THE STATE of ALASKA
GOVERNOR MICHAEL J. DUNLEAVY

Department of Health and Social Services
OFFICE OF THE COMMISSIONER

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February 5, 2019

Commissioner of the Department of Health and Social Service's

Declaration under AS 47.32.140(d) and (e)

On January 30, 2019, at approximately 5:00 PM AST, I notified the Senior Leadership in the Department of Health and Social Services, that I was invoking my authority under AS 47.32.140(d) and (e). Under this authority I was assuming management of the Alaska Psychiatric Institute (API) effective no later than February 5, 2019, by contracting with a nationally recognized organization to provide day-to-day management and operations for the facility through the end of the fiscal year with the expectation that this organization will take over the full-time operations of the facility on or before July 1, 2019.

This basis for this declaration includes, but is not limited to, the following:

1. API has not been operating at full bed capacity since July of 2017 and currently has less than half its beds available for use. Reasons for this include an inability to recruit and retain new medical professionals and leadership positions due, in part, to the
    i. "Unsafe Work Environment" report issued by the Occupational Safety and Health Administration;
    ii. concerns noted by Bill Evans in his report; and
    iii. lack of competitive compensation available to new hires at API.
2. API is currently under four Letters of Correction, from four different authorities, on issues of patient safety. These authorities include the:
    a. Centers for Medicaid and Medicare Services (CMS);
    b. Joint Commission;
    c. Occupational Safety and Health Administration; and
    d. Health Facilities Licensing and Certification Section, Health Care Services Division, Department of Health and Social Services.
3. Patient Safety is seriously at risk in the form of:
    a. Suicide Risk (Ligature Rule);
    b. Seclusion and Restraint, including the potential for:
        i. Patient abuse and misuse;
        ii. Patient injury; and

iii. The violation of patient rights;

c. Lack of complete and appropriate training for the de-escalation of violence for both staff and security contractors (WEKA); and

d. Patients have been physically injured, sexually assaulted, had their rights violated, and undergone unnecessary restraint and seclusion.

4. Of those four Letters of Correction, the one from the CMS (Federal government) is the most concerning. This finding was originally issued in July of 2018 with a 90-day deadline, which was not met. In November, CMS issued a follow-up letter with intent to revoke CMS certification of API. Immediately thereafter, resignations were submitted by the then-Deputy Commissioner, Director of the Division of Behavioral Health, and CEO of API. The deadline for correction was November 26th, which was again not met and should have resulted in the loss of certification at that time. However, due to the earthquake, which put Alaska in a State of Emergency, CMS granted an extension until February 1, 2019, for API to submit its Plan of Correction. The Plan of Correction has been submitted, and the Plan itself has been approved, but upon information and belief, CMS lacks confidence in the State of Alaska to actually implement the Plan of Correction because of its repeated failure to do so in the past, and because of its current management structure and lack of personnel.
5. The leadership at API is mostly working on an interim basis. The organization lacks a permanent:
   1) CEO;
   2) Chief of Psychiatry;
   3) Medical Director;
   4) Safety Officer (there is currently no acting Safety Office either);
   5) Director of Nursing; and
   6) Assistant Director of Nursing.

   Without permanent employees in these critical positions, it will be next to impossible to implement the Plan of Correction.
6. Without this Declaration, the State of Alaska faces the potential closure of the only state operated inpatient psychiatric hospital in the State of Alaska. This would have catastrophic consequences up to and including further patient trauma, the need to transfer patients out of the state to other hospitals for care (all at the expense of General Funds), and potential safety issues.
7. Despite continuing efforts, the most recent survey identified another undisclosed incident of patient-on-patient sexual assault in the last 30 days. There has been an incident of Immediate Jeopardy at least once a quarter at API over the last year. This level of compromised safety requires immediate intervention.

It is my expectation that this contractor will:

1. Immediately provide staffing to administratively manage API quickly and efficiently; provide medical staffing to increase patient capacity; and achieve rapid compliance with all regulatory and safety requirements;
2. Invoke immediate changes which will improve patient safety and rectify the legal and clinical issues surrounding restraint and seclusion; and
3. Eventually assume all hospital responsibilities including patient services.

Dated: 2/5/2019

Adam Crum, Commissioner
Department of Health and Social Services

Cc:
Al Wall, Deputy Commissioner
Donna Steward, Deputy Commissioner
Sana Efrid, Assistant Commissioner
Margaret Brodie, Director Health Care Services

Request for Alternate Procurement

Complete all required and/or applicable fields below, save, and email to doa.dgs.purchasing.statewide@alaska.gov.
Include supporting materials and factual evidence after this form or attach separately.

RAP Number	2019 0600 4181
Department	Health & Social Services
Type	Emergency (AS 36.30.310 / 2 AAC 12.440)
Date Required	02/07/2019
Total Estimated Cost	$84,000,000.00
Vendor Name	WellPath Recovery Solutions

Executive Summary

DHSS is requesting an emergency procurement of full hospital administration services for the Alaska Psychiatric Institute (API), to be implemented immediately. API is currently under 4 grievous Letters of Correction from 4 different authorities on serious issues of patient safety,and has proven incapable of corrective action; resulting in imminent/severe risk of closure. Closure would be catastrophic and result in loss of Federal Funding (approx $37M annually), and shipping of patients to out of state facilities, at State's GF expense.
It is not practical to compete for these services as there is no other vendor with the specific experience and immediate capacity to meet this emergent need.

Preparer Information

Alternate procurements must be conducted by procurement staff with SSoA procurement certification appropriate for the dollar amount.

Preparer Name	Susan Jabal	Certification Level	Level III
Preparer E-mail	susan.jabal@alaska.gov		

Contact Information

If you would like us to contact someone ***other*** than the preparer if we have questions or need further information, please provide their name and contact details below.

Contact Name / Phone	

Requesting Agency Approval

May not be delegated below Administrative Services Director for small procurements without prior approval from SSoA.

Approver's Name / Title	Sana Efird, Assistant Commissioner

By entering my initials below, I represent that I am authorized to approve this Request for Alternate Procurement. I confirm that, to the best of my knowledge, all information and evidence submitted in support of this request is accurate and true.

Approver's Initials _____ Date _____

Single Source / Limited Competition / Emergency Evidence

*For **Single Source**, **Limited Competition**, or **Emergency** RAP types, you must include evidence consisting of material facts sufficient to independently determine that the findings of fact supporting the RAPs approval are true and accurate. Factual evidence may consist of written documents, records, supporting data, affidavits, or other information proving that the findings of fact are true and accurate.*

*For **Single Source** and **Limited Competition** RAP types, for each piece of evidence submitted, please indicate whether it supports the RAP being in the state's best interest or whether it supports the procurement being impractical to compete using a more competitive procurement method, or both. Remember, evidence supporting "state's best interest" must describe the specific interests affected.*

Continue evidence list on new page if necessary.

Evidence	State's Best Interest	Impractical to Compete
Emergency Justification Memo, Albert Wall, DHSS Deputy Commissioner	☑	☐
WellPath Recovery Solutions Proposal	☑	☐
Commissioner's declaration per AS 47.32.140(d) and (e)	☑	☐
ASPS	☑	☐
Evaluation Summary	☑	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Unanticipated Amendment Exception

*Please complete the fields below if submitting an **Unanticipated Amendment Exception (UAE)** RAP. If more space is needed for **Legitimacy**, include that on another page.*

Legitimacy

Scope
Does the unanticipated work contain any change(s) to the contract scope of work or alter the intent of the original services?

◯ No ◯ Yes. Explanation attached.

Contract Clauses
Does the original contract contain a clause that authorizes modification?

◯ Yes ◯ No. Explanation attached.

Extent
Does the amendment contain an important general change that alters the main purpose of the contract or does it contain material of such individual importance as to constitute a new undertaking?

◯ No ◯ Yes. Explanation attached.

Emergency

If submitting an Emergency RAP, describe the level of competition that will be used to select a contractor. Attach additional pages if necessary.

The need for an emergency procurement is fully described in the attached email from Deputy Commissioner Albert Wall. He details the various angles of the problem and the possible consequences of inaction, including serious risk of closure and the anticipated results should that occur.

The memo also describes the proposed solution, the process of arriving at the recommended vendor, and the inability to conduct a full solicitation process.

Executive leadership of DHSS met with two potential vendors concerning this issue and their proposed solution and capacity. A formal evaluation process was implemented and is summarized below:
- Executive Leadership of DHSS reviewed 2 overview documents of companies and met with proposed individuals from both regarding the immediate takeover of hospital administration. They explored experience & qualifications, their proposed methodology of care and management, and their understanding of the situation. The evaluation scoring form used is attached.
- The recommendation to contract with WellPath was clear, and made based on experience & qualifications, methodology, capacity, and understanding, as each specifically relate to the situation at API. This is described in further detail in the attached memo from Al Wall.

In summary, WellPath is the only vendor who has the capacity and experience to meet the Departments emergent needs:
- They have an on-hand team that is ready and capable of immediate, emergent response.
- they have specific and detailed experience in psychiatric care and psychiatric hospital administration
- they have experience/capacity to quickly and efficiently take over administration with the intent of rapid regulatory compliance, patient safety and care, and ongoing acceptance of new patients (civil and criminal)

The above reasons make this vendor the only one capable of meeting the specific and urgent needs of this situation; thereby making it not practical to compete via a full solicitation process. Contracting directly with this vendor is in the best interest of the State.

The anticipated result of this contract is to achieve patient and hospital stability at API, come into rapid compliance with all governing bodies, maintain and increase patient capacity, and ensure patient safety, patient privacy, a therapeutic environment, and staff safety.

The following sections are for completion by Shared Services of Alaska only.

Reviewed by:

Recommended Action:

Delegated Authority

If this request is approved, the procurement must be made under these conditions:

This authority is limited to the goods or services and vendor(s) specified in the RAP and is not to exceed the TOTAL ESTIMATED COST entered on page 1 unless a different amount is entered by SSOA in the SPECIFIC DELEGATION AUTHORITY/RESTRICTIONS/NOTES below.

This authority expires in 60 DAYS from the date of approval.

For goods and/or services related to INFORMATION TECHNOLOGY (IT), this authority is contingent on the receipt of any additional approvals required by your agency and the Office of Information Technology (OIT).

The agency has until the AUTHORITY EXPIRES ON date to establish a contract or amend the contract for these terms or services.

Any contract established must conform to AAM 81.

Prior to issuing an amendment, cost and pricing data must be obtained from the contractor per AS 36.30.400.

Once a contract is established or amended, the agency's normal authority to process unanticipated amendments under 2 AAC 12.485 apply.

Specific Delegation Authority/Restrictions/Notes

Chief Procurement Officer (CPO) Signature

By signature below, I concur with the RECOMMENDED ACTION and any SPECIFIC DELEGATION AUTHORITY/RESTRICTIONS/NOTES entered related to this request.

Signature

SSoA Statewide Contracting Request for Alternate Procurement

Complete all required and/or applicable fields below, save, and email to doa.dgs.purchasing.statewide@alaska.gov.
Include supporting materials and factual evidence after this form or attach separately.

RAP Number	2019 0600 4181
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Preparer Name	Susan Jabal	Certification Level	Level III
Preparer E-mail	susan.jabal@alaska.gov		

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Contact Name / Phone	

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May not be delegated below Administrative Services Director for small procurements without prior approval from SSoA.

Approver's Name / Title	Sana Efird, Assistant Commissioner

By entering my initials below, I represent that I am authorized to approve this Request for Alternate Procurement. I confirm that, to the best of my knowledge, all information and evidence submitted in support of this request is accurate and true.

Approver's Initials [illegible] Date 2/1/19

DHSS Authority to Seek Professional Services
- ASPS -

ASPS # (Assigned by Procurement) 0619-131

Division/Unit Number **Alaska Psychiatric Institute**	**Description of Services / Project** API Administrative Management Services
Proposed Solicitation Type (Assigned by Procurement) Emergency Sole Source	**Does ASPS replace an existing or expired contract?** Y/N (Previous contractor and contract number) No
Period of Performance: ☐ **One-time Service** **Start Date:** **End Date:**	- OR - ☐ **Ongoing Service** **Initial Period of Performance:** 2/5/19 – 6/30/19 **# and length of Renewal(s):** plus 2 renewal options (FY20, FY21)
Funding Source (Capital, Federal, GF, etc)	**Total Project Budget** (total including all renewals) **$ 84,000,000**

Accounting Elements

Fund	Unit	Appropriation	Object	Location	Activity	Program

Project Director Albert Wall	**Contract Administrator** (Assigned by Procurement) Susan Jabal

Purpose of Contract (Provide a brief description of the type of services required)

The contractor will provide contractual administrative management services at the Alaska Psychiatric Institute (API) beginning Tuesday, February 5, 2019. The initial period of performance will include hospital stabilization, achievement of compliance with all governing bodies, evaluation of operations staffing and training, all with a priority of patient safety.

The renewal years will involve planning and achievement of self-sustainability; after which a new agreement will be implemented to facilitate the determined relationship between the contractor and the State of Alaska.

(If additional space is required, please add pages)

Department of Health and Social Services – Approval Block

The below signatures are required prior to submitting to the Procurement office:

Albert Wall, Deputy Commissioner: Albert Wall **Date:** 02/01/19

Sana Efird, Assistant Commissioner: Sana Efird **Date:** 2/1/19

The below signatures below will be obtained by Procurement, after review, if applicable:

Scott McCutcheon, Department IT Manager: _____ **Date:** _____
(required for IT related projects)

Amy Burke, Chief Facilities Section: _____ **Date:** _____
(required for Capital funded projects)

Proposal Evaluation

In order to assist you in considering the 2 vendors for these services, below are some suggested criteria/questions,

Scoring Tool : 1 – 3 – 5 (below average, average, above average)

Understanding of the Project (25%)

1) How well has the offeror demonstrated an understanding of the purpose and scope of the project?
2) How well has the offeror identified pertinent issues and potential problems related to the project?
3) Has the offeror demonstrated an understanding of the state's time schedule and can they meet it?

Methodology/Management Plan (25%)

1) How comprehensive is the methodology and does it depict a logical and achievable approach to the situation?
2) Does the methodology interface with the time schedule required?
3) How well does the management plan support all of the project requirements and logically lead to the deliverables?
4) Is the organization of the project team clear, and does it illustrate the lines of authority and communication?
5) To what degree is the proposal practical and feasible?

Experience and Qualifications (50%)

1) How successful is the general history of the firm regarding timely and successful completion of projects?
2) How extensive is the applicable education and experience of the personnel designated to work on the project?
3) How applicable is the offerors experience to the specific needs of this project?

Cost

Cost is unavailable at the time of the technical evaluation. Offerors were evaluated based on verbal conversations (in person and/or telephonically) and on written materials provided.

Corrective action plans (CMS, Joint Commission, etc) are building the requirement for these services. These corrective action plans are still in development, and will determine the deliverables and budget, and cost negotiations. It is essential to identify the vendor most likely to succeed based on the technical merits of the proposals.

Recommendation

Based on the evaluation herein, it is recommended that contract discussions be initiated via Emergency Procurement with WellPath.

Scoring Point Scale Used: 1 (below average) – 3 (average) - 5 (above average)

60 total points possible (Experience & Qualifications weighted double)

Vendor 1: Networx Health (Noel Rea)

Criteria & Weight	AW	DS	SE	Discussion Notes
Understanding (x1)	3	3	3	• Documentation provided – CV only • Came for onsite meeting but declined tour • Patient care priority not in alignment with State
Methodology & Management Plan (x1)	1	1	3	• Propose to stop accepting new patients
Experience & Qualifications (x2)	3 (x2 = 6)	3 (x2 = 6)	3 (x2 = 6)	• Has some appropriate experience • No inpatient psychiatric care experience • Has power of Virginia Mason, but did not articulate how that would benefit API • No identification of additional team/qualifications
		Total Points:	**32**	

Vendor 2: WellPath

Criteria & Weight	AW	DS	SE	Discussion Notes
Understanding (x1)	5	5	3	• Clearly articulated depth of knowledge of inpatient psychiatric care issues, eg: zero harm, restraint & seclusion, Alaska laws
Methodology & Management Plan (x1)	3	3	5	• Clear articulation of care of patients as priority, in alignment with State's need • Methodology appropriate to addressing inpatient psychiatric care issues
Experience & Qualifications (x2)	5 (x2 = 10)	5 (x2 = 10)	5 (x2 = 10)	• Inpatient psychiatric care experience, appropriate to the services required • Multiple team members identified; all with appropriate/outstanding qualifications
		Total Points:	**54**	

wellpath℠
RECOVERY SOLUTIONS

Alaska Department of Health and Social Services

Company Overview

Contact Information
Jeremy Barr, Senior Vice President, Recovery Solutions
800 Fairway Drive, Suite 490
Deerfield Beach, FL 33441
e: jbarr@wellpath.us // p: 615-312-7201

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Section 1 – Executive Summary

Wellpath Recovery Solutions, LLC (WRS) is pleased to provide this information to the Alaska Department of Health and Social Services (DHSS) to provide treatment and support services and total facility management for Alaska Psychiatric Institute (API). WRS understands the significant pressures facing DHSS and the necessity of providing a timely solution that can deliver quality clinical services and integrated program management in an aggressive timeframe.

WRS has more than 20 years of experience of operating accredited inpatient psychiatric treatment exclusively through public-private partnerships. This experience makes us uniquely qualified to partner with DHSS and ensure patients receive the appropriate treatment and services. The defining attributes of WRS' response include:

- ***Proven Experience and Expertise:*** WRS has more than 20 years successfully operating state psychiatric hospitals for civil (Title 47), forensic (Title 12), sex offender, adult, and geriatric populations.
- ***Quality and Accountable Care:*** WRS has embraced the recovery model since our inception and promote patient empowerment, independence, and self-sufficiency as integral aspects of our treatment model.
- ***Committed Partner:*** WRS provides quality, accredited care on behalf of our public partners, and currently operates multiple state psychiatric hospitals with TJC accreditation and CMS certification.
- ***Low Risk Transition:*** WRS' experience with multiple facility activations, coupled with our depth and range of professional staff will allow us to transition API on-time with low risk to DHSS.

Proven Experience and Expertise

WRS has operated state psychiatric hospitals since 1998 and understands the unique role they serve in the larger public health system. We have more than 20 years of experience delivering quality health care to civil (Title 47), forensic (Title 12), sex offender, adult, and geriatric populations. Our experience with similarly complex hospital operations will result in a smooth transition to public-private partnership at the facility, high quality services after the transition, and efficient operation of the facility in the years ahead. As shown in figure 1, WRS provides integrated management of all facility services, including treatment, facility management, and support services at each location.

Figure 1. Specializing in the delivery of psychiatric services on behalf of governmental partners

We have also assembled a team whose expertise includes the full range of services required for the successful operation. Many of our team members have been with WRS through multiple transitions and implementations as well as supporting on-going operations.

This team includes experts in:

- Psychology
- Psychiatry
- Nursing
- Social work
- Pharmacy
- Facility management
- Security
- Food service
- Utilization management
- Compliance
- Risk management
- Performance improvement
- Financial management

DHSS will benefit by partnering with an expert provider with demonstrated experience in operating all aspects of a state psychiatric hospital and a team of experts to support planning, implementation, and on-going operations.

Quality and Accountable Care

Recovery begins as a partnership between the patient and the provider. We recognize this as fundamental and apply it to every aspect of service delivery. WRS has embraced the recovery model since our inception and promote patient empowerment, independence, and self-sufficiency as integral aspects of our treatment model.

WRS values the high standard of care we provide on behalf of our client partners and the importance of obtaining accreditation as a marker of these high standards. We currently operate The Joint Commission (TJC) accredited facilities at six locations in four states and each of WRS' eligible hospitals have been named by TJC as Top Performers on Key Quality Measures for multiple years.

Most recently, we have been recognized for our work at implementing significant improvements at Bridgewater State Hospital in Massachusetts. Long recognized as one of the most challenging psychiatric hospitals in the nation, WRS was able to reduce the use of restraint and seclusion by more than 95% within the first 60 days of assuming operations. Other improvements during the first year of operation included implementing evidence-based programs, instituting a culture of trauma-informed care, and establishing programs to promote family involvement.

The Boston Globe

Humane care given a place at state's harshest hospital

wbur 90.9 Radio Boston

After Years Of Scrutiny And Inmate Deaths, Bridgewater State Hospital Shows Signs Of Progress

September 11, 2017 By Shawn Bodden, Meghna Chakrabarti Share

YVONNE ABRAHAM Comments

At last, decency at Bridgewater

JESSICA RINALDI/GLOBE STAFF

Flowers grow alongside the walkways of the courtyard inside Bridgewater State Hospital where dramatic changes in the way the Hospital is run have led to a sharp reduction in the use of force and restraints to control the patients.

Figure 2. Transformation at Bridgewater State Hospital. *The improvements made by WRS at Bridgewater State Hospital have been recognized by the Boston Globe, NPR, and other major media outlets.*

We know that success depends upon partnerships between our patients, employees, clients, advocacy groups, and the communities we serve. The letters shown in Figure 3 are just a few of the thanks Montgomery County Mental Health Treatment Facility has received from family members since opening in 2011.

June 8th, 2012

Dr. Lavar, Ms. Williams, Juanita, Darlene and ALL of you @ MCMHTC:

Thank you all for your amazing care for our son [redacted]. I have been able to visit him several times and each time I have been extremely impressed with every person I have met. I truly sense that all of you take your job helping the patients to get better very seriously and show very clearly that you care about each one individually.

THANK YOU.

As a parent with a child that has gone through so much in his young life, it is with thanks to GOD that he had the opportunity to be in your care/treatment.

Please pass this letter on to the management @ MCMHTC, GEO, Tarrant County and any other TX state agency that would be interested in reading this.

[redacted] mom

TO THE WONDERFUL STAFF,

THANK YOU SO MUCH FOR TAKING CARE OF MY BROTHER, [redacted]. YOU GUYS ALL SEEM GREAT & I TRULY APPRECIATE YOUR GENUINE CONCERN FOR MY BROTHER'S WELL-BEING. HE HAS HAD A ROUGH LIFE, AND I FINALLY FEEL LIKE THERE MAY BE SOME HOPE FOR THE BRIGHT FUTURE HE DESERVES THANKS TO YOUR HELP & CARE. PLEASE LET ME KNOW HOW I CAN BE OF ANY HELP TO HIS PROGRESS. I LOVE HIM SO MUCH AND ONLY WANT THE BEST FOR HIM. A SPECIAL THANKS TO MS. WILLIAMS & MAGGIE FOR MAKING MY VISIT SUCH A GOOD ONE AND FOR PROVIDING SUCH GREAT CARE TO MY BROTHER. HAPPY HOLIDAYS!

Hope you have the merriest of holidays!

SINCERELY,

[redacted]

Dear Dr. Lavar;

Please let us allow to offer our sincere thanks to you and your staff for their help in the case of our patient.

It was heartning to note that you treat these patients not only as inmates but utmost care and sensitivity required for their well being. We must acknowledge that you and your staff were very prompt in addressing any of our concerns regarding our patient. We will be ever remain thankful for your kind help during our stress period. Kind regards.

Figure 3: Patient-centered care

DHSS will benefit by partnering with a provider who uses evidence-based treatment and focuses on continuous quality improvement to ensure effective quality care.

Committed Partner

WRS is a committed partner who recognizes the importance of maintaining high standards. Our operations are accredited and/or certified by the relevant independent entities, including The Joint Commission (TJC), the Centers of Medicare and Medicaid Services (CMS), and the Commission on Accreditation of Rehabilitation Facilities (CARF). Some of WRS' accreditation achievements include:

- TJC accreditation at South Florida State Hospital within 10 months of assuming operations
- TJC accreditation at Montgomery County Mental Health Treatment Facility within 90 days of assuming operations
- TJC reaccreditation of three facilities in 2018
- Continuous accreditation for accredited (TJC, CMS, CARF) facilities since 1998

In addition to attaining and maintaining accreditation, we have instituted best and evidence-based practices at all of our facilities, which have led to significantly improved patient outcomes. For example, as shown in Figure 4, we have virtually eliminated incidents of mechanical and physical restraint.

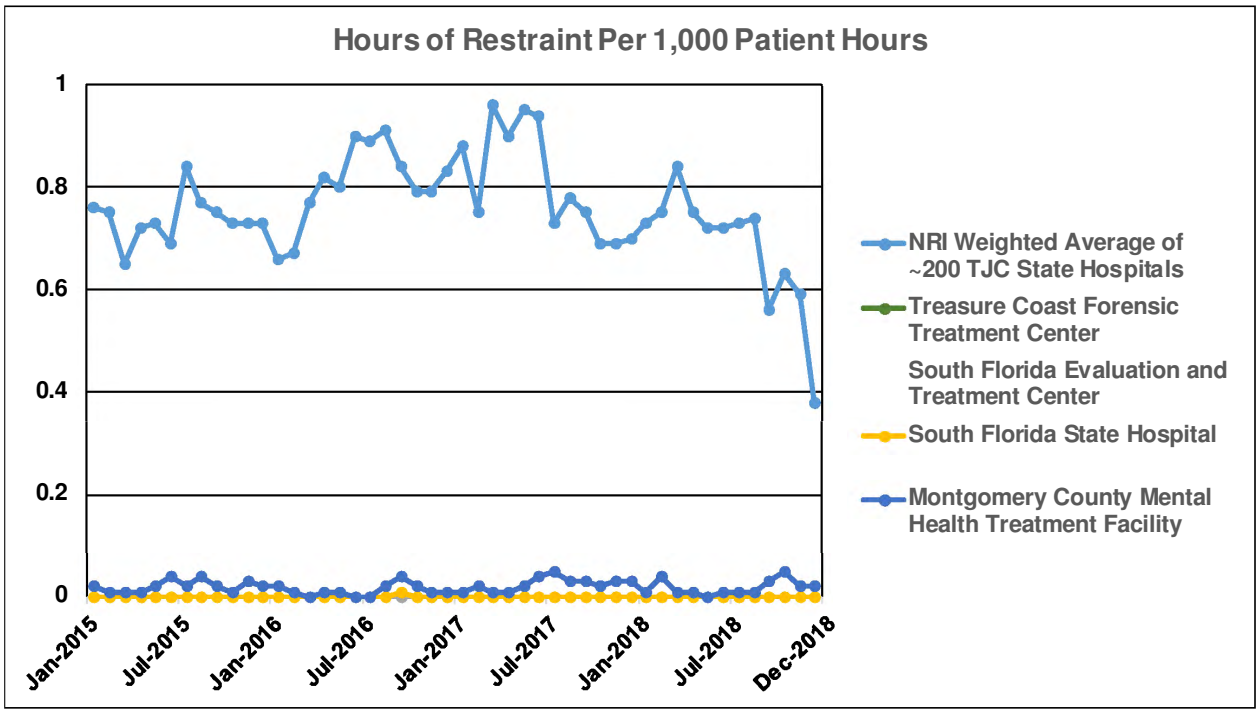


Figure 4: Virtual elimination of restraint and seclusion

DHSS will benefit by partnering with a provider with proven success achieving and maintaining accreditation and improving patient outcomes.

Low-Risk Transition

WRS' turnkey approach enables us to tackle complex operations, boost performance, and meet or exceed client expectations. We are able to deliver projects with consistency, efficiency, and success by methodically organizing our operations and developing a project management framework.

WRS has opened multiple psychiatric facilities in partnership with governmental agencies. As a result of this hands-on experience, we are uniquely qualified, with a seasoned team of professionals who have expertise in every aspect of implementing operations. WRS looks forward to utilizing these resources in conjunction with DHSS and other stakeholders to transition services at API.

WRS' previous successful transitions include the following:

- **Transitioning operation of the Florida Civil Commitment Center in 17 days from notice of award,** including interviewing and hiring ~200 staff
- **Transitioning operation of the South Carolina SVP Treatment Program in 60 days from contract award,** including interviewing and hiring ~120 staff
- **Activating Treasure Coast Forensic Treatment Center within 40 days of contract execution,** recruiting 240 new staff, and outfitting the entire operation
- **Activating Texas Civil Commitment Center in 30 days from contract signing,** including interviewing and hiring 84 staff, and outfitting the entire operation
- **Transitioning operation of Bridgewater State Hospital in 60 days from contract execution,** including interviewing, hiring, and completing comprehensive orientation for 400+ new staff

DHSS will benefit by partnering with a dedicated provider with the proven experience to ensure low risk, on time activation.

Conclusion

WRS has provided secure inpatient treatment on behalf of state agencies since 1998. With nine hospital and treatment facilities across the nation, we provide total program management, including mental health treatment, nursing, psychiatric and medical services, safety, transportation, pharmacy, facility management, and all related support services. With unmatched experience serving civil (Title 47) and forensic (Title 12) populations, WRS is a uniquely qualified partner to assist DHSS in addressing the challenges it faces now and in the future to ensure quality care, staff safety, and patient rights.

Section 2 – Company Overview

Established in 1997, WRS has more than 20 years of experience operating state psychiatric facilities in multiple states, including experience with civil, forensic, sex offender, youth, adult, and geriatric populations. We specialize in treating high-risk and vulnerable populations, with additional experience delivering behavioral healthcare and other secure treatment services to government agencies. Our facilities provide safe, therapeutic environments that foster recovery, trauma-informed care, community and criminal justice partnerships, and continuity of care.

1. Overview of the Organization

WRS is led by a robust team of dedicated healthcare professionals with expertise in mental health, discharge planning, co-occurring psychiatric and substance use disorders, general healthcare, facility maintenance, patient safety, food service, nursing, social work, pharmacy, facility design, utilization management, and all aspects of facility management. Today, WRS and our affiliated company Wellpath employs more than 14,000 employees and provide care for ~300,000 patients in 36 states, including ~2,900 patients in secure inpatient and residential treatment settings. In each of these contracts, WRS strives to provide services that exceed patient, family, community, and other stakeholder expectations.

WRS' experience with similarly complex hospital operations in Florida, Massachusetts, South Carolina, and Texas will result in a smooth transition to public-private partnership, high quality services after the transition, and efficient operation of the facility in the years ahead. At each of the following locations, we provide integrated management of facility services, including treatment and support services.

- South Florida State Hospital (1998-present)
- Columbia Regional Care Center (2001-present)
- South Florida Evaluation and Treatment Center (2005-present)
- Florida Civil Commitment Center (2006-present)
- Treasure Coast Forensic Treatment Facility (2007-present)
- Montgomery County Mental Health Treatment Facility (2011-present)
- Texas Civil Commitment Center (2015-present)
- South Carolina SVP Treatment Program (2016-present)
- Bridgewater State Hospital (2017-present)

South Florida State Hospital (SFSH) is a 341-bed civil psychiatric hospital with 70 step-down forensic beds in Pembroke Pines, Florida. WRS assumed management of the old hospital in 1998 and achieved Joint Commission Accreditation within 10 months, while simultaneously constructing a new hospital.

Figure 6: South Florida State Hospital. *At SFSH, WRS transitioned an existing workforce of 300 without disruption of employee pay or benefits.*

The complex provides necessary treatment space and incorporates features consistent with best practices in mental health residential service delivery. Support and treatment buildings are clustered in a village-like town center with a clock tower, gazebos, covered walkways, and other features designed to enhance the non-institutional community atmosphere. WRS provides all programmatic elements including assessment, treatment planning, psycho-social education groups, psychiatric services, court reports, court testimony, psychosocial rehabilitation, discharge planning, medical care, pharmacy, food/nutrition, facility maintenance, transportation, and safety/security.

Significant accomplishments at SFSH include:

- Virtual elimination of restraint and seclusion
- Implemented trauma-informed care
- 86% reduction in the average length of stay of those admitted and discharged under WRS vs. state operation
- TJC Top Performer on Key Quality Measures for multiple years
- The Continuum of Care includes re-entry into the community with follow-up care and coordination with community-based services
- Achieved Joint Commission accreditation in July 1999, approximately one year ahead of contractual obligation
- Daily operation of the existing facility continued without disturbance while a new, state-of-the-art, purpose-built replacement facility was constructed
- Safely transitioned 450 employees and 325 residents from the old facility into the new facility within a five-day period without any disruption of normal services
- New and innovative staffing, performance, and training standards consistent with the more progressive recovery treatment process utilizing more nurses,

healthcare professionals and other skilled healthcare providers, while streamlining the number of non-treatment positions

- Lawsuits regarding substandard levels of care and inhumane conditions under state operation were dismissed after WRS assumed operations

Columbia Regional Care Center (CRCC) is a 354-bed psychiatric/healthcare facility in Columbia, South Carolina that began operation in 1998. CRCC partners with the South Carolina Department of Mental Health (SCDMH) to provide security, nursing, and support services for 178 beds accredited by The Joint Commission as well as psychiatrists in the forensic admissions unit.

Figure 7: Columbia Regional Care Center. *CRCC partners with numerous agencies to serve a wide variety of patients, including civil, forensic, special needs, and correctional populations. CRCC was also named the National Commission on Correctional Health Care's 2012 Program of the Year for its long-term care program.*

WRS has provided room and board, nursing care, pharmacy, security, chaplains, and all other support services for state forensic patients at CRCC since 2001. CRCC also provides psychiatric, social services, medical, and skilled nursing services for an additional 176 beds. Beds are primarily utilized by SCDMH (forensic and SVP), Georgia Department of Corrections (acute psychiatric and skilled nursing beds), and Federal Detention and Corrections Agencies (acute psychiatric and skilled nursing beds), with additional beds being provided to other local law enforcement and state correctional agencies.

Significant achievements at CRCC include:

- Named 2012 Program of the Year by the National Commission on Correctional Health Care (NCCHC)
- Assisted South Carolina Department of Mental Health in removing contempt charges for not providing timely forensic services to county jails
- Assisted South Carolina Department of Mental Health in securing initial Joint Commission accreditation for 178 forensic beds
- Finalized installation of an electronic medical record
- Received accolades for community involvement from the National Alliance on Mental Illness and American Red Cross

South Florida Evaluation and Treatment Center (SFETC) is a 249-bed forensic hospital in Miami-Dade County, Florida. WRS began operating the former SFETC facility in downtown Miami in 2005 while simultaneously constructing a state-of-the-art replacement facility that opened in April 2008. SFETC is a Joint Commission accredited facility.

Figure 8: South Florida Evaluation and Treatment Center. *At SFETC, 95% of existing state employees who applied for positions and met minimum qualifications were offered employment.*

WRS provides all programmatic elements to individuals adjudicated incompetent to proceed and not guilty by reason of insanity, including assessment, treatment planning, psychiatric services, competency restoration, court reports, court testimony, psychosocial rehabilitation, discharge planning, medical care, pharmacy, food/nutrition, facility maintenance, transportation, and safety/security. Forensic services provide individualized, quality care to those with psychiatric illness and substance use disorders. We have developed processes for ensuring respect for patient rights, prevention of abuse, neglect and exploitation, the virtual elimination of seclusion and restraint, and effective linkages to the community, legal system, state psychiatric facilities, and other agencies.

Significant achievements at SFETC include:

- Virtual elimination of restraint and seclusion
- Implemented trauma-informed care
- Implemented active individualized patient treatment plans that led to a significant reduction in the average number of days to restore competency
- TJC Top Performer on Key Quality Measures for multiple years
- Initiated Crisis Intervention Team training for all security staff
- Established evidenced based practices and recovery culture
- Initiated an interdisciplinary response team for therapeutic responses to aggressive patients
- Initiated Dialectical Behavioral Therapy, Moral Recognition Therapy, and the Minkoff co-occurring disorders approach

- Coordinated training with National Technical Assistance Collaborative to educate staff on how to reduce the use of seclusion and restraint
- Exceeded all performance requirements identified by the Florida Department of Children and Families since assuming operations

Florida Civil Commitment Center (FCCC) is a 720-bed civil commitment facility for sexually violent predators (SVP) in Arcadia, Florida. FCCC is one of the largest SVP programs in the nation and was one of the first SVP programs to adapt its treatment philosophy to the Risk/Needs/Responsivity and Good Lives models. WRS has operated FCCC since 2006.

Figure 9: Florida Civil Commitment Center. *At FCCC, WRS transitioned operations within 17 days following contract award, including hiring 170 incumbent contractor staff.*

FCCC has been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2010. In addition to an Association for the Treatment of Sexual Abusers (ATSA) compliant four stage treatment program, mental health and medical services are in compliance with NCCHC standards. A specialized inpatient mental health unit provides a structured treatment setting for residents that cannot live in the general population setting because of their chronic and often severe psychiatric symptoms. Crisis intervention is provided on the inpatient unit, and mental health treatment is provided by licensed master's level therapists, psychiatrists, psychologists, and psychiatric nurses. Treatment on the inpatient unit includes group therapy and individual case management in a milieu setting.

Significant achievements at FCCC include:

- Transitioned program from the previous provider, assuming operations within 17 days of notice of award
- Successfully defended class action lawsuit against previous vendor and the State of Florida
- Implemented ERMA, our electronic medical record to manage resident care in the treatment program
- Reengineered treatment program and increased civilly committed resident participation in treatment programs from 44% to 85%

- Assessed all 550 residents and assigned a Recovery Grade to assist in determining their level of mental health functioning and programming needs within 14 days of assuming operation

Treasure Coast Forensic Treatment Center (TCFTC) is a 224-bed forensic psychiatric facility in Indiantown, Florida. TCFTC is Joint Commission accredited under behavioral health standards and provides mental health treatment to residents found incompetent to stand trial or declared not guilty by reason of insanity. WRS opened TCFTC in an abandoned state building in 2007, alleviating a statewide forensic bed shortage.

Figure 10: Treasure Coast Forensic Treatment Center. *At TCFTC, WRS implemented operations – including hiring 240 new clinical, safety, and support staff – within 40 days of contract execution.*

WRS provides all programmatic elements including assessment, treatment planning, psychiatric services, competency restoration, court reports, court testimony, psychosocial rehabilitation, discharge planning, medical care, pharmacy, food/nutrition, facility maintenance, transportation, and safety/security. Forensic services provide individualized, professional, and quality care to those with psychiatric illness and substance use disorders.

Significant achievements include:

- Virtual elimination of restraint and seclusion
- Implemented trauma-informed care
- Surpassed all performance requirements identified by the Florida Department of Children and Families since assuming operations
- Renovated, retrofitted, and rehabilitated the facility; recruited and trained 240 new staff; and outfitted the entire operation – all within 40 days of contract signing
- Forensic waiting list reduced to zero within six months of opening
- Achieved Joint Commission accreditation within 10 months of opening

Montgomery County Mental Health Treatment Facility (MCMHTF) is a 100-bed forensic hospital in Conroe, Texas. MCMHTF began operations in March 2011 and achieved Joint Commission accreditation within 90 days of opening. In collaboration with Montgomery County Officials and the Texas Department of State Health Services (DSHS), WRS has created a therapeutic environment that fosters recovery, community and criminal justice partnerships, and continuity of care.

Figure 11: Montgomery County Mental Health Treatment Facility. *At MCMHTF, WRS interviewed, hired and completed comprehensive orientation for 175 new staff in 120 days.*

MCMHTF provides treatment to individuals found incompetent to proceed to trial, with the mission of restoring these individuals to competency as quickly as possible so they may return to the court. These individuals come directly from county jails from throughout the state of Texas. WRS provides all programmatic elements, including assessment, treatment planning, psychiatric services, competency restoration, court reports, court testimony, psychosocial rehabilitation, discharge planning, medical care, pharmacy, food/nutrition, facility maintenance, transportation, and safety/security.

Significant achievements at MCMHTF include:

- Virtual elimination of restraint and seclusion
- Implemented trauma-informed care
- Admitted 95 patients directly from Texas jails within first three months of opening
- TJC Top Performer on Key Quality Measures for two consecutive years
- Achieved initial Joint Commission accreditation within 90 days of opening
- Established Hospital Advisory Board comprised of community leaders representing health care, education, elected officials, and others
- Interviewed, hired and completed comprehensive orientation for 175 new staff in 120 days
- Licensed as a private psychiatric hospital within 90 days of application
- First newly constructed inpatient hospital for state psychiatric patients in decades

Texas Civil Commitment Center (TCCC) is a 382-bed civil commitment facility for SVPs in Littlefield, Texas. TCCC provides an ATSA-compliant four stage treatment program which includes medical, psychological, psychiatric, dental, vocational, recreational, educational, and dietary services. TCCC provides residents with primary, preventative, and acute physical and mental health care services, including dental services.

Figure 12: Texas Civil Commitment Center. *At the TCCC, WRS implemented operations within 30 days of contract execution, including hiring and training nearly 100 new clinical, safety, and support staff.*

In partnership with the Texas Civil Commitment Office (TCCO), WRS helped to transform the nation's only exclusively outpatient sexually violent predator program into a tiered treatment program with inpatient and outpatient components.

Significant achievements at TCCC include:

- Renovated and retrofitted the facility, and furnished the entire operation within 30 days of contract signing
- Safely transported over 175 residents from halfway houses throughout the state of Texas within 16 days of opening
- Implemented ERMA, our electronic medical record to manage resident care in the treatment program
- Admitted, assessed, and assigned more than 175 residents a Recovery Grade to assist in determining their level of mental health functioning and programming needs within 16 days
- Interviewed, hired, and oriented 84 new staff within 30 days

South Carolina SVP Treatment Program (SC SVPTP) is a 268-bed civil commitment treatment program for SVPs located in Columbia, South Carolina. The SC SVPTP provides an ATSA-compliant four stage comprehensive sex offender treatment program as well as medical, psychiatric, dental, vocational, recreational, and educational services. SC SVPTP provides residents with primary, preventative, and acute physical and mental health care services, including dental services. WRS assumed operation of the SC SVPTP in December 2016.

Figure 13: South Carolina SVPTP. *At the SC SVPTP, WRS implemented operations within 60 days of contract execution, including hiring and training more than 120 new staff.*

WRS recently completed the construction of a new, state-of-the-art replacement facility. Since moving into the new facility, WRS is responsible for integrated management of all facility services, including treatment, safety, and support services.

Significant achievements at SC SVPTP include:

- Interviewed, hired, and oriented 120+ new staff within 60 days of contract award
- Implemented WRS Sex Offender Treatment Program on first day of operations
- Designed a therapeutic, state-of-the-art replacement facility

Bridgewater State Hospital (BSH) is a secure 275-bed psychiatric hospital located in Bridgewater, Massachusetts. BSH is Joint Commission accredited under behavioral health standards and provides mental health treatment to residents. WRS provides all programmatic elements including assessment, treatment planning, psychiatric services, competency restoration, court reports, court testimony, psychosocial rehabilitation, discharge planning, medical care, and pharmacy. WRS and DOC staff provide food/nutrition, facility maintenance, transportation, and security. WRS assumed operation in March 2017.

Figure 14: Bridgewater State Hospital. *At BSH, WRS implemented operations within 60 days of contract execution, including hiring and training more than 400+ staff.*

Significant achievements at BSH include:

- Interviewed, hired, and completed orientation for 400+ staff within 60 days
- Dramatic reduction in the use of restraint and seclusion by more than 95%
- Implemented evidence-based programming, including cognitive behavior therapy, dialectical behavior therapy, and illness management and recovery
- Implemented ERMA, our electronic medical record to manage residents care in the treatment program
- Collaborated with DOC on plan to renovate physical plant to provide a more therapeutic treatment environment

Summary: WRS has partnered with state agencies to operate state hospitals since 1998. We prioritize quality care, accountability, and partnership in all of our contracts with public entities. The table below provides a summary of similarly complex facilities WRS manages and their alignment with API.

Table 1. Summary of Similarly Complex Facilities Managed by WRS

Service	*API*	*SFSH*	*SFETC*	*MCMHTF*	*TCFTC*	*CRCC*	*FCCC*	*TCCC*	*SC SVPTP*	*BSH*
Public-Private Partnership	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental Health Treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Transportation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Food Service/Distribution	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maintenance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Administration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge Planning	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Security	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Civil Commitments	✓	✓				✓	✓	✓	✓	✓
Forensic Commitments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vulnerable Population	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TJC Accreditation	✓	✓	✓	✓	✓	✓				
CMS Certification	✓	✓								

WRS also provides treatment services similar to those provided at API in residential or institutional settings at each of the following locations:

Colorado RISE Program is a 94-bed jail-based competency restoration program in the Arapahoe County Detention Facility. WRS also partners with the University of Colorado at Denver Forensic Fellowship Program for placement of psychiatric fellows, part of our ongoing commitment to be a part of the communities we serve. This program began receiving patients from counties in and around the Denver Metro area in 2013 and has since grown to accept patients from throughout Colorado.

Figure 15: Colorado RISE Program. *The RISE Program provides competency restoration in jail environment and sponsors a forensic psychiatric fellow in partnership with the University of Colorado at Denver.*

Services include:

- Competency restoration
- Assessment and evaluations
- Individualized treatment planning
- Psychiatric evaluation and treatment
- Psychotropic medication monitoring
- Psychiatric consultation
- Psychological services
- Peer support
- Discharge and reentry planning
- University Fellowship Program

Together, OBH, WRS, and Arapahoe County Sheriff Office (ACSO) have developed a model jail-based competency restoration program that has made significant achievement over the past four years.

Significant achievements at RISE include:

- Implemented first jail-based competency restoration program in the State of Colorado
- Program design includes use of peer support and specialized re-entry support
- Partner with University of Colorado at Denver Forensic Fellowship Program to provide rotations for psychiatric fellows
- Established Stakeholder Board
- Presented data demonstrating program effectiveness at multiple national conferences

Washington Maple Lane Competency Restoration Program (MLCRP) is a 30-bed competency restoration program located at Maple Lane School in Centralia, Washington. MLCRP began accepting patients in April 2016, and WRS provides all programmatic elements to individuals adjudicated incompetent to stand trial, including assessment, treatment planning, psychiatric services, competency restoration, psychosocial rehabilitation, discharge planning, medical care, pharmacy, and all other elements of the clinical program. The Washington Department of Social and Health Services (DSHS) provides all support services to include security, janitorial, facility maintenance, laundry, and food services. WRS collaborates with DSHS to ensure a safe, effective, and therapeutic program is provided to patients.

Figure 16: Maple Lane Competency Restoration Program. *At MLCRP, WRS provides competency restoration services for patients found incompetent to stand trial.*

Significant achievements at MLCRP include:

- Virtual elimination of restraint and seclusion
- Implemented trauma-informed care
- Achieved licensing and certification within DSHS mandated timeframe prior to opening
- Established Governing Board
- Developed positive working relationships with DSHS to ensure safe, effective, therapeutic program for patients with seamless support of DSHS staff

Kern County Admission, Evaluation, and Stabilization Center (AES Center) is a 60-bed jail-based competency evaluation and restoration program located in Bakersfield, California. The AES Center is located in the Lerdo Pre-trial Facility and began receiving patients in April 2018.

Figure 17: Kern County AES Center. *At the AES Center, WRS provides competency restoration services for patient found incompetent to stand trial.*

WRS provides all programmatic elements to individuals adjudicated incompetent to stand trial, including competency evaluation, competency restoration, assessment, individualized treatment planning, psychiatric

evaluation and treatment, medication monitoring, psychological services, peer support, discharge planning, medical care, dental, pharmacy, and all other elements of the clinical program.

Significant achievements at the AES Center include:

- Implemented first AES Center in the State of California
- Program design includes use of peer support and competency intervention specialists
- Interviewed, hired, and oriented 50+ new staff within 60 days
- Pilot site for DSH's BHAM system for the state of California
- Implemented ERMA, our electronic medical record to manage patients care in the treatment program

2. Accreditation Experience

Facility operations should be committed to meeting or exceeding standards of care and protecting patients' rights. Acquiring and maintaining accreditation by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), and/or another relevant independent entity is evidence of adherence to the standard of care. Treatment approaches used at the facility should be evidence-based, individualized, recovery-oriented, culturally competent, trauma-informed, and age-appropriate. Staff should be committed to the goal of substantially decreasing seclusion and restraint usage through effective crisis intervention using SAMHSA's Six Core Strategies.

Many of our facilities are accredited and/or certified by relevant independent entities, including The Joint Commission (TJC), the Centers of Medicare and Medicaid Services (CMS), the Commission on Accreditation of Rehabilitation Facilities (CARF), and the National Commission on Correctional Healthcare (NCCHC). In addition to attaining and maintaining accreditation, we have instituted best and evidence based practices at all of our facilities, which have led to significantly improved patient outcomes. State psychiatric and residential facilities operated by WRS have never lost or been in jeopardy of losing accreditation. Some of our accomplishments include:

- Achieved and maintained TJC accreditation at Montgomery County Mental Health Treatment Facility within 90 days of assuming operations
- Acquired and maintained TJC accreditation at Treasure Coast Forensic Treatment Center within 11 months of assuming operation
- Maintained TJC accreditation at South Florida Evaluation and Treatment Center, starting with a triennial survey within 9 months of assuming operations

- Achieved and maintained TJC accreditation at South Florida State Hospital within 10 months of assuming operations
- Maintained CMS certification at South Florida State Hospital since assuming operations
- Achieved and maintained Commission on Accreditation for Rehabilitation Facilities (CARF) accreditation at Florida Civil Commitment Center within 10 months of moving into a new facility

As a provider of mental health treatment exclusively to governmental partners, WRS provides all services with transparency and rigorous accountability. Well-defined performance standards and regular audits by our client agencies are integral to each of our contracts. By meeting or exceeding the expectations of our clients and delivering services in accordance with contractual, legal, and regulatory frameworks, we have been able to develop long-term relationships in each of the states where we operate.

3. WRS Successes

WRS has demonstrated success in recruiting and transitioning incumbent state psychiatric hospital employees and would implement a similarly effective transition in Alaska. **All Alaska Psychiatric Institute employees who apply for a job, meet minimum qualification, and are able to pass the drug test would be offered employment with WRS.**

Previous successful transitions of employees from public to private operation include:

South Florida State Hospital – 341-Bed Civil/Forensic Hospital

- All existing non-management state employees offered a position
- All staff interested in a job found employment
  - ~70% accepted a position at South Florida State Hospital
  - ~30% found state/county or other jobs

South Florida Evaluation & Treatment Center – 249-Bed Forensic Hospital

- First preference given to existing state employees
- 95% of state employees who applied for positions and met minimum qualifications were offered employment
- Assistant Hospital Administrator during state operation was promoted to Hospital Administrator 11 months after WRS assumed operations

In each transition from public to private operation, WRS considers the best interests of existing state employees and would continue to do so at API.

WRS would approach the transition in the following ways:

- Emphasize our commitment to retaining as many existing staff as possible
- Provide a seamless conversion of pay and benefits
- Develop detailed and flexible staff transition plans
- Coordinate approach with DHSS
- Provide an experienced team of transition professionals already identified in areas of human resources, recruiting, benefits and employee relations
- Communicate to existing state employees – information offered in several formats (live meetings, internet, video and print)
- Credit State employee years of service for benefits eligibility

Offer competitive salary and full benefits package, including paid-time-off and retirement.

Additionally, in partnership with the Massachusetts Department of Correction (MA DOC), WRS transformed Bridgewater State Hospital (BSH) from a custody-oriented to a treatment-oriented model. WRS interviewed, hired, and completed comprehensive orientation for more than 400 staff within 60 days from contract signing. WRS assumed operations at BSH in April 2017, which resulted in the immediate closure of the intensive treatment unit and a reduction in seclusion and restraint by more than 90% in the first month of operations. WRS provides evidence-based, trauma-informed behavioral health services to include assessment, treatment planning, psychiatric services, competency restoration, integrated treatment for co-occurring psychiatric and substance disorders, court reports, court testimony, forensic evaluations, psychosocial rehabilitation, discharge planning, medical care, pharmacy, food/nutrition, facility management, transportation, and safety.

WRS implemented a full electronic health record and PAMM to monitor the safety of each persons served every 30 minutes, introduced evidence-based programming, and provided consultation for MA DOC to start renovations to the physical plant to provide a more therapeutic treatment environment. WRS also implemented a variety of person-centered improvements, including treatment planning that includes persons served, persons served governance meetings, academic partnerships to provide fellowship training opportunities, and an environment of respect, dignity, and transparency for persons served, families, and advocates through family support groups and community partnerships. The following pages include two recent articles by the *Boston Globe* describe WRS' success since assuming operations.

The Boston Globe

Humane care given a place at state's harshest hospital

JESSICA RINALDI/GLOBE STAFF

Kevin Ann Huckshorn (right), assistant administrator, spoke with a patient as she crossed the courtyard.

By Michael Rezendes | GLOBE STAFF SEPTEMBER 09, 2017

BRIDGEWATER — The Massachusetts prison for men with a mental illness has long been known as a rough place where guards often strapped patients down or locked them in isolation cells for misbehavior — and where some patients met gruesome deaths.

It was an appalling, often inhumane place, an embarrassment to the state that seemed — to the mentally ill and their advocates — like it would never change.

But it has. In April, a private firm hired by the Baker administration replaced almost all the guards at Bridgewater State Hospital with a specially trained security force, along with psychiatrists and other clinicians equipped to provide more humane methods of handling distressed patients. Governor Charlie Baker called it "a culture change."

Five months in, the results are remarkable, beyond the imagining of mental health advocates. Since Correct Care Recovery Solutions took over management of the facility, the staff has cut the seclusion of patients by 99 percent and the practice of strapping them down by their wrists and ankles by 98 percent.

"I didn't think they'd be able to make the changes they've made, but they have the right philosophy and what they've done in five months is astounding," said Christine Griffin, executive director of the Disability Law Center, which has been monitoring conditions at Bridgewater under the settlement of a lawsuit filed on behalf of patients and their families.

"It's all very impressive. I give them credit," added James Pingeon, an attorney with Prisoners' Legal Services who has spent decades pushing for more humane treatment at Bridgewater. "The atmosphere is palpably different down there."

It's a far cry from just a few years ago, when Bridgewater was by far the harshest mental health facility in Massachusetts, employing seclusion and restraints to control patients at more than 100 times the rate of staff at facilities run by the Department of Mental Health. The 2009 death of 23-year-old Joshua Messier, who suffered a heart attack as Bridgewater guards wrestled him into four-point restraints, sparked calls for reform when the Globe revealed in 2014 that state officials had covered up the circumstances surrounding his death.

On Thursday, a Globe reporter and a photographer toured the facility and witnessed the changes firsthand. Bridgewater has been made to look and operate more like a hospital, and less like the state prison it still is.

The nearly 200 men consigned to Bridgewater, mostly for psychiatric evaluations after being charged with committing crimes, wear street clothes, not prison garb. Some of the mental health workers wear hospital scrubs, a striking contrast to the uniformed guards of old. And flowers, along with other amenities, including a gazebo, have been added to the main yard.

Meanwhile, dormitories are being renovated so that each patient has his own room, most of them painted green or other earth tones. Many are encouraged to take part in group activities, such as gardening and singing.

The changes are more than cosmetic. The notorious Intensive Treatment Unit, where men were routinely strapped down to their beds or held in isolation — and where Messier died — has been closed. The same is true of "the bird cage," a narrow cell where patients from the ITU were sometimes held in shackles while they talked with their lawyers.

JESSICA RINALDI/GLOBE STAFF

Safety director David Brouillette showed a small cell where inmates were formerly shackled as they spoke with their attorneys.

In addition, Correct Care has replaced about 50 low-quality video cameras with nearly 450 high-resolution cameras to better monitor both patients and their treatment, and to ensure the safety of clinicians. The company has also introduced electronic recordkeeping to supplant reams of paper forms that were often illegible to supervisors or outside evaluators. Perhaps most significant, hospital administrators are instilling in the staff a new commitment to treat the men at Bridgewater like people afflicted by illness rather than dangerous convicts, referring to each one as a "person served."

During the tour, hospital administrator George Gintoli and assistant administrator Kevin Ann Huckshorn were on a first-name basis with many patients, who freely mingled with the Globe staffers.

"This is really a passion," said Gintoli, a veteran of other facilities similar to Bridgewater, known as forensic hospitals.

He acknowledged that some of the clinicians held over from the previous administration are uncomfortable with the new model and say they would feel safer if the guards returned. Still, Gintoli said that violent incidents against clinicians have not increased since the guards were replaced. Easing the risk to staff, about 40 Bridgewater patients who had been convicted of crimes were transferred to two mental health units at Old Colony Correctional Center when Correct Care took over.

Huckshorn, a nationally recognized expert in reducing the use of seclusion and restraints in mental health care, is practicing what she has often preached. Three years ago, in a Globe interview about Bridgewater, she said efforts to reduce the use of seclusion and restraints at any facility were doomed to fail unless top administrators were directly involved.

"If the senior leadership is not fully engaged from the very beginning and have a commitment to be fully engaged for a number of years, it won't work," she said at the time.

Baker, in an interview Friday, said he made reforms a Bridgewater a top priority — unveiling his plans in his state of the state address earlier this year — because he had heard firsthand accounts of patients who had been mistreated and had read internal investigative reports and news stories about the facility.

"This is long overdue. It's something that's troubled me for a while," he said, adding that credit for the changes also belongs to the Legislature, which approved a 39 percent increase in Bridgewater funding, an additional $19 million, as well as the union representing the guards, which supported the staffing changes. "We're very pleased by the early progress here on every level," he said.

Correct Care Recovery Solutions is a division of Correct Care Solutions, a Nashville-based firm founded by someone with intimate knowledge of Bridgewater State Hospital. Executive board chairman Gerard Boyle served as the hospital's superintendent and as associate commissioner of the Department of Correction during the late 1980s and early 1990s.

JESSICA RINALDI/GLOBE STAFF

Dramatic changes in the way the hospital is run have led to a sharp reduction in the use of force and restraints to control patients.

But Bridgewater took a dark turn in the years after Boyle departed. After Messier's 2009 death, two other men died at Bridgewater after being strapped down to their beds, one in 2010 and another in 2013. And after the Globe revealed the Department of Correction's attempt to conceal the violent nature of Messier's death, a special prosecutor appointed by the attorney general secured manslaughter indictments against three of the guards who were in his cell the night he died. The guards could stand trial later this year.

Lisa Brown, Messier's mother, said that her son would be pleased by the changes at Bridgewater, and she praised Baker for following up on a promise to introduce more humane treatment methods at the facility.

"The changes mean a lot to me, but they would have meant so much more to Joshua," she said. "I'm really grateful to Governor Baker for following through. He's given me more faith in humanity and in government than I've had in a long time."

After Messier was killed, attorney Roderick MacLeish Jr. filed a lawsuit on behalf of Bridgewater patients and their families, alleging that guards at the facility were routinely using seclusion and restraints illegally. The suit was one of many he has filed regarding conditions at Bridgewater dating to the early 1980s.

"I think of all the people who suffered there and died there, but after 35 years of litigating. this is really good to hear," he said. "What's happening at Bridgewater is really extraordinary."

Still, many advocates fear that conditions will eventually deteriorate at Bridgewater unless the facility is taken away from the Department of Correction and transferred to the Department of Mental Health.

"Bridgewater is still immune from all the laws and regulations that the Department of Mental Health has to abide by," said Pingeon, the attorney with Prisoner's Legal Services. "Bridgewater could slide backwards in a hurry."

Baker told the Globe he would be open to discussing transferring the facility to the Department of Mental Health, but would be reluctant to do so if the new model of care is successful.

"I'm open to having that conversation, but if the thing is working under the current construct, I would hesitate to change that," he said.

JESSICA RINALDI/GLOBE STAFF

A room inside the hospital.

Baker also said he is committed to improving services for mental health patients living outside the criminal justice system. Recent upgrades, he said, include increasing insurance reimbursement rates for mental health care under MassHealth and hiring 50 additional adult case managers at the Department of Mental health to supervise adults with mental illness living in community settings.

The failings of the state mental health care system were the subject of a series of Globe Spotlight Team stories last year.

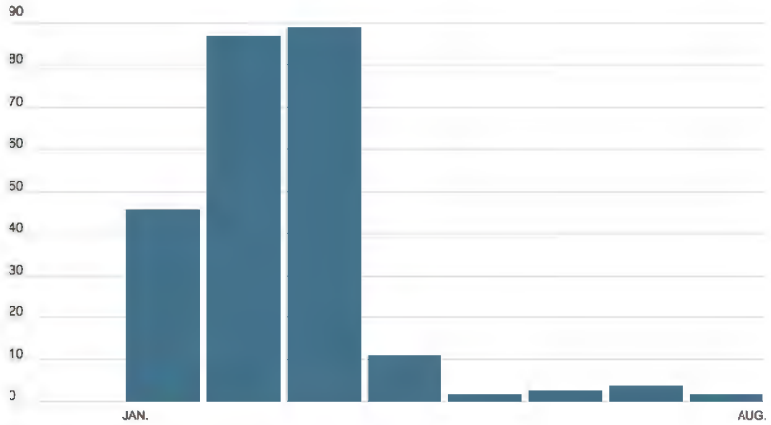
Nothing has highlighted the neglect of people with a serious mental illness like the barbaric conditions that have often prevailed at Bridgewater in recent decades.

But now, consider this: On Thursday, a small group of patients was meeting with a music therapist in the newly constructed gazebo in the main yard. The therapist was playing a guitar, trying to lead the men around her in a rendition of the Bob Dylan anthem, "The Times They Are A-Changin."

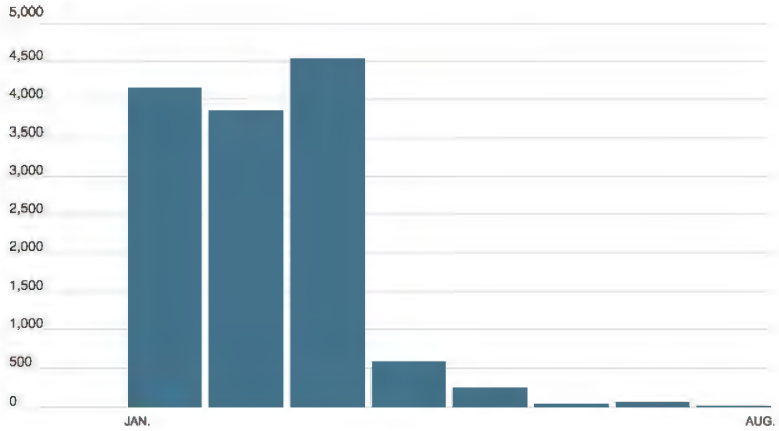
Humane treatment at Bridgewater

Bridgewater State Hospital staff have dramatically reduced the use of isolation and physical restraints to control mental health patients this year.

HOURS OF RESTRAINT



HOURS OF SECLUSION



*In April, a private firm hired by the Baker administration replaced almost all the guards at Bridgewater State Hospital with a specially trained security force, along with psychiatrists and other clinicians.

SOURCE: Correct Care Recovery Solutions

PATRICK GARVIN/GLOBE STAFF

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YVONNE ABRAHAM Comments

At last, decency at Bridgewater

5

JESSICA RINALDI/GLOBE STAFF

Flowers grow alongside the walkways of the courtyard inside Bridgewater State Hospital where dramatic changes in the way the Hospital is run have led to a sharp reduction in the use of force and restraints to control the patients.

By Yvonne Abraham | GLOBE COLUMNIST SEPTEMBER 13, 2017

Just like that.

Tw Sha 5
Comments

there the subject of countless exposes and lawsuits. Yet, though this place was the moral shame of Massachusetts, nothing ever changed.

Until, quite suddenly, it did. In April, Governor Charlie Baker's administration turned Bridgewater over to mental health specialists who treat inmates there with compassion instead of brutality. It moved most of the corrections officers out of the facility. It shut down the notorious Intensive Treatment Unit, where men were strapped down and held in isolation — a practice that allegedly killed Joshua Messier in 2009.

It's only been a few months, but early signs are positive: The staff has cut seclusion of patients by 99 percent, and the practice of strapping them down by 98 percent. The facility now functions more like an actual hospital.

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Who knew this could happen? Only everybody. But there was no political gain in ending the suffering at Bridgewater, so it didn't happen.

Jim Pingeon knew. The attorney at Prisoners' Legal Services has been fighting for more humane conditions at Bridgewater for 30 years. The state always came up with cheap excuses for its inaction: that inmates here were more violent than those in states that took a less brutal approach; that they have higher rates of substance abuse; that laws here made it harder to subdue them.

"This puts the lie to all the excuses the Department of Correction made for years," Pingeon said. "How can you deny it now?"

Roderick MacLeish knew. For more than three decades, he has been representing Bridgewater inmates, some of whom died under the supervision of cruel or indifferent corrections officers. His happiness at

too late for so many.

Comments

"It makes you think about all the poor people who were there so many years, and who suffered in isolation," he said. MacLeish has seen seismic change at Bridgewater before: In 1990, after media reports and lawsuits shone a light on practices there, Governor Michael Dukakis opened up a new mental health facility and many Bridgewater patients were moved there. It was defunded 10 years later, "and everything reverted to the way it was," he said.

Too late in his term, governor Deval Patrick tried, too. He was under pressure after the deaths of three men at the facility, and relentless reporting by the Globe's Michael Rezendes on Messier's death and the cover-up that followed. The governor proposed legislation that would have poured money and more clinicians into the prison. In an appalling act of neglect, lawmakers gutted it. There's no constituency for improving conditions for mentally ill inmates.

The Baker administration, bless it, has done it anyway — with a push from more lawsuits and continued media scrutiny.

State officials got the corrections officers on board by promising that none would lose their jobs in the overhaul. They chose expert administrators to take over from them. They avoided criticism for going soft on criminals by moving 40 convicted inmates to another facility. They persuaded legislators to up Bridgewater's budget by $19 million.

Bridgewater's transformation is fragile. Its funding could be cut in tighter times. And if a staffer or patient is harmed at the facility, there will be calls for harsher treatment.

But so far, Baker has made it look easy. He could make solving other problems in our backwards prison system look easy, too. He could reduce the use of costly solitary confinement, which destroys inmates' futures. He could end the practice of imprisoning men who are not criminals for substance use disorders. Inmates across the system desperately need better mental health services.

But this is a good start. All along, advocates have been saying Bridgewater could be reformed, that if only our leaders could find the will, the way would be obvious.

Section 3 – Treatment Program

WRS uses the "Recovery Model" for treatment of the seriously mentally ill. This evidence-based, patient-centered model of therapeutic intervention promotes patient empowerment and believes that recovery is possible for each individual. We have had particular success in reducing the incidents of restraint and seclusion in our facilities. Our civil and forensic hospitals have restraint and seclusion rates below the state averages, which is achieved through a combination of program design and staff training in de-escalation techniques. By minimizing the use of restraint and seclusion, patient and staff safety is improved as well as supporting the Recovery Model's underlying principle of patient dignity. The following figure shows our recent success at Bridgewater State Hospital in reducing restraint and seclusion since assuming operations.

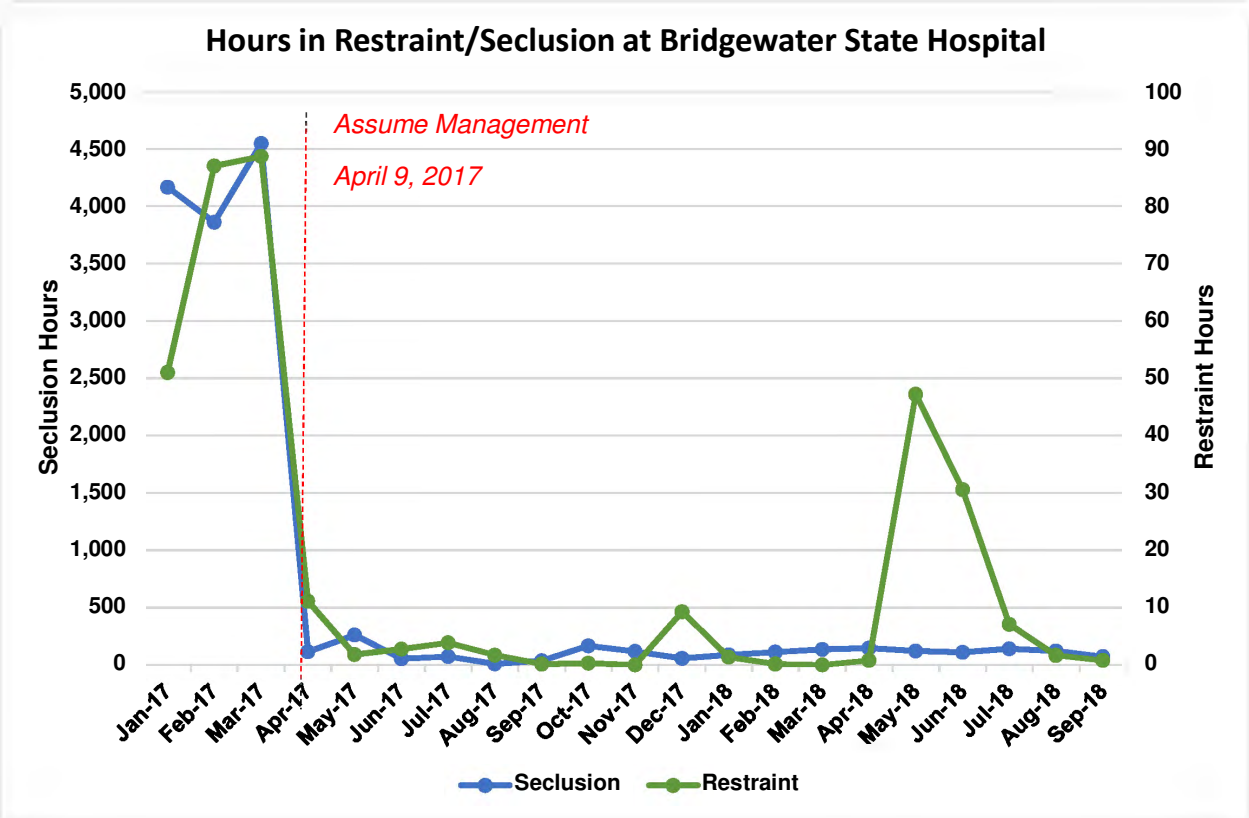

Figure 19. Reducing the use of restraint and seclusion. *WRS has dramatically reduced the use of restraint and seclusion at Bridgewater State Hospital since assuming operations. The increase in the summer of 2018 was a single person served who required wrist restraint.*

Patient Rights: WRS treats patients fairly, honestly, and with respect and dignity. We ensure that each patient is afforded the rights guaranteed by federal and state constitutions, laws, rules and regulations. Staff are trained on patients' rights during

initial orientation and receive annual updates. Patients are surveyed about how they are treated to ensure that staff are meeting expectations in these areas. Staff and patient interactions are therapeutic and never punitive. This principle is central to the recovery process and to WRS' values. The key to a safe environment for patients and staff is the building of positive relationships between staff and patients. Relationship skills are a critical element of crisis prevention intervention taught to all staff on an on-going basis. Patients also receive relationship skills training as part of regular daily programming.

Trauma-Informed Care: Trauma-informed systems recognize the prevalence of trauma among patients served by the mental health system. WRS works with patients to minimize re-traumatization and maximize patient choice in all aspects of treatment. The principles of a trauma-informed system of care include:

- Ensuring a safe environment
- Providing an atmosphere of trustworthiness
- Maximizing patient choice
- Collaborating and sharing decision-making with patients
- Prioritizing patient empowerment and skills building

WRS uses trauma-informed, person directed treatment/recovery planning in our facilities. To this end, staff are trained to incorporate patient and family input into the recovery plan, to use language that is person-centered, and to write and update the treatment plan to reflect patient strengths, abilities, preferences, and needs.

Recovery/Treatment Planning: Trauma-informed, person-directed treatment planning (i.e., recovery planning) begins upon admission and continues until the patient is discharged. Recovery plans are individualized, person-centered, holistic, achievable, measurable, and age-appropriate at all of WRS' facilities. The patient is invited to participate in recovery team meetings.

The recovery plan is appropriate to the needs and interests of the patient and is related to the overall goals of reducing risk and improving mental status/clinical condition and commitment to responsible living for patients.

The recovery team develops the comprehensive recovery plan based on the findings of the assessments and the patients' needs and interests. The recovery plan is signed by team members and includes the following:

- Issues to be addressed
- Measurable goals and objectives

- Specific treatment interventions by type and frequency
- Team member responsible for providing the intervention
- Time frames and measures to evaluate progress
- Description of the recommended services and supports needed by the patient after discharge

The recovery plan is reviewed for effectiveness when:

- There is a significant change in the patient's condition or diagnosis or as otherwise clinically indicated
- In accordance with the time frames and measures described in the recovery plan
- Upon request by the patient or the patient's legally authorized representative

In addition, the recovery plan is revised, as needed, based on the findings of any assessment or as otherwise clinically indicated. The recovery plan review and revisions are signed by the patient and all members of the team.

Treatment Program: WRS provides a comprehensive, active treatment program. Each patient is offered individualized programming that includes treatment, education, and support services that are identified on the recovery plan. Treatment promotes coping skills and engagement, and provides choices of activities meaningful to the patient. Modeling and positive reinforcement are used to shape adaptive behavior.

Section 4 – Key Personnel

WRS' corporate executive team is highly qualified and equipped with resources to manage the proposed services. Our executive team has unmatched experience with civil and forensic populations and has built a stable workforce of experienced administrative and clinical personnel over the past 20 years. Beyond the managerial responsibilities of supervision and oversight, our team of experts fosters inter-disciplinary problem solving and consultation from corporate experts to each individual program. A brief summary of each executive, including an overview of their position and leadership role, is provided below.

Jeremy Barr, Senior Vice President, joined WRS in 2011 and is responsible for the overall operational management, administrative, and development activities of WRS. Prior to assuming his current role, Mr. Barr was responsible for identifying opportunities and developing strategies to align client's needs with WRS' capabilities, managing governmental affairs, and building strategic partnerships to support the continued growth of the organization. Mr. Barr received his Master's degree in Communications Studies from Florida Atlantic University and his Bachelor's degree in Communications Studies from the University of North Carolina Chapel Hill.

George Gintoli, Vice President, Hospital Administration, joined WRS in 2005 and has served in a variety of leadership roles, most recently as Hospital Administrator for Bridgewater State Hospital, prior to assuming his current role as Vice President, Hospital Operations. Mr. Gintoli has more than 30 years of behavioral healthcare and management experience and has his Masters in Criminal Justice. Mr. Gintoli served for four years as the State Director for the South Carolina Department of Mental Health and spent 10 years as a Surveyor for The Joint Commission's Behavioral Healthcare Accreditation Division. He also served in a variety of leadership positions in the State of Ohio, including CEO of Northcoast Behavioral Healthcare System and Superintendent at Oakwood Forensic Center (formerly Lima State Hospital). In his current role, Mr. Gintoli is responsible for providing oversight of all WRS' hospital operations across multiple states to include the development and maintenance of performance, efficiency and quality initiatives at each hospital. He also assures that all facilities have systems and processes necessary for maintaining a safe, secure, and functional patient care environment.

Karen Galin, PhD, Vice President, Behavioral Health, joined WRS in 2002 and oversees behavioral health services for WRS in hospitals, jails, and prisons. Dr. Galin is a licensed psychologist with over 25 years of experience in treatment of individuals who suffer from severe and persistent mental illness and expertise in psychological assessment, forensic evaluation and treatment, behavior planning, treatment planning,

expert witness testimony and training of interns and staff. She has served in various clinical and administrative roles in different settings, including forensic facility, civil hospital, veteran's hospital, and pain clinic. Dr. Galin received her bachelor's degree in psychology from Emory University and her doctoral degree in clinical psychology from the University of Alabama.

Kevin Huckshorn, Ph.D, MSN, RN, CADC, ICRC, Director of Evidence Based Practices and Programs, has 40 years of professional frontline experience in both inpatient and outpatient program development, leading state hospital service re-design, and directing recovery-based mental health and substance abuse services. Dr. Huckshorn served for six years as Director of the Division of Substance Abuse and Mental Health (DSAMH) for the State of Delaware. In this role, she was responsible for the planning, program development, fiscal responsibilities, contractual obligations, contract monitoring, licensure, federal block grants, operations of the state mental health hospital, and all DSAMH community provider contractors. This position managed a budget of over 120 million dollars, 600+ state staff, and a variety of community mental health and substance use service providers. Dr. Huckshorn was also the lead on the DE USDOJ Settlement Agreement (signed in 2011) and, in that role, was able to lead Delaware toward substantial compliance, along with her team, with the targets in that settlement agreement by October of 2014. She was also Director of the Office of Technical Assistance for the National Association of State Mental Health Program Directors and Director of the National Coordinating Center for Reduction of Seclusion/Restraint, providing clinically based training nationwide on evidence-based practices. Dr. Huckshorn previously served as Clinical Director and Chief Nursing Officer at CCS' South Florida State Hospital and is internationally recognized as an expert on restraint/seclusion reduction and trauma-informed care.

Cassandra Newkirk, MD, Chief Psychiatric Officer, oversees medical and mental health initiatives throughout the organization, working closely with facility physicians and psychiatrists. Dr. Newkirk is a Board Certified Forensic Psychiatrist with 31 years of experience in direct and administrative correctional mental health services who has been with WRS since 2005. Dr. Newkirk's experience includes large jail and prison system psychiatric and medical direction with the following correctional agencies: New York City Department of Corrections as Mental Health Director at Rikers Island Penitentiary for Prison Health Services; Philadelphia Prison System as Behavioral Health Medical Director; and Georgia Department of Corrections as Consulting Psychiatrist, Director of Psychiatric Services, and ultimately as Deputy Commissioner of Offender Services. Dr. Newkirk also has 20+ years of experience as an expert witness in prison litigation cases involving mental health issues. She also has extensive

experience as a part-time faculty member at Emory, Morehouse and Florida International University Schools of Medicine.

Adam Thau, MD, Regional Medical Director, has more than 32 years of hospital medicine experience including more than 25 years specializing in emergency medicine. Prior to joining WRS, Dr. Thau served in various physician roles in 32 states and multiple international countries and was an emergency room physician at Jacksonville Naval Air Station during the Desert Storm war. He has spent many years teaching medical students, interns, and residents from various medical schools. Dr. Thau also served on the Healthcare Corporations of America board in Nashville, TN to develop the next steps in the future of emergency medicine for the United States.

Constance Woulard, RN, MSN, Director of Nursing and Utilization Management, has more than 30 years of nursing and health administration experience. Ms. Woulard is responsible for providing nursing support to all WRS facilities to ensure the delivery of high quality, efficient nursing care. Prior to her current role, Ms. Woulard served in various Regional Director of Nursing, Director of Nursing, and registered nurse roles with expertise in the delivery and management of acute, correctional, and long-term care. Ms. Woulard has her bachelor's and master's of science degrees in nursing and is currently completing her Doctor of Nurse practice degree.

Genna Marx Brisson, LCSW, Vice President of Operations and Contract Administration, has primary responsibility for providing operational support to all WRS facilities and is responsible for the WRS contract administration systems and processes as well as the development and maintenance of WRS' facilities performance, efficiency, and quality initiatives. She assures that all facilities have systems and processes necessary for maintaining a safe, secure and functional patient care environment and coordinates resources necessary to support and implement facility strategic planning activities. In addition, Ms. Brisson serves as the corporate liaison between senior management, facilities and contracted clients. Ms. Brisson joined WRS in 2007 as Director of Contract Compliance and transitioned to the Director of Operations role in April 2012 before assuming her current role in 2016.

Judy Dowdie, CPHQ, LHCRM, Director of Performance Improvement and Risk Management, is a Certified Professional in Healthcare Quality and Licensed Healthcare Risk Manager with over 20 years of professional practice in health care quality and program management. Ms. Dowdie joined WRS in 1998 and is experienced in Joint Commission Accreditation, hospital licensure, and Medicare certification standards interpretation and survey processes. She also served as a past examiner for the Florida Governor's Sterling Award for Organizational Performance Excellence.

Julia Cherfas, Director of Contract Compliance, ensures that facilities are following the policies and regulations established by WRS, the client or the corresponding agency. Ms. Cherfas provides an independent accountability function for all WRS operations. She also provides compliance training and support to the facilities when it is needed. Ms. Cherfas has more than 13 years of experience in leadership, strategic planning, business development, policy review, analysis, interpretation, and implementation as well as application of regulatory standards, performance improvement and compliance principles to day-to-day operations of the organization. She has extensive knowledge of medical terminology, environment of care standards, clinical practice requirements, medical billing and payroll operations, medical records as well as human resources compliance related practices, HIPAA standards, American Disabilities Act, Stark Law, Anti-Kickback, Sunshine and False Claims Act, benefits coordination processes, contract management, and medical staff credentialing requirements.

Brian Miller, Vice President of Facility Maintenance and Project Development, has over 22 years in the engineering, design, construction and facility maintenance industry. As a licensed Professional Engineer (PE) in multiple states and with professional certifications as a LEED-AP, Certified Commissioning Authority (CxA) and Design/Build Institute of America (DBIA) accredited professional, Mr. Miller has a depth of experience in the design, construction and maintenance of a facility. His responsibilities include the assessment of existing structures, design of new facilities, project management of the construction and/or renovation process as well as maintenance planning, oversight and execution of current facilities.

Terry Royal, Director of Security Operations, has 27 years of experience in public and private correctional settings. Mr. Royal oversees all security and transportation operations for WRS to ensure patient safety. Mr. Royal began his career as a Correctional Officer and his experience includes various levels of supervision and management of 10 correctional institutions throughout Indiana, Arizona, Florida and Oklahoma. Mr. Royal has served as the Warden of five Correctional Institutions, and also served as the Southern Regional Director of Institutions for the Florida Department of Corrections. As Regional Director of Institutions, Mr. Royal was responsible for the supervision of 27 Correctional Institutions with a combined population of over 40,000 Inmates. Prior to joining WRS, Mr. Royal served as the Warden of the Oklahoma State Penitentiary.

Jennifer Vitale, MBA, Director of Human Resources, has nearly 25 years of Human Resources operations experience, in addition to recruitment and retention of global

workforces. She has championed comprehensive, clearly branded digital recruitment strategies and on-boarding programs to attract and maintain highly qualified talent. Over the course of her career she has provided critical HR leadership for companies with thousands of staff and global operations, including a provider of financial services; corrections, detention, and mental health services; a provider of clinical laboratory services; and a multinational mass media corporation.

Doug Smithhisler, Corporate Controller, has more than 10 years of financial experience and working directly with clients and peers. As Corporate Controller, Mr. Smithhisler provides oversight and reporting for all business operations at WRS facilities and with new project implementations. He is responsible for the management of the month-end close, annual budget preparation and monthly forecasts, accounts payable and payroll approval, business office policy and procedures, capital expenditures, and financial analyses in accordance with Generally Accepted Accounting Principles. Mr. Smithhisler received his Bachelor's degree in accounting from Trevecca Nazarene University and is a Certified Public Accountant.

Bob Martin, Senior Vice President and Chief Information Officer, has over 32 years of information technology experience, including 20 years in the healthcare arena. Mr. Martin is responsible for overseeing technology services and coordinating major project management activities. Currently, his team supervises the daily production and development of Wellpath's internal systems and networks, as well as external IT needs, including various electronic medical records products. Mr. Martin has a bachelor's degree in engineering with an emphasis in computer science from Michigan State University.