCS will require its health care staff to comply with all administrative policies adopted by the County to protect the health, safety and welfare of the Facility's population.

1.10 LICENSING OF HEALTH CARE STAFF. CCS agrees that it, and its health care staff, at all times during this Agreement, will be properly licensed and/or certified to provide the services they perform pursuant to this Agreement.

1.11 COMPLIANCE WITH HIPAA/STATE HEALTH INFORMATION PRIVACY LAWS. The County, the Facility, and their employees, agents and subcontractors shall treat inmate health information in a manner consistent with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for Protected Health Information (PHI) and the Health Information Technology for Economic and Clinical Health Act (HITECH), and shall abide by any State and federal health information privacy laws, to the extent they are applicable. The County shall implement policies and/or procedures to maintain confidentiality of health information. CCS assumes liability for any breach of confidentiality that may occur through the action or omission of CCS, CCS' employees, independent contractors, and anyone directly or indirectly employed by CCS. The County assumes liability for any breach of confidentiality that may occur through the action or omission of the County, the County's agents, representatives and employees.

COMPENSATION

2.0 COSTS. This is a Cost Plus Management Fee Agreement in which all operational costs of CCS are passed to the County. Exhibit B, Proposed Pricing, contains anticipated costs to the County in the total amount of $381,270.00 for medical care during Year 1 (2015/2016) of this Agreement. These costs include: (1) the management fee, a fixed amount of $57,200.00 which is paid to CCS for administering the County's medical care program; and (2) pass-through costs of $324,070.00.00 as identified in Exhibit B: Salaries, Wages & Benefits, Travel, Insurance, Pharmacy, On-Site (excluding pharmacy), Supplies, Off-Site, and miscellaneous expenses. The parties recognize that the foregoing pass-through costs in this section above may vary subject to inmate needs and the actual cost of these items.

2.1 PAYMENT TO CCS. On the first of each month, CCS will submit an invoice to the County for $1/12^{th}$ of the management fee and for the costs that are estimated to be incurred during the month. The County will make payment to CCS within fifteen (15) days of the date of invoice. On a quarterly basis, CCS will true up the invoices with actual costs for that quarter and submit an adjusted invoice to the County. If actual costs exceed payments, the County will pay any balance to CCS within forty-five (45) days of the date of invoice. If payments exceed actual costs, CCS will issue a credit to the County in the next monthly invoice.

2.2 FEE ADJUSTMENT. Following the Initial Year of this Agreement, the management fee will be adjusted for the Second and Third Years based upon negotiations between the parties, but not to exceed an increase of 3.5% of the management fee for the previous year. Adjustments for any option year will be made in accordance with Section 3.0. Should there be a change, including but not limited to a significant increase or decrease in population or a change in applicable law or regulation, that materially impacts operations such that a change in the management fee is warranted, either party will have the option to seek a commensurate change in the fee terms and the parties agree to negotiate such changes in good faith.

TERM AND TERMINATION

3.0 TERM. The term of this Agreement shall be for a period from October 1, 2015 to September 30, 2018, unless this Agreement is otherwise terminated in accordance with this Agreement. The contract may be extended at the option of the County for a twelve (12) month period beginning October 1, 2018 through September 30, 2019 and a separate Second Extension for another 12-month period beginning October 1, 2019 through September 30, 2020. If the first option is exercised, then the management fee pricing for that Contract Year (October 1, 2018 through September 30, 2019) will be based upon the management fee of the immediately previous year of the contract plus/minus an adjustment equal to the change in the index rate from the end of September, 2018 to the end of September, 2019 not to exceed 3.75%. If the contract is extended by the County for the Second Renewal Year (October 1, 2019 through September 30, 2020), then the management fee pricing will be based

upon the management fee of the immediately previous year of the contract plus/minus an adjustment equal to the change in the index rate from the end of September, 2019 to the end of September, 2020, not to exceed 3.75%.

The "index rate" means the rate of annual percentage increase or decrease, rounded to the nearest one-quarter percent (1/4%), as computed and published by the United States Department of Commerce, Bureau of Economic Analysis.

3.1 TERMINATION FOR LACK OF APPROPRIATIONS. It is understood and agreed that this Agreement shall be subject to annual appropriations by the County.

3.1.1 Recognizing that termination for lack of appropriations may entail substantial costs for CCS, the County will act in good faith and make every effort to give CCS reasonable advance notice of any potential problem with funding or appropriations.

3.1.2 If future funds are not appropriated for this Agreement, and upon exhaustion of existing funding, the County may terminate this Agreement without penalty or liability, by providing a minimum of thirty (30) days advance written notice to CCS. The County will be liable for payment to CCS for any services rendered prior to the effective date of termination.

3.2 TERMINATION DUE TO CCS' OPERATIONS. The County reserves the right to termination this Agreement immediately upon written notification to CCS in the event that CCS discontinues or abandons operations, is adjudged bankrupt, or is reorganized under any bankruptcy law. Both parties agree that termination under this provision will be considered without cause.

3.3 TERMINATION FOR CAUSE. The Agreement may be terminated for cause under the following provisions:

3.3.1 TERMINATION BY CCS. Failure of the County to comply with any provisions of this Agreement shall be considered grounds for termination of this Agreement by CCS upon thirty (30) days' notice to the County, specifying the termination effective date and identifying the non-compliance. Upon receipt of the written notice, the County will have ten (10) days to cure the non-compliance. If the County cures the non-compliance to the satisfaction of CCS, the thirty (30) day notice will become null and void, and this Agreement will remain in full force and effect. Termination under this provision will be without penalty to CCS.

3.3.2 TERMINATION BY COUNTY. Failure of CCS to comply with any provision of this Agreement shall be considered grounds for termination of this Agreement by the County upon thirty (30) days advance written notice to CCS specifying the termination effective date and identifying the non-compliance. Upon receipt of the written notice, CCS will have ten (10) days

to cure the non-compliance. If CCS cures the non-compliance to the satisfaction of the County, the thirty (30) day notice will become null and void, and this Agreement will remain in full force and effect. Termination under this provision will be without penalty to the County.

3.4 TERMINATION WITHOUT CAUSE. Either party may, without prejudice to any other rights it may have and without penalty or liability, terminate this Agreement for their convenience, for any reason and without cause by giving one hundred twenty (120) days advance written notice to the other party.

3.5 COMPENSATION UPON TERMINATION. If any of the above termination clauses are exercised by any of the parties to the Agreement, the County will pay CCS for all services rendered by CCS up to the date of termination of the Agreement regardless of the County's failure to appropriate funds.

3.6 MEDICAL RECORDS MANAGEMENT. CCS shall provide the following medical records management services:

3.6.1 MEDICAL RECORDS. CCS HEALTH CARE STAFF shall maintain, cause or require the maintenance of complete and accurate medical records for the juvenile population who have received health care services. Medical records shall be kept separate from the juvenile population confinement records. A complete copy of the individual medical record shall be available to accompany each juvenile who is transferred from the facility to another location for off-site services or transferred to another institution. CCS will keep medical records confidential and shall not release any information contained in any medical record except as required by published facility policies, by a court order or by applicable law. Upon termination of this Agreement, all medical records shall be delivered to and remain with the County, as property of the County.

3.6.2 ELECTRONIC MEDICAL DATA MANAGEMENT. CCS shall provide and maintain an electronic medical data management system for use at the facility.

3.6.3 COMPLIANCE WITH LAWS. Each medical record shall be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and any other applicable state or federal privacy statute or regulation.

3.6.4 RECORDS AVAILABILITY. As needed to administer the terms of this Agreement, CCS shall make available to the Facility, unless otherwise specifically prohibited, at the County's request, all records, documents and other papers relating to the direct delivery of health care services to the juvenile population hereunder.

LIABILITY AND RISK MANAGEMENT

4.0 INSURANCE COVERAGE. CCS will procure and maintain during the term of this Agreement, the following coverage and limits of insurance.

4.0.1 MEDICAL MALPRACTICE/PROFESSIONAL LIABILITY. Medical Malpractice/Professional Liability insurance in an amount not less than $1,000,000.00 per occurrence and $3,000,000.00 in the aggregate. CCS shall not commence work pursuant to this Agreement until it has obtaining such insurance and has provided the County with proof of such insurance.

4.0.2 COMPREHENSIVE GENERAL LIABILITY. Comprehensive General Liability Insurance, including coverage for bodily injury, wrongful death, personal injury, property damage, contractual liability, civil rights liability and products/completed operations liability. The minimum acceptable limits of liability to be provided by such insurance shall be as follows: $1,000,000.00 per occurrence and $3,000,000.00 in the aggregate.

4.0.3 WORKERS' COMPENSATION. Workers' Compensation coverage fully insuring its employees as required by applicable state law. Said insurance will be obtained from an insurance company which is authorized to do business in the State of Michigan.

4.0.4 CAREER APPROVAL. CCS' insurance carrier and the format of certificates for CCS' insurance coverage at the time of execution of the contract are approved and deemed compliant with this Agreement.

4.1 PROOF OF INSURANCE. CCS will provide the County proof of professional liability or medical malpractice coverage for CCS' Health Care Staff, employees, agents and subcontractors, for the term services are provided under this Agreement. CCS will not be responsible for covering subcontractors under its own policy if the subcontractor provides its own coverage in the requisite amount. CCS will promptly notify the County of any notice it receives of each change in coverage, reduction in policy amounts or cancellation of insurance coverage.

4.2 INDEMNIFICATION. CCS will indemnify the County, the Juvenile Justice Center and their officers, agents, servants and all employees from all claims, actions, omissions, lawsuits, damages, judgments, charges, expenses or liabilities, excluding attorney's fees and court costs, arising out of the negligence or willful misconduct of CCS and its officers, agents, servants, employees or subcontracted staff. CCS and County may agree to related defenses to be asserted, as well as management of the case if both parties retain their own counsel. Settlement decisions may be made solely by CCS without final approval by the County, if such settlement decision results in the dismissal of all claims made against the County and its employees and results in a settlement with prejudice and without cost to the County. The County retains its right to select its own counsel at its own expense in

defense of any claim filed, whether or not CCS is responsible to indemnify the County of any judgments rendered against it. CCS will defend itself and the County, if the County approves of such join representation against any such claims brought or actions filed. CCS will provide the County a full copy of any claim or action within three (3) business days upon receipt. CCS will also disclose to the County within two weeks, any Letters of Intent received from claimant representation that could result in litigation. Nothing herein is intended to waive or forego any defenses that may be available to CCS or the County, including but not limited to sovereign immunity. Nothing in this Agreement will require CCS to indemnify or hold harmless the County from liability for the negligent or wrongful acts or omissions of the County or its officers, agents, services or employees. The obligations under this section will survive the termination of this Agreement.

MISCELLANEOUS

5.0 INDEPENDENT CONTRACTOR STATUS. It is the express intent of the parties that this Agreement will not create an employer-employee relationship. CCS, its agents, consultants, subcontractors, independent contractors, or representatives, and any employees of CCS will not be deemed to be employees of the County and employees of the County will not be deemed to be employees of CCS. Neither CCS, its employees, agents, consultants, subcontractors, independent contractors, or representatives, nor the County's employees shall be entitled to any salary wages from the other party or to any benefits made to their employees, including but not limited to overtime, vacation, retirement benefits, workers' compensation, sick leave or injury leave. CCS shall also be responsible for maintaining workers' compensation insurance, unemployment insurance for its employees, agents, consultants, subcontractors, independent contractors, and representatives, and for payment of all federal, state, local and any other payroll taxes with respect to its employees', agents', consultants', subcontractors', independent contractors', and representatives' compensation.

5.1 EQUAL EMPLOYMENT OPPORTUNITY. In connection with the carrying out of the activities provided herein, CCS, its agents, consultants, subcontractors, independent contractors, or representatives will not discriminate against any client, inmate, independent contractor, employees or applicant for employment, or any other person on the basis of race, color, religion, sex disability, national origin, age, marital status or receipt of public assistance.

5.2 ASSIGNMENT. No party to this Agreement may assign or transfer this Agreement, or any part thereof, without the written consent of the other party.

5.3 RECORDS AVAILABILITY. Any requirement of records disclosure under this Agreement will be subject to all applicable confidentiality provisions set forth in law, regulation, privilege or ethical rule.

5.4 NOTICES. Any notice of termination, requests, demands or other communications under this Agreement will be in writing and will be deemed delivered: (a) when delivered in person to a representative the parties listed below; (b) upon receipt when mailed by first-class certified mail, return receipt requested, addressed to the part at the address below:

If for CCS:
Correct Care Solutions, LLC
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217
Attn: General Counsel

If for County:
Rhonda Westphal
400 North Rose Street
Mt. Clemens, MI 48043

With copy to:
John Schapka
1 South Main, 8th Floor
Mt. Clemens, MI 48043

5.5 GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the laws of the State of Michigan without regard to the conflicts of laws or rules of any jurisdictions.

5.6 COUNTERPARTS. This Agreement may be executed in several counterparts, each of which will be considered an original and all of which will constitute but one and the same instrument.

5.7 ENTIRE AGREEMENT. This Agreement including the documents referenced and incorporated herein represents the totality of the parties' agreement and supersedes any other documents or verbal discussion. The terms can be changed only by written agreement signed by both parties. CCS and the County hereby agree that all the terms and conditions of this Agreement shall be binding upon themselves, and their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as their official act by their respective representative, each of whom is duly authorized to execute the same.

AGREED TO AND ACCEPTED AS STATED ABOVE:

County of Macomb, Michigan

By: _____
Pamela Lavers
Title: Assistant County Executive
Date: 9/14/15

Correct Care Solutions, LLC

By: _____
Cary McClure
Title: Secretary
Date: 10-7-15

Pamela J. Lavers
Assistant County Executive
Macomb County Executive Office
One South Main, 8th Floor
Mount Clemens, Michigan 48043

EXHIBIT A

STAFFING MATRIX MACOMB COUNTY JUVENILE JUSTICE CENTER MICHIGAN									
	MON	TUE	WED	THU	FRI	SAT	SUN	Total/HRS	FTE
DAY SHIFT									
Charge RN	8	8	8	8	8	8	8	56	1.40
Nurse Practitioner			5		5			10	0.25
TOTAL HOURS/FTE-Evening								*66*	*1.65*
EVENG SHIFT									
LPN	8	8	8	8	8	8	8	56	1.40
TOTAL HOURS/FTE-Night								*56*	*1.40*
TOTAL HOURS/FTE per week								*122*	*3.05*

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 12/14/2015

Title: (U) Video provided to US Attorney's Office

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) A copy of the Macomb County jail Video of David Stojcevski was provided to AUSA [redacted] at the U.S. Attorney's Office. b6 b7C

♦♦

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 12/14/2015

Title: (U) Email from U.S. Attorney Office.

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email from AUSA [redacted] b6 b7C requesting that no interviews of medical personnel at the Macomb County jail be interviewed until the U.S. Attorney's office consults with a medical expert.

♦♦

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: UNET-EMAIL **Date:** 12/16/2015

Title: (U) Additional Records requested from CCS.

Approved By: SSRA [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 282B-DE-6736446 (U) UNSUBS;
MACOMB COUNTY JAIL;
DAVID STOJCEVSKI - VICTIM;

Synopsis: (U) Email to Chapman Law Group requesting additional records from CCS.

♦♦

FD-302 (Rev. 5-8-10)

FEDERAL BUREAU OF INVESTIGATION

Date of entry 12/17/2015

On December 17, 2015, Sergeant [redacted] Macomb County Sheriff's Department, 43565 Elizabeth Rd, Mt. Clemens, Michigan provided the following records: b6 b7C

1. The Blood Chemistry report on DAVID STOJCEVSKI.
2. The Macomb County Sheriff's Department policy for Hunger Strike.
3. The duty schedule for Mental Health Unit for June 27, 2014.
4. Training records for [redacted]
5. Training records for
6. Training records for
7. Training records for
8. Training records for
9. Training records for
10. Training records for
11. Training records for

Investigation on 12/17/2015 at Clinton Township, Michigan, United States (In Person)

File # 282B-DE-6736446 Date drafted 12/17/2015

by [redacted] b6 b7C

Office of the Macomb County Sheriff

GENERAL ORDER		Number 5.13
Subject: Hunger Strike		
This Policy Supercedes All Previously Issued Correspondence Relative To This Topic		
Effective Date: October 8, 2015	Approved	Sheriff
Review Date	Approved	
Distribution: All Personnel		No. of Pages: 2

POLICY:
It is the policy of the Macomb County Sheriff's Office to establish guidelines to immediately identify, evaluate and provide treatment for prisoners engaging in a hunger strike. All Sheriff's personnel will be trained in these procedures.

SOURCE:
Administrative Rules for Jails and Lockups – Michigan Department of Corrections (8/13/98), Rule 791.717 (d)

PROCEDURE:
Any inmate who refuses food for a period of 72 consecutive hours is considered to be on a hunger strike. When an inmate is observed refusing meals, not eating on a regular basis or declares a hunger strike, the following procedures shall be followed:

A. When a Deputy receives notice that an inmate is refusing to eat, he or she will document all pertinent information in a report.

B. The Medical staff and Mental Health staff will be notified immediately to evaluate the inmate according to established protocols.

C. When Medical or Mental Health personnel are advised by an inmate of their refusal to eat, they will complete/distribute a "Memo to Command" form. This form will be posted in the duty station for all shifts to observe.

D. When the affected inmate is housed with other inmates, he or she must be placed by themselves for the one hour period with their food tray and observed closely. Their food intake will be documented in the log book for each meal.

E. If any contractual inmate (e.g. Immigration Customs Enforcement (ICE) or U.S. Marshall, MDOC, etc.) is involved, a notification and a request for removal of the inmate will be made to the appropriate agency.

F. After being assessed by the Medical staff, the prisoner will be given a thorough explanation of the consequences of refusing foods and/or liquids. If the prisoner refuses treatment a member of the medical staff shall answer any questions, explain the Refusal of Treatment form and have the prisoner sign and date the form.

A Command Officer shall witness and video tape this meeting. A language interpreter shall be made available if appropriate. If a member of the Mental Health staff determines that the prisoner is not capable of understanding the consequences of his/her behavior, they will begin proceedings to appoint a guardian.

G. Command and/or a member of the health services staff will determine the most appropriate housing arrangement conducive to the monitoring and health care management of the prisoner.

H. Management of the Inmate Hunger Strike
1. All commissary food items will be removed from the inmate's cell.
2. An adequate supply of water will be available to the inmate at all times.
3. Three (3) meals per day will be delivered to the inmate and left for at least one hour. This shall be documented.
4. Corrections staff will document the intake of food and fluids in the logbook.
5. The Medical staff and Mental Health staff will follow their established protocols for managing the health care of the inmate to include, at a minimum:
    a. Initial evaluation, including baseline labs. Inmate hunger strikes must be evaluated and managed on a case-by-case basis.
    b. Weight and vital signs will be documented in the medical record every 24 hours.
    c. Documentation of all treatment attempts, including attempts to persuade the striker of medical risks.

I. The Medical staff will advise the Jail Administrator or designee if the prisoner's hunger strike becomes life threatening. In that event, further legal action may be pursued if necessary.

J. Forced feeding will only be performed in compliance with State laws, when, in the opinion of the Medical Director and/or Doctor, the hunger strike poses a threat to life or long-term health complications.

K. If the hunger strike ends (as evidenced by the prisoner eating and drinking or through other reliable evidence), the administrative staff and appropriate health care staff will be notified and shall determine when monitoring activities may cease.