



CCS/CCRS Makes History in Massachusetts

By Jerry Boyle, Marta Prado, George Gintoli and Kevin Huckshorn



In 1967, filmmaker Fred Weisman released a documentary entitled “Titicut Follies” which chronicled the plight of mentally ill men housed at Bridgewater State Hospital (BSH) within the Massachusetts Department of Corrections. This documentary would prove to be so controversial that it was banned from being shown in Massachusetts until 1991. Throughout its history, Bridgewater would repeat a cycle of improvement followed by relapse, as the state struggled with its vision for this facility. While it

was called a hospital, critics argued it was operated as a prison. Many of Bridgewater’s employees were extremely dedicated but were lost in the battle of the facility being part hospital, part prison.

This past year Massachusetts Governor Charles Baker committed to sweeping changes at Bridgewater State Hospital, a 250 bed male facility. An RFP was released which would allow private companies, such as Correct Care Solutions/Correct Care Recovery Solutions (CCS/CCRS), to submit proposals on how to best operate BSH as a forensic hospital. As leaders in the provision of public health services, the CCS/CCRS team crafted a program and submitted a proposal that was selected by Massachusetts.

Going forward, Bridgewater State Hospital will be operated as a forensic hospital. All transfers in and out of the facility will be controlled through the court system. Individuals will be sent there for evaluations specific to competency, criminal responsibility and not guilty by reason of insanity evaluations. In addition, referrals from the county jail system of offenders who are a “danger to themselves or others and need treatment” will be treated there. Referrals for similar services for offenders housed in the state prison system will be sent to Old Colony Correctional Center where two units will be operated by CCS.

The institution has seen many changes over the years but no sweeping ones until this year when CCS/CCRS has the opportunity to make significant culture changes that will be of seismic proportions, and bring in the level of respect, humility and deep sense of responsibility for the patients that are being entrusted to our care. We take this responsibility very seriously and are looking forward to the opportunity to serve!

CCS/CCRS’s leadership staff spent much of January and early February in meetings with MA DOC leadership to work out the specific terms of the project. Since that time, CCS staff have been involved in vetting over 1300 applications for positions at the new BSH and are now providing orientation and training to new staff that have come on board so far. This hiring work will continue until all 450+ positions are onboarded and trained. We have been very pleased to find many current BSH staff excited about this project and willing to stay on in a variety of roles. In fact, two respected BSH correctional officers are taking on the important roles of Director and Assistant Director of Safety.

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Change Management

By Juan Perez, CFO

Organizations go through changes throughout their life cycle. These major changes could be related to organizational structure changes (mergers and acquisitions), growth, technology, people, processes and policies and integration. Since 2014, our Company has experienced all of the aforementioned changes in one form or another. Examples of the changes that CCS has experienced over the last three years are:

- Acquisitions of Recovery Solutions in 2014, CHC in 2014 and League Medical in 2015
- Growth of the employee base to over 12,000 people
- Great Plains implementation (accounting system)

In order for an organization to successfully manage through major changes, there must be a formalized and structured approach to provide the best opportunity for successful adoption of change. This approach is called Change Management.

Change Management is defined⁽¹⁾ as :

1. (For computing) the controlled implementation of required changes to some system; includes version control and planned fallback
2. a structured approach to transitioning individuals, teams and organizations from a current state to desired future state, aimed at employee empowerment for accepting change in the work environment.

(1)(Source <http://www.yourdictionary.com/change-management>)

Although there are many principles related to Change Management, there are several that I think are worth highlighting:

Support from Leadership

Establishing unified support from Company leadership is one of the most important requirements in effectively managing through a change process. Without unified support from leadership, adoption of any change is an uphill climb.

Effective Planning/Project Management

Project management as defined in Wikipedia:

Project management is the discipline of initiating, planning, executing, controlling, and closing the work of a team to achieve specific goals and meet specific success criteria. A project is a temporary endeavor designed to produce a unique product, service or result with a defined beginning and end (usually time-constrained, and often constrained by funding or deliverables) undertaken to meet unique goals and objectives, typically to bring about beneficial change or added value.

Effective project management provides structure around the launch of the change as well as the planning, executing, monitoring and controlling, and closing phases. Monitoring the change on a real-time basis, assessing progress towards successful implementation and making changes as necessary will avoid more costly mistakes as the project progresses. The goal is to react and correct any issues quickly, and make sure the corrections are working.

Understand Employee Concerns

Understanding how a major change will affect the employee population and corporate culture is essential to identifying the potential concerns around the change. Not understanding and addressing concerns could lead to negative perceptions about the change and may jeopardize adoption.

Provide Regular Communications on the Change

Never take for granted that employees and stakeholders understand the issues and the reasons behind the change. The most effective change programs provide regular communications targeted to inform employees on the benefits of the change, timelines, and changes that should be expected. Regular communication will reduce anxiety and unknowns as well as accelerate adoption.

If the change process is planned, managed and communicated effectively, disruption can be avoided and adoption of the change will be more easily accepted by those affected within the organization. ■

CCS Salutes Our Veterans: Adolfo Cisnero

Current Position at CCS: Proposal Manager

Previous Branch of Service: United States Army

Adolfo served in the United States Army from 1995 to 2005, first as a Chaplain's Assistant, then as an Arabic linguist. He served as a low-level voice interceptor for the 311th Military Intelligence Battalion, 101st Airborne Division (Air Assault) in Afghanistan (2002) and Iraq (2003 – 2004). After leaving the Army he worked as a linguist and wrote proposals for a government contractor. In 2011, proposal writing brought him home to Tennessee, and ultimately to CCS.

CCS would like to thank **Adolfo Cisnero** for his service and for being a part of our company. ■



Yoga Program at East Central Community Corrections By Robert Morgan HSA

Our unit recently moved from Pine Bluff to West Memphis. The outdoor recreation area is very small. Many of the women have no time outside or have only been outside the 3 times we got them to walk around the lot. Getting security to allow this took many months. Unlike the male units, we don't have large outdoor recreation areas. Through help of friends, we have managed to get a yoga program started. I **Helped Out** treatment program

set it up. March 10th was our first class, but I was sadly out of state. There has been one very successful yoga program we have found. Through meditation and exercise they are able to lower anxiety, stress, fewer fights happen, more proper eating takes place, and inmates begin to have a more positive self image. Hopefully it will begin to take off and reports can be done on this. There will be options for grants and funding for yoga supplies if successful. ■



Inmates participating in the new yoga program



Left to right: Ashley Skrabut, Warden Phyllis Silas, Liz Kinnmark and Laurie Jean Weldon



Robert Morgan, HSA

Suicide Risk Reduction: Protective Factors

By Scott Wilson, MS, LCP, LPC, LIMHP, LMHC, Regional Behavioral Health Manager

Assessing risk factors, those factors contributing to suicide potential, should always be a significant focus of any suicide assessment. Protective factors, those factors leading to decreased suicide potential, are an equally important aspect of a thorough examination of suicide probabilities.

Protective Factors for suicide include:

- Management of mental, physical, and substance use issues
- Access to effective and supportive health care (mental health and medical) professionals
- Connectedness (Positive family, social, and community relationships)
- Skilled at problem-solving, decision making, and nonviolent conflict resolution
- Cultural, spiritual/religious beliefs and activities that discourage suicide
- Having positive and life-affirming reasons for living.

So, as you assess the suicide potential of those in our patient population, take the time to listen and identify protective factors to get a more complete picture of suicide potential and to identify reasons for living that the individual can use in a Safety Plan. ■



March Suicide Prevention Awareness

By Ann Geiss, Regional Behavioral Health Manager

In October 2010, the National Center for Transgender Equality and the National Gay and Lesbian Task Force released a study which revealed 41 percent of transgender people in the United States have attempted to commit suicide. In addition, the Trans Mental Health Study (McNeil et al., 2012) held in the UK, revealed high rates of suicidal ideation (84 percent lifetime prevalence) and attempted suicide (48 percent lifetime prevalence).

It is critical to recognize this population is at an even higher risk for suicide while incarcerated. A recent study from 2016 in Cincinnati found while studying trans youth that fifty-eight percent had at least one additional psychiatric diagnosis in addition to gender dysphoria (*Suicide and Life-Threatening Behavior*, the journal of the American Association of Suicidology). Research has shown the following factors contribute to suicidal ideation among those with gender dysphoria or who identify as a transgender individual:

- | | |
|---------------------------------|------------------------|
| • Social isolation | • Body dissatisfaction |
| • Social stigma | • Depression |
| • Threat of violence | • Anxiety |
| • Lack of family/social support | • Low-self esteem |





Participants in the CCHP exam in Atlanta, GA (from left to right): **Patrick Antione** Medical Director at Fulton County Jail, **Lasonia Knight Jackson** RN at DeKalb Sheriff Office, **Moliike Green** AHSA at DeKalb Sheriff Office, **Reshandra Whitehead** CQI/AA at Fulton County Jail, **Gloria Darden** DON at DeKalb Sheriff Office, **Alicia Jones** RN Physical Exam Nurse at DeKalb Sheriff Office, and **Chavonne Davidson-Smith** Regional CQI

Congratulations to the first class of CCS Certified Expert Facilitators. These six individuals recently spent two days with Certified Master Trainers, Tim Juergensen, Frankie Allen, and Fran Thompkins, learning about and then demonstrating expert classroom and 1:1 coaching facilitation techniques and tools -- and then receiving constructive feedback from their peers and Master Trainers. From left to right (bottom row) **Sherry Cramer, Ashley Sargent, Nancy Finisse, Frankie Allen-Master Trainer.** (Top Row) Tim **Juergensen-Master Trainer, Jackie Cardell, Richard Winters, Randy Harris, Fran Tompkins-Master Trainer.**



National Nurses Week — May 6 to 12

National nurses week begins each year on May 6 and ends on May 12 (Florence Nightingale's birthday). This time is the perfect opportunity to recognize the critical role nurses play in healthcare and their dedication to quality patient care. On behalf of all of CCS, we wish to say thank you to all the Nurses that make CCS the company that is committed to providing exceptional healthcare to our patients. ■

 *Celebrate our Nurses*

National Nurses Week May 6-12

Adams County— CPR/First Aid Training

The medical team at Adams County in Brighton, Colorado recently coordinated a training event with the local ambulance service to provide training on CPR/First Aid for their medical staff. ■

The following individuals participated in this training:

Stephanie Ostrom RN, Caitlin Templeton RN, Kalee Peterson RN, Kyleen Henderson RN, Jean Brown LPN, Kandice Lopez LPN, Diane Schissler RN, Tiffany Jones RN, Chantel Trevizo LPN, Michael Morradian RN HSA, Amile Barnes RN and Jenn Brown LPN.



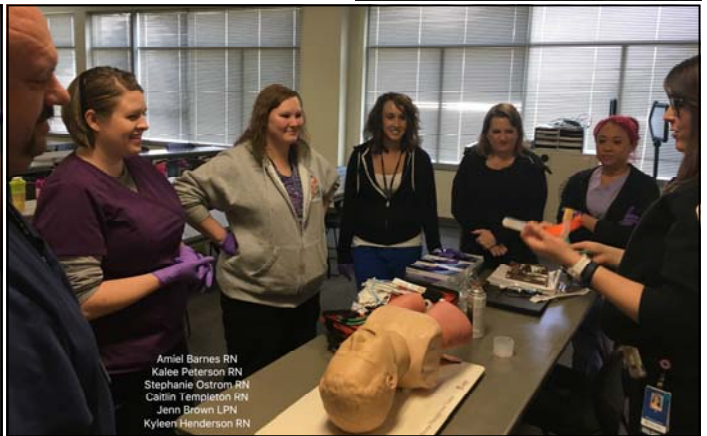
Chantel Trevizo LPN
Tiffany Jones RN



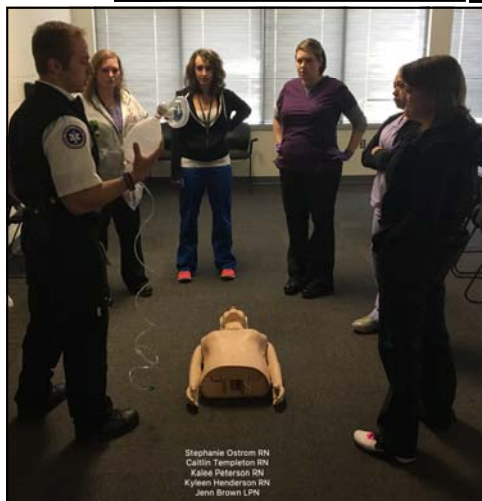
Kandice Lopez LPN
Diane Schissler RN
Tiffany Jones RN
Chantel Trevizo LPN
Michael Morradian RN HSA



Kalee Peterson RN
Caitlin Templeton RN



Amile Barnes RN
Kalee Peterson RN
Stephanie Ostrom RN
Caitlin Templeton RN
Jenn Brown LPN
Kyleen Henderson RN



Stephanie Ostrom RN
Caitlin Templeton RN
Kalee Peterson RN
Kyleen Henderson RN
Jean Brown LPN



Kandice Lopez LPN

you have the
POWER
to SAVE a **Life.**

Compliance Corner



In January 2017, the Accreditation and Operational Compliance Department initiated a Remote Auditing Program. The program involves the review of electronic health record data and administrative documents housed on the "O" drive. The initial program looked at 22 areas including administration, nursing, mental health and provider services. Each area was reviewed by someone with expertise in that area. In March the process was reviewed and

revised to focus on the continuous quality improvement (CQI) program, four key processes (intake, health assessments, sick call, and refusals) and care provided to the diabetic population. This narrowing of focus will significantly improve the number of reviews completed each month; allowing us to review more health care programs.

Congratulations to **Douglas County Department of Corrections, NE!** They scored greater than 90% compliance in 9 of the 22 areas evaluated in the first round of reviews. Their success can be attributed to a strong CQI program that identifies monitoring opportunities, analyzes results, designs and implements improvement strategies and re-monitors to determine the effectiveness of the improvement plan and issue resolution. Great Job to the Douglas Team! ■

Warren County Jail

At approximately 1440 on 4/12, the officers found a patient sitting up on his bed, hunched over. The officers attempted to arouse the patient, but patient did not respond. A call for assistance was placed and nurses **Terry Adams, Laurie Hamilton, and Amy Rose** responded to the call. The patient was displaying a cyanotic appearance and no signs of breathing could be found. The patient was quickly moved to the floor for further assessment. Nurse Terry immediately administered Narcan, while Nurse Laurie began chest compressions and Nurse Amy administered rescue breathing. AED was applied, but no shock was advised. Nurse Terry took over compressions while Nurse Laurie prepared to obtain vitals. After six rounds of CPR, Nurse Laurie discovered a pulse. O2 saturation began to climb as the patient began to breath on his own. Oxygen was applied via non-rebreather mask. The EMTs arrive on scene and the patient continued to be unresponsive even though his vital signs had stabilized. The patient received another dose of Narcan and within 2 minutes, began to arouse. He sat up and started answering medical questions. Medical Records Clerk **Marsha Wells** responded quickly with the emergency paperwork needed and within a few minutes, the patient was off to the ER for evaluation with all the appropriate documentation sent. The patient tested positive for polysubstance abuse with rumors that inmates had possibly seen the patient ingest something in his cell. After a short stay in the hospital, he returned to us suffering no lasting ill effects. ■



Pictured are (L-R) **Amy Rose, Laurie Hamilton, Marsha Wells, and Terry Adams**

CCS POTLIGHT

Use of Narcan — CCS is Saving Lives!

By Dawn Ducote, LCSW, CPHQ, Director, Continuous Quality Improvement

The typical day in the Continuous Quality Improvement (CQI) department focuses on situations where we potentially could do better. This makes us appreciate good news any time we hear it.

In 2015, in order to monitor a newly instituted process, we added Narcan administration to the reportable Critical Clinical Events (CCE) list, and the good news started pouring in! Narcan is a drug that reverses the effects of an opiate overdose. That meant that each event reported was a potential life being saved. Take a look:

Year	Lives Saved
2015 (June through December)	30
2016	96
2017 (January through March)	28

This results in a grand total of **154** lives saved in less than 2 years!

We have three (3) sites that stand out in our data regarding administration of Narcan in life saving efforts:

- Davidson County, TN
- Bernalillo County, NM
- Louisville Metro, KY



These sites alone have saved 81 patients in the time period listed above. Louisville Metro used this information to improve their care and try to help even more people. The staff noticed the numbers of suspected opioid overdose deaths were climbing in their community and they gathered information from the Home Incarceration Program that the Sheriff's Office runs, and with the help of the CQI process, are now giving pamphlets out at Intake to all patients about how to help if an opioid overdose is suspected. Their goal, along with the CQI team, is to reduce the death rate associated with opioid overdose, regardless if they are in our facility or not at the time of the event.

While the list above includes jails, this is an issue in prisons as well. While CCEs out of prisons are lower, largely due to the differences in the populations, we are saving lives in all of our facilities.

Opioid intoxication and overdose is a growing epidemic in our communities. CCS is in a unique situation to intervene and help our patients, and we do a great job of it! Kudos! ■



Muskegon County Sheriff's Office - Life Saved

On 4/5/17, Deputy Cassidy and Hysell responded to an unconscious person in the jail's intake area of the Sheriff's Office. Upon arriving, they found an unresponsive female who had recently been brought to the facility. The deputies were able to clear the immediate area of other inmates and reposition the female in a way to clear her airway.

On staff nursing personnel was notified and **RN Watson** did an assessment of the unresponsive female; a dose of Narcan was administered into her nostrils. Within minutes, the female was responsive and able to breath. The female was transported to the hospital by ambulance. Through an investigation, it was found that the female had ingested 20 methadone tablets prior to coming to jail. Thank you **Mae Watson** for saving a life! ■



We Congratulate these team members on their recent promotions:

**SHAW'S
AWARDS
CONGRATULATIONS**

Name	Position	Location
Trena Lee	Health Services Administrator	Marion County Detention Center
Annabelle Viurquiz	Security Officer CCRS	Texas Civil Commitment Center
Turatha Jean Thomas	Security Officer CCRS	Texas Civil Commitment Center
Kaycee Schroder	Senior Accountant	Home Office Finance
Tom Cleereman	Regional Behavioral Health Manager	Home Office Operations
Kerry Guernsey	Mental Health Coordinator	Elkhart County Correctional Center
Michael D. Jordan	Health Services Administrator	Kentucky State Reformatory
Keri-Anne Kane-Agius	RN	Waupaca County Jail
Rasmita Karki	RN	Montgomery County Mental Health Treatment Facility
Martin Kuznicki	RN	McHenry County Jail
Cheri Campbell	Health Services Administrator	Jefferson County Detention Center
Janice Branchaud	Payroll Manager	Home Office Finance
Lisa Vieira	Recovery Plan Coordinator CCRS	Treasury Coast Forensic Treatment Center
Tena Harvell	Mental Health Secretary CCRS	Florida Civil Commitment Center
Colleen Bross	Scheduling Clerk	Champaign County Correctional Center
David Haws	Director, Payroll	Home Office Finance
Andrea Mills	Health Services Administrator	Douglas County Department of Corrections
Maya Kemp	RN Supervisor	Louisville Metro Jail Complex
Tatyana Johnson	Custody Officer CCRS	South Carolina Sexually Violent Predators Treatment
Sheila Burns	Director of Nursing	Greensboro Detention Center
Samuel Helms	RN	Corrections Center of Northwest Ohio
Caitlin Nixon	Learning and Development Specialist	Home Office Human Resources
Brenda Junk	Director of Nursing	Louisville Metro Jail Complex
Veronica Rooks	Therapeutic Security Tech Lead CCRS	Florida Civil Commitment Center
Tiamiko Queen	Bookkeeper CCRS	Treasure Coast Forensic Treatment Center
Lubens Decius	Asst. Shift Supervisor Lieutenant CCRS	South Florida Evaluation and Treatment Center
Tremilla Sturdivant	Assistant Director of Nursing CCRS	South Florida Evaluation and Treatment Center
Kya Davis	RN	Columbia Regional Care Center
Lavon Mcgee	Lead Custody Officer	South Florida Evaluation and Treatment Center
Roland Peltier	Hospital Administrator CCRS	Treasure Coast Forensic Treatment Center
Kelisha Sams	Rehabilitation Specialist CCRS	Treasure Coast Forensic Treatment Center
Tyler Helms	Project and Process Manager	Home Office Private Prisons
Heather Luther	RN Charge Nurse	Shelby County Jail East
Francesca Alexandre	RN Supervisor CCRS	Columbia Regional Care Center
Amanda Hopkins	Mental Health Secretary	Louisville Metro Jail Complex
Melissa Cherry	Regional Director of Nursing	Arkansas Regional Office AR DOC
Kelly Mann	Mental Health Coordinator	Macomb County Jail
Alexander English	Director, Client Services	Home Office Business Development
Daniel Black	Operations Policy & Procedure Specialist	Home Office Operations Support
Donna Carter	Regional Behavior Health Manager	Home Office Operations
Richard Miraglia	Assistant Facility Administrator CCRS	Florida Civil Commitment Center



Tremilla Sturdivant
Asst. Director of Nursing
South Florida Evaluation and
Treatment Center



Caitlin Nixon
Learning and Development
Specialist
Home Office Human
Resources



Tom Cleereman
Regional Behavioral Health
Manager
Home Office Operations



IDEAS? COMMENTS? SUGGESTIONS?

This is your *CCS LifeLine*! *CCS LifeLine* is for all employees, so this publication highlights CCS activities and interests happening all across the organization.

If you would like to submit articles, information, ideas, or photos for future newsletters, please contact:

newsletter@correctcaresolutions.com

CCS/CCRS Makes History in Massachusetts *continued from page 1*

CCRS has also seen keen interest in this project by current and past CCRS employees, as well as, a number of highly respected MA Department of Mental Health leaders. Mr. George Gintoli, formally of the CCRS Treasure Coast facility will serve as the BSH Administrator. Leslie Groves, MSN, RN and Jane Musgrave, OT, RT are both coming out of MA retirement to take on the important roles of Chief Nursing Officer and the Director of Rehabilitation, respectively. Dr. Leah Wallerstein has agreed to move herself and her family across the country to take the position of Director of Residential and Program Services. Dr. Kevin Huckshorn, one of the team that helped to privatize South Florida State Hospital in 1998, has come on board as the Assistant Hospital Administrator, and Executive Director.

The first phase, in this transition, included the transfer of approximately 50 individuals, currently housed at BSH, to the Old Colony Correctional Center (OCCC); a medium security prison on the same grounds. These individuals all have current state sentences for crimes committed but are also deemed to have a serious mental illness. Three new OCCC units are being managed by CCRS staff and mirror the new BSH hospital units in philosophy, programs, policies and procedures. These units include a ten-bed intensive orientation unit; a 40-bed recovery unit and a four-bed infirmary. These former BSH individuals will be separated at all times from the inmate population at OCCC while having access to grounds, the gym, the library and cafeteria. These three units opened the week of March 13th.

April 9th was the next big target date and the majority of MA BSH correctional officers exited the facility and CCRS staff took over full management of the persons served. All the individuals currently housed at BSH were met with and oriented to the changes that are on the horizon and these meetings elicited many excellent questions and understandable concerns. In response, CCRS staff have tried to simplify our initial goals for both staff and persons served; these have evolved to be Safety First; Courtesy for all; and Recovery Oriented Care.

Throughout this transition process both CCS and CCRS, leaders and staff have proved to be invaluable. Their knowledge, experience and competencies regarding new hospital start-ups and hospital transition planning has been key to our success so far. The new BSH leadership team is very grateful for the unfailing work of our colleagues in so many states that are either onsite or working offsite to assure our success on a project that many are closely watching; both in MA and outside. Last, but of key importance, the MA DOC officials and leaders at BSH, OCCC and at the state office have shown strong excitement, support, and assistance during this transition.



CCS looks forward to the coming months and will keep everyone informed. ■