



1. Do you wish to retain any of the current medical staff?
2. Can you provide current staff's salary range and seniority with the current vendor?
3. How many officers currently work at the facility?
4. Does the County mandate that the provider maintain a Civil Rights Endorsement as part of their insurance coverage? This specific coverage is necessary to protect the County from 42 U.S.C. § 1983 medical claims. Such claims represent the most common lawsuit filed against counties by inmates in relation to medical issues, rather than medical malpractice. This statute is the primary legal avenue for prisoners to enforce their constitutional rights, including the Eighth Amendment right to adequate medical care. If the vendor does not provide this coverage, the County will be liable for any judgments issued under 42 U.S.C. § 1983.
 - a. If the Civil Rights Endorsement is indeed required, will the County seek verification of this endorsement from the insurance provider?
5. Is the health services provider responsible for the cost of all drug screenings for County employees at the facility?
6. Who is/are your current physician(s)?
7. Would you like the vendor to work with this physician if possible?
8. How many days is the current physician in the facility?
9. How long does the physician stay?
10. Is an Advanced Practice Provider (NP/PA) acceptable with oversight by a licensed physician?
11. What are the current salaries for the nurses?
 - a. Is there a shift differential?
12. Will the County or the Medical Service Provider be responsible for paying the bills of the current pharmacy company (Contract Pharmacy Services) under the new contract?
 - a. Please provide the following information about medication administration. Who administers medications, e.g., RNs, LPNs, medical assistants?
 - b. How many medication passes per day do you currently have and at what times?
 - c. Are medications passed out in the housing unit and by whom?
 - d. Are any medications sent with inmates/detainees upon discharge?
 - e. Are the medication carts owned by the county?



13. Are any medications allowed to be brought in from home?
 - a. Are any medications allowed to be “kept on person” within the jail? (If so, which are allowed?)
14. Are there over-the-counter medications on commissary?
 - a. If so, are the inmates/detainees allowed to keep commissary medications on person?
15. Please provide a listing of current medical commissary items.
16. Under the current contract, who is financially responsible for the cost of HIV medications and other AIDS-related drugs? Will this remain the same under the new contract?
17. What time(s) and location(s) are sick call currently conducted?
18. Is a security officer currently present for every sick call?
19. What on-site specialty clinics are conducted?
20. Do you currently have a dentist who comes on-site?
 - a. If so, how long is the dentist onsite?
 - b. How many days per week is the dentist on-site?
 - c. Does the dentist have an assistant?
21. If you do not have a dentist on-site, how many inmates/detainees do you take off-site to see the dentist in a month?
22. Do you currently do TB screening by asking questions and/or TB skin test? If you do TB screening, when do you complete the screening or skin tests? How many TB tests did you perform in last year?
23. Are there any special business license fees or taxes that are to be paid to the city or county?
24. Do you currently have a financial limit (POOL) with the current contract?
 - a. If so, what does it cover and how much is it?
25. Have you gone over the financial limit (POOL)?
 - a. If so, how many months into the contract was it before you went over the limit?
 - b. If so, how much over the financial limit (POOL) did you go over every year?
26. How much is the current co-pay?
27. Who is your current medical services contractor?



28. Can you please provide a copy of the current medical services contract?
29. Would you like the new contractor to re-price all medical claims?
30. What is your current process for re-pricing medical claims?
31. Do you have a state statute that you reprice to?
32. What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray and laboratory?
33. Would the county prefer the vendor to review/verify the inmate/detainee medical bills, apply any discounts and pay the invoice for the county (act as a third-party administrator)?
 - a. Is there a dedicated fax line to medical? If not, is a fax line available?
34. Do you have an existing EMR system? If yes, who is the current provider?
35. Is there internet connection already in the medical unit?
 - a. Is this provided by the county or the current contractor?
 - b. If the current contractor is providing, do you know the cost?
 - c. What kind of network gear is needed or currently in place for internet at your facility if contractor must supply?
36. How many simultaneous med passes occur?
37. Who is your JMS provider?
38. Does the commission's provision of equipment to provide medical services include computers for EMR use?
39. How many desktop computers do the medical staff currently use?
 - a. How many are county owned vs. contractor owned?
40. How many laptops do the medical staff currently use?
 - a. How many are county owned vs. contractor owned?
41. Are there internet capabilities where the medical staff will be seeing patients? Exam rooms? Booking areas? Hardwire? Wireless?
42. How many scanners do the medical staff currently use?
 - a. How many are county owned vs. contractor owned?



43. How many printers do the medical staff currently use?
a. Are they county owned, or contractor owned?
44. Is the new vendor required to have the medical staff on a separate email address from the jail staff?
45. Are any members of the jail's current health service workforce unionized? If yes, please provide the following:
a. A copy of each union contract
b. Complete contact information for a designated contact person at each union
c. The number of union grievances that resulted in arbitration cases over the last 12 months.
46. Is the site accredited? If so, by who and when is the next accreditation date? Can we get a copy of the last audit?
47. Is the jail currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive.
48. Of the total population, how many are:

| | |
|-----------------|--|
| County | |
| ICE | |
| US Marshal | |
| Juveniles | |
| Native American | |
| Federal | |
| DOC | |
| Work Release | |
| Indigent | |
| Other | |

49. Can inmates/detainees request mental health services?
_____ Yes _____ No
a. If yes, are inmates/detainees charged a fee for mental health services?
_____ Yes _____ No
50. Is your mental health program accredited by any professional organization? (NCCHC, ACA)
_____ Yes _____ No
51. What mental health services are available to inmates/detainees in your jail? (Check all that apply)
_____ Crisis intervention



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- _____ Medications and their management
- _____ Psychiatric medications and their management
- _____ Referral of inmates/detainees to mental health provider
- _____ Individual counseling/therapy
- _____ Group counseling/therapy
- _____ Substance abuse treatment/services
- _____ In-depth physical evaluation assessment (typically occurs after 14 days in custody – includes mental health issues)
- _____ Case management
- _____ Release planning
- _____ Other (please explain)

52. Is crisis intervention available 24 hours per day/7 days per week?

_____ Yes _____ No

53. Indicate the titles of the provider(s) of mental health services in your jail. Please check all that apply and indicate the average number of hours per week for each.

- | | |
|--|------------------|
| _____ Psychiatrist – | _____ hours/week |
| _____ Psychologist – | _____ hours/week |
| _____ Masters Level Social Worker – | _____ hours/week |
| _____ Registered Nurse (RN) – | _____ hours/week |
| _____ Nurse Practitioner – | _____ hours/week |
| _____ Licensed Practical Nurse (LPN) – | _____ hours/week |
| _____ Jail Chaplain – | _____ hours/week |
| _____ Other (please explain) – | _____ hours/week |
| _____ | _____ hours/week |

54. Indicate the level of screening for inmates/detainees at your jail. (Check all that apply)

- _____ Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer.
- _____ Separate screening tool specific to mental health/suicide prevention issues completed by correctional officer.
- _____ Separate screening tool specific to mental health/suicide prevention issues completed by RN or mental health professional.
- _____ Other (please explain) _____

55. Is there a secondary review of screening reports for accuracy, completeness, legibility, and the referral process? (e.g., by first line supervisor, jail nurse, etc.)

_____ Yes, by whom? _____ No

56. Is staff required to use a prescribed form when making mental health referrals?

_____ Yes _____ No

57. Are arresting/transporting officers and probation agents, etc. required to complete a pre-incarceration form identifying mental health risk issues? _____ Yes _____ No

720 Cool Springs Blvd., Suite 100, Franklin, TN 37067

Phone: 309.692.8100 Fax: 309.692.8106



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58. Does your jail staff receive ongoing training on **mental health issues**?

_____ Yes, How often? (please explain) _____

How is training delivered? (please explain) _____

_____ No

59. Does your jail staff receive ongoing training on **suicide prevention issues**?

_____ Yes, How often? (please explain) _____

_____ How is training delivered? (please explain) _____

_____ No

60. Why is the County going out to RFP/RFQ/ITB at the current time?

61. What are some of the current pain points with your current provider? What needs to be improved from the current provider?

62. Will the County allow for the top 2 or 3 vendors to make oral presentations after the panel scores the responses?

63. Please list the programs offered to inmates/detainees in your jail, such as education, religious, recreation, life skills, substance abuse, etc.

CCNO Responses to Advanced Correctional Healthcare Questions for RFP #2025-001 Inmate Health Care & Mental Health Services

1. Yes; however, our LSW position will be open. You can recommend replacing that position or increase the Psych NP hours as he wishes to be Full Time.
2. No, we do not have that information.
3. 110
4. Yes
5. Health Services Provider is only responsible for drug screening their own employees.
6. Dr. Adam Nafziger
7. We have no concerns with Dr. Nafziger and he would like to continue services with the new vendor.
8. Four (4) hours per week, he comes in based on the needs of the patients
9. As needed
10. In most cases that could be done through phone calls, but there may be times where it is required for the doctor to come out and assess the patients.
11. We are unable to obtain the information.
12. The current contract has a cap of \$100,000 that is paid by the provider, anything over the cap, CCNO reimburses the provider for the pharmaceutical costs.
 - a. RNs, LPNs, and an EMT who is specially trained
 - b. Twice daily 7a & 7p
 - c. Yes, passed out in the housing units by the nurse
 - d. Only medication that was approved to be brought in will be returned upon discharge.
 - e. Yes, CCNO owns the medication carts.
13. Most medications allowed to come in from home, specifically lifesaving medications, once it is verified.
14. Yes, over-the-counter medications purchased through commissary are allowed.
 - a. Yes
15. Non-aspirin, ibuprofen, aspirin, triple antibiotic ointment, athlete's foot cream, Hall's cough drops, and multi-vitamins.
16. Under the current contract the charges go through the cap, and then CCNO reimburses the provider for those costs after the cap has been exceeded. The current provider submits HIV-AIDS related drugs through a reimbursement program. It is our intent to keep it the same.
17. Sick call is done during first shift hours in the medical department.
18. Yes, an officer is assigned to medical during sick call hours.
19. Chronic care and mental health clinic
20. Current provider uses a mobile dentist; however, they use our dental suite.
 - a. They are scheduled to be here four (4) hours per week.
 - b. They are scheduled to be onsite one (1) day per week
 - c. Yes, they have an assistant.
21. Not very often, but if an emergency would occur, they would be taken off site.
22. We do TB skin tests and we do them during their health and physical within 14 days of their intake date. ICE detainees receive the TB skin test at intake.
23. Not that CCNO is aware of.

24. Yes
- a. \$50,000 labs, x-rays, and offsite hospital care. You can view the specifics in the contract.
25. Yes, this is shown in addendum 1. CCNO has gone over both pools. The pharmaceutical cap and overages can be found in the RFP.
26. If you could, provide more information so we can understand what you're asking for.
27. VitalCore Health Services
28. Please see attached
29. Yes
30. It is currently done by VitalCore Health Services
31. No, just to Medicaid eligibility prices.
32. The RFP includes the past four-year budget information for pharmacy. The other information the current provider has.
33. Yes
34. Yes, they use CoreEMR 5.
35. Yes
- a. By CCNO
- b. No cost
- c. N/A
36. None
37. Our IT is out of Toledo and our Inmate Records system was developed, which is our own and connects with several of our member agencies, to include Lucas County Jail.
38. Yes
39. Approximately nine (9).
- a. Owned by CCNO
40. Five (5).
- a. Owned by CCNO.
41. Yes, both hardwire and wireless.
42. Two (2)
- a. Owned by CCNO.
43. Nine (9)
- a. Owned by CCNO.
44. Currently, they use the vendor's email system.
45. NO
46. CCNO is ACA, ODRC/BAD, and PREA accredited. Copies of the last audits are attached.
47. No
48. See table

| | |
|-----------------|-------------------------------------|
| County | 305 |
| ICE | 72 |
| US Marshals | 182 |
| Juveniles | Not Housed Here |
| Native American | No way of tracking this information |
| Federal | Covered under ICE & Marshals |
| DOC | 0 |
| Work Release | 3 |

| | |
|----------|------------------------------|
| Indigent | Average of 126 for this year |
| Other | 3, Findlay Municipal Court |

49. Yes

a. No co-pay for mental health

50. No

51. See table

| | |
|---|---|
| X | Crisis Intervention |
| | Medications and their management |
| X | Psychiatric medications and their management |
| X | Referral of inmates/detainees to mental health provider |
| X | Individual counseling/therapy |
| X | Group counseling/therapy |
| | Substance abuse treatment/services (Done by CCNO Employed Social Worker) |
| X | In-depth physical evaluation assessment (typically occurs after 14 days in custody [...]) |
| | Case management |
| | Release planning |
| | Other (please explain) |

52. Yes

53. See table

| # Positions | Title | Hours/Week |
|-------------|--------------------------------|------------|
| 0 | Psychiatrist | |
| 0 | Psychologist | |
| 2 | Masters Level Social Worker | 80* |
| 0 | Registered Nurse (RN) | |
| 1 | Nurse Practitioner | 16 |
| 0 | Licensed Practical Nurse (LPN) | |
| 0 | Jail Chaplain | |
| 1 | Other – Social Worker | 40 |

*One position (40 hours) paid via a grant

54. Basic intake health screening & Separate screening tool

55. Yes

56. No

57. No, they are asked verbally before medical accepts inmates for incarceration during the pre-screening.

58. Yes. They receive ongoing training via in-service, outside training, or web-based training.

59. Yes. They receive ongoing training via in-service, outside training, or web-based training.

60. VitalCore is no longer providing service at CCNO.

61. Timely receiving screens, timely paid bills, and support for current medical staff.

62. We may contact the top two providers and have Teams meeting discussions.

63. See attached.

**AGREEMENT BETWEEN CORRECTIONS COMMISSION OF NORTHWEST OHIO AND
VITALCORE HEALTH STRATEGIES, LLC
FOR INMATE HEALTH CARE AND MENTAL HEALTH SERVICES**

This agreement is made on the 5th day of ~~September~~ 2023, by and between VitalCore Health Strategies, LLC, hereinafter referred to as "Contractor," and the Corrections Commission of Northwest Ohio, hereinafter referred to as "Commission," pursuant to Request for Proposal for "Inmate Health Care and Mental Health Services" for the Corrections Center of Northwest Ohio.

WHEREAS, Commission wishes to obtain professional services for inmate health and mental health care services; and,

WHEREAS, Contractor is a recognized vendor of these services and desires to provide them to Commission; and,

WHEREAS, a Request for Proposal was issued for acquisition of these services; and,

WHEREAS, Commission conducted negotiations and determined the best interests of Commission will be served by awarding a contract to Contractor to provide these services;

THEREFORE, in consideration of the mutual agreements contained below, Commission and Contractor contract as follows:

CONTRACT DOCUMENTS

The contract between Commission and Contractor consists of-

1. RFP for Inmate Health Care and Mental Health Services, No. 2023-003, (Exhibit A) and any amendments and/or addenda thereto. Said Exhibit A is hereby incorporated and made a part of this Agreement; and
2. Contractor's entire proposal submitted on or about August 11, 2023 in response to the RFP, and amendments, addenda, modifications and/or clarifications thereto, (Exhibit B). Said Exhibit B is hereby incorporated and made a part of this Agreement; and
3. This agreement.

In the event that any conflict arises between the provisions of this agreement, the RFP, or the Contractor's Proposal, the provisions of this agreement shall prevail over conflicting provisions of the RFP and of the Contractor's Proposal, and the provisions of the RFP shall prevail over any conflicting provisions of the Contractor's Proposal.

TERM

The term of this Agreement shall be for a three-year term with an option for no more than two (2) additional years and shall begin on November 1, 2023, and shall terminate October 31, 2026. If the Contractor materially breaches this Agreement and/or its incorporated documents and has failed to cure the defect upon thirty (30) days' notice, the Commission may terminate this Agreement upon ninety (90) days' notice.

The Agreement may be terminated for convenience at any time during its term or any renewal thereof, by providing sixty (60) days written notice to the other party prior to the proposed date of termination.

PAYMENT

Payments shall be based on Contractor's Cost Proposal, contained in Contractor's Proposal (Exhibit B), as follows:

| | Base Contract |
|------------|-----------------------|
| Year One | \$2,489,081.16 |
| Year Two | \$2,563,753.59 |
| Year Three | \$2,640,666.20 |
| | Optional Years |
| Year Four | \$2,719,886.19 |
| Year Five | \$2,801,482.77 |

Hospital, off-site specialty care, off-site radiology, dental and optical tests, and HIV drug therapy services are subject to an annual aggregate cap of Fifty Thousand Dollars (\$50,000.00). Any costs exceeding the cap are the responsibility of the Commission. If actual costs do not exceed the capped amount in any contract year, Contractor shall refund the entire amount of any remaining differential to the Commission.

Pharmaceutical costs are subject to an annual aggregate cap of One Hundred Thousand Dollars (\$100,000.00). Any costs exceeding the cap are the responsibility of the Commission. If actual costs do not exceed the capped amount in any contract year, Contractor shall refund the entire amount of any remaining differential to the Commission.

Payments to Contractor on an annual basis shall be made in twelve (12) monthly payments pursuant to a billing statement submitted by Contractor. Monthly invoices from Contractor shall be submitted to the Commission on or before the fifth day of each month of the subsequent month of service. The Commission payment terms will be net thirty (30) days from receipt of invoice.

DEFENSE and INDEMNIFICATION

Contractor shall defend, indemnify, and save harmless the Commission, its officers, agents, and employees from and against all claims, damages, suits, actions, recoveries, judgments, and costs and expenses including reasonable attorney fees arising out of or in connection with its operations under this Agreement, as set forth in Par. 7.04 Contract Terms, page 20 of the RFP.

Commission shall defend and indemnify Contractor, its officers, agents, and employees from and against all claims, damages, suits, actions, recoveries, judgments, and costs and expenses including reasonable attorney fees caused by, based upon, or arising out of any act, conduct, misconduct or omission of its agents or employees in the performance of this Agreement.

This clause shall survive termination and shall not be subject to the statute of limitations underlying the alleged act or omission if the putative plaintiff is not subject to such statute, although this

provision inures only to the parties and their officers, agents, and employees, does not create a third-party beneficiary agreement, and may not be asserted by anyone other than the parties.

CERTIFICATION

The Contractor warrants that all medical professionals used in this Agreement shall be appropriately credentialed and, if necessary, licensed and in good standing with the State of Ohio.

INSURANCE

Contractor shall support the defense and indemnification above by obtaining commercially reasonable general liability and professional malpractice insurance from a company or companies subject to the Commission's approval and in minimum coverages of not less than \$2 million per incident and \$10 million in an annual aggregate. In addition, the Contractor must carry a comprehensive general liability policy with an insurance company acceptable to the Commission with a combined single limit of not less than \$5 million. The Commission must be named as an additional insured on all such policies. Each policy must also provide that the insurer will give (and not merely endeavor to give) the Commission thirty (30) days written notice prior to cancellation.

GOVERNING LAW

This Agreement shall be construed and enforced in accordance with the laws of the State of Ohio, notwithstanding any contrary result under the rules governing conflicts of laws. The venue for any action arising out of this Agreement shall be in the courts of Williams County, Ohio.

INDEPENDENT CONTRACTOR STATUS

It is mutually understood and agreed, and it is the intent of the parties hereto that an independent contractor relationship be and is hereby established under the terms and conditions of this Agreement. Nothing in this Agreement shall be construed to create an agency relationship, an employer-employee relationship, a joint venture relationship, or any other relationship allowing the COMMISSION to exercise control or direction over the manner or methods by which Contractor, its employees, agents, or subcontractors perform hereunder, or Contractor to exercise control or direction over the manner or methods by which the COMMISSION, and their employees, agents or subcontractors perform hereunder, other than as provided in this Agreement.

SUBCONTRACTING

In performing its obligations under the Agreement, it is understood that Contractor is not licensed or otherwise authorized to engage in any activity that may be construed or deemed to constitute the practice of medicine, dentistry, optometry, or other professional healthcare service requiring licensure or other authorization under state law. To comply with these requirements Contractor may engage physicians or other clinicians as independent contractors ("Contract Professionals"), in addition to those hired as employees, in order to supply the clinical services required under this Agreement. Contractor shall engage Contract Professionals that meet the applicable professional licensing requirements and Contractor shall exercise administrative supervision over such Contract Professionals as necessary to ensure the fulfillment of the obligations contained in this Agreement. Contract Professionals shall provide clinical services under this Agreement in a manner reasonably consistent with the independent clinical

judgment that the Contract Professional is required to exercise. It is further understood that Contractor may subcontract for specialized services such as pharmacy, medical waste, medical supplies, and other services or supplies which it is required to provide under this Agreement.

AGENCY

For purposes of asserting any statutory rights afforded to the COMMISSION or the facility to pay providers for medical services at certain reduced rates, COMMISSION designates Contractor as their agent to assert such rights and privileges.

EQUAL EMPLOYMENT OPPORTUNITY

Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, ancestry, national origin, place of birth, marital status, sexual orientation, age or handicap unrelated to a bona fide occupational qualification of the position or because of status as a disabled veteran or Vietnam-Era veteran. Contractor will distribute copies of its commitment not to discriminate to all persons who participate in recruitment, screening, referral, and selection of job applicants and to prospective job applicants.

WAIVER OF BREACH.

The waiver of either party of a breach or violation of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach of the same or other provision hereof.

OTHER CONTRACTS AND THIRD-PARTY BENEFICIARIES

The parties acknowledge that Contractor is neither bound by or aware of any other existing contracts to which the COMMISSION is a party and which relate to the provision of health care to inmates/detainees at the facility. The parties agree that they have not entered into this Agreement for the benefit of any third person or persons, and it is their express intention that this Agreement is for their respective benefits only and not for the benefits of others who might otherwise be deemed to constitute third-party beneficiaries thereof.

FORCE MAJEURE

In case performance of any terms or provisions hereof shall be delayed or prevented because of compliance with any law, decree or order of any governmental agency or authority of local, State or Federal governments or because of riots, war, terrorism, explosions, acts of civil or military authority, acts of public enemy, public disturbances, lack of adequate security escorts, strikes, lockouts, differences with workers, earthquakes, fires, Acts of God, or any other reason whatsoever which is not reasonably within the control of the party whose performance is interfered with and which, by the exercise of reasonable diligence, said party is unable to prevent, the party so suffering may, at its option, suspend, without liability, the performance of its obligations hereunder during the period such cause continues.

ASSIGNMENT

Except as otherwise provided herein, no party to this Agreement may assign any of its rights or delegate any of its duties under this Agreement without the prior written consent of the other parties. Any unauthorized attempted assignment shall be null and void and of no force or effect.

NOTICES

Any notice of termination, requests, demands or other communications under this Agreement shall be in writing and shall be deemed delivered: (a) when delivered in person to a representative of the parties listed below; (b) upon receipt when mailed by overnight courier service, mailed by first-class certified or registered mail return receipt requested, addressed to the party at the address below; or (c) upon confirmation of receipt if sent by facsimile to the fax number or email of the party listed below:

If for Contractor:

Viola Riffin, CEO
VitalCore Health Strategies, LLC
719 SW Van Buren, Suite 100
Topeka, Kansas 66603
FAX: (785) 408-5617
Email: VCHSAdmin@VitalCoreHS.com

If for COMMISSION:

Dennis Sullivan, Executive Director
Corrections Center of Northwest Ohio
03151 County Rd 24.25
Stryker, Ohio 43557
FAX: (419) 428-2119
Email: dennis.sullivan@ccnojail.org

An electronic mail address may be used if desired on the condition that the sender requests a delivery and a read receipt from the recipient. If no read receipt is received by the sender within two working days, the sender shall send again according to one of the three methods stated above. Such mailing address, facsimile number, and electronic mail address may be changed from time to time by either party by providing written notice as provided above.

EXECUTION AUTHORITY

By their signature below, each signatory individual certifies that they are the properly authorized agent or officer of the applicable party hereto and have the requisite authority necessary to execute this Agreement on behalf of such party. and each party hereby certifies to the other that any resolutions necessary; to create such authority have been duly passed and are now in full force and effect.

SURVIVAL

The provisions concerning and pertaining to termination, insurance, and indemnification will survive any termination or expiration of the Agreement.

COUNTERPARTS

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

TITLES OF PARAGRAPHS

Titles of paragraphs are inserted solely for convenience of reference and shall not be deemed to limit, expand, or otherwise affect the provisions to which they relate.

SEVERABILITY

In the event that any one or more provisions of this Agreement shall, for any reason, be held to be invalid, illegal or unenforceable in any respect such invalidity, illegality, or unenforceability shall not affect any other provision of this Agreement and this Agreement shall be construed and enforced as if such invalid, illegal, or unenforceable provision had never been contained herein.

ENTIRE AGREEMENT; AMENDMENT OR MODIFICATION


This Agreement and the other contract documents set forth above, constitute the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and agreements that have been made in connection with the subject matter hereof. This Agreement may be amended or modified at any time, but only with the written consent of both parties.

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

AGREED TO AND ACCEPTED AS STATED ABOVE:


SIGNATURES

CORRECTIONS COMMISSION OF NORTHWEST OHIO:

By: 
Dennis Sullivan, Executive Director

9/5/23
Date

VITAL CORE HEALTH STRATEGIES, LLC

By: 
Viola Riffin
Chief Executive Officer

9/2/2023
Date

Exhibit A – RFP # 2023-003 Inmate Health Care and Mental Health Services for the Corrections Center of Northwest Ohio

Exhibit B – VitalCore’s Proposal in Response to RFP #2023-003 Inmate Health Care and Mental Health Services for the Corrections Center of Northwest Ohio

**AMMENDMENT TO THE AGREEMENT BETWEEN CORRECTIONS COMMISSION OF
NORTHWEST OHIO AND VITALCORE HEALTH STRATEGIES, LLC FOR INMATE HEALTH
CARE AND MENTAL HEALTH SERVICES**

This Amendment ("**Amendment**") is made on this 1 day of December 2023, to the Agreement for Inmate Health Care and Mental Health Services, dated September 5, 2023, between the Corrections Commission of Northwest Ohio (the "**Commission**"), and VitalCore Health Strategies, LLC (the "**Contractor**"), pursuant to Request for Proposal for "Inmate Health Care and Mental Health Services" for the Corrections Center of Northwest Ohio ("**Exhibit A**").

WHEREAS, the parties desire to amend the Agreement for Inmate Health Care and Mental Health Services, dated September 5, 2023 (the "**Existing Agreement**"), to reflect changes to the minimum liability insurance requirements for independent contractors of the Existing Agreement.

WHEREAS, Exhibit A to the Existing Agreement provides that any independent contractors employed by Contractor must also carry the types and amount of insurance set forth in Section 5.01 of Exhibit A.

WHEREAS, Exhibit A and the Existing Agreement require Contractor to obtain commercially reasonable general liability and professional malpractice insurance in minimum coverages of not less than \$2 million per incident and \$10 million in an annual aggregate.

WHEREAS, the Commission desires to waive the minimum coverages for one or more of Contractor's intended independent contractors.

ACCORDINGLY, in consideration of the foregoing recitals, which are incorporated herein by reference, and other specific consideration set forth in this Amendment, the receipt and sufficiency of which is acknowledged by the Contractor and the Commission, the parties agree to amend the Existing Agreement as follows:

AMENDMENTS

The paragraph titled "INSURANCE" of the Existing Agreement is amended by inserting the following sentence at the end of the paragraph:

"Notwithstanding Section 5.01 of Exhibit A, the Contractor may hire an independent contractor with different minimum liability coverages as described in this section only if the Commission approves of Contractor's proposed independent contractor in writing."

CONTINUATION OF EXISTING AGREEMENT

Except for the amendments made in this Amendment, the Existing Agreement remains unchanged and in full effect.

GOVERNING LAW

This Amendment shall be construed and enforced in accordance with the laws of the State of Ohio, notwithstanding any contrary result under the rules governing conflicts of laws. The venue for any action arising out of this Amendment will be the courts of Williams County, Ohio.

COUNTERPARTS

This Amendment may be executed in one or more counterparts, and by different parties in separate counterparts, each of which when executed shall be deemed to be an original but all of which when taken together shall constitute one and the same agreement.

SEVERABILITY

The invalidity or unenforceability of any terms or provisions hereof will in no way affect the validity or enforceability of any other terms or provisions.

ENTIRE AGREEMENT; AMENDMENT OR MODIFICATION

This Amendment and the Existing Agreement, including the other contract documents described in the Existing Agreement, constitute the entire agreement of the parties and are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and agreements that have been made in connection with the subject matter hereof. This Amendment and the Existing Agreement may be amended or modified at any time, but only with the written consent of both parties.

IN WITNESS WHEREOF, to evidence the agreement to this Amendment's terms, the parties have executed and delivered this Amendment on the date set forth in the preamble.

SIGNATURES

CORRECTIONS COMMISSION OF NORTHWEST OHIO:

By: 
Dennis Sullivan, Executive Director

12-1-23
Date

VITALCORE HEALTH STRATEGIES, LLC

By: _____
Viola Riggin, CEO

Date



09/19/2025

Executive Director Dennis Sullivan
Corrections Center of Northwest Ohio
3151 County Road 24.25
Stryker, OH 43557

RE: 2025 Annual Jail Inspection

Dear Executive Director Dennis Sullivan:

In accordance with Section 5120.10 of the Ohio Revised Code and Executive Order 92-03 of the Department of Rehabilitation and Correction, the Corrections Center of Northwest Ohio, a full service jail, was inspected on 09/11/2025. The inspection was restricted to assessing compliance with a group of standards, selected from the Standards for Jails in Ohio promulgated by the Department of Rehabilitation and Correction. The group of standards being inspected focused on Reception & Release, Classification, Security, Housing, Sanitation and Environmental Conditions, Communication, Visitation, Medical and Mental Health Services, Food Service, Recreation and Programming, Inmate Discipline, Administrative Segregation, Grievance, Staffing, and Staff Training. The inspection consisted of this Inspector receiving and/or reviewing requested documentation and/or materials, touring selected areas of the jail, and having discussions with various jail staff.

The total actual general housing capacity for the Corrections Center of Northwest Ohio is 688. On the date of the jail inspection, there were 563 inmates incarcerated in the Corrections Center of Northwest Ohio. The Ohio Department of Rehabilitation and Correction recommended housing capacity for the jail is 636, which is based upon total available living space and other requirements. Officials should maintain prisoner counts within the Department's recommended capacity figure.

The Corrections Center of Northwest Ohio (Full Service Jail) is in compliance with 178 standards, 52 "Essential", and 126 "Important".

5120:1-8-01 (A); -01 (B); -01 (C); -01 (D); -01 (E); -01 (F); -01 (G); -01 (H); -01 (I); -01 (J); -01 (K); -01 (L); -01 (M); -01 (N); -01 (O); -02 (A); -02 (B)(1); -02 (B)(2); -02 (B)(3); -02 (B)(4); -02 (B)(5); -02 (B)(6); -02 (D); -03 (A)(1); -03 (A)(3); -03 (A)(4); -03 (A)(5); -03 (A)(6); -03 (A)(7); -03 (B)(1); -03 (B)(2); -03 (B)(3); -03 (B)(4); -03 (B)(5); -03 (B)(6); -03 (B)(7); -03 (B)(8); -03 (B)(9); -03 (B)(10)(a); -03 (B)(10)(b); -03 (B)(10)(c); -03 (B)(10)(d); -03 (B)(11)(a); -03 (B)(11)(b); -03 (B)(11)(c); -03 (B)(12); -03 (B)(13); -03 (B)(14); -03 (B)(15); -03 (B)(16); -03 (B)(17); -04 (A)(1); -04 (A)(2)(a); -04 (A)(2)(b); -04 (A)(3); -04 (A)(4); -04 (B); -04 (C); -04 (D); -04 (E); -04 (F); -04 (G); -04 (H); -04 (I); -04 (J); -04 (L); -05 (A); -05 (B); -05 (C); -05 (D); -05 (E); -05 (F); -05 (G)(1); -05 (G)(2); -05 (G)(3); -05 (H)(1); -05 (H)(2); -05 (H)(3); -05 (H)(4); -05 (H)(5); -05 (H)(6); -05 (I); -05 (J); -05 (K); -05 (L); -05 (M); -05 (N); -05 (O); -05 (P); -05 (Q); -06 (A); -06 (B); -06 (C); -06 (D); -06 (E); -06 (F); -06 (G); -06 (H); -07 (A); -07 (B); -07 (C); -07 (D); -07 (E); -07 (F); -07 (G); -07 (H); -07 (I); -07 (J); -09 (A); -09 (B); -09 (C); -09 (D); -09 (E); -09 (F); -09 (G); -09 (H); -09 (I); -09 (J); -09 (K); -09 (L); -09 (M); -09 (N); -09 (O); -09 (P); -09 (Q); -09 (R); -09 (S); -09 (T); -09 (U); -09 (V); -09 (W); -09 (X); -09 (Y); -09 (Z); -09 (AA); -10 (A); -10 (B); -10 (C); -10 (D); -10 (E); -10 (F); -10 (G); -10 (H)(1); -10 (H)(2); -11 (A); -11 (B); -11 (C); -11 (D); -11 (E);

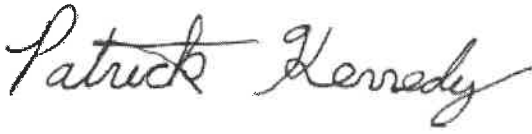
Operation Support Center
P.O. Box 430
Columbus, Ohio 43216 U.S.A.
drc.ohio.gov

-12 (A); -12 (B); -12 (C); -12 (D); -12 (E); -12 (F); -12 (G); -12 (H); -12 (I); -15 (A); -15 (B); -15 (C); -15 (D); -15 (E); -15 (F); -16 (A); -16 (B); -17 (A)(1); -17 (A)(2); -17 (A)(3); -17 (A)(4); -17 (A)(5); -17 (A)(6); -17 (A)(7); -18 (A); -18 (B); -18 (C); -18 (D); -18 (E);

The Corrections Center of Northwest Ohio did not comply with 0 standards, 0 "Essential", and 0 "Important". This letter is intended to serve as a basis for developing plans of action for bringing the facility into compliance with the deficiencies noted during the inspection.

The Corrections Center of Northwest Ohio was found to be in compliance with the onsite jail inspection for the 2025 calendar year. Your continuing effort to maintain compliance with the Minimum Standards for Jails in Ohio is to be commended. Thank you for your cooperation in the 2025 annual inspection process.

Sincerely,



Patrick Kennedy, State Jail Inspector
Bureau of Adult Detention
Ohio Department of Rehabilitation and Corrections
Operations Support Center
P.O. Box 430
Columbus , Ohio 43216
Phone: (614) 756-9182
Email: patrick.kennedy@drc.ohio.gov

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Columbus, Ohio 43216 U.S.A.
drc.ohio.gov

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services

The American Correctional Association
and the
Commission on Accreditation for Corrections
award

ACCREDITATION

to

Corrections Commission of Northwest Ohio
Corrections Center of Northwest Ohio
Stryker, Ohio
2023 - 2026

in recognition of the attainment of excellence in the operation of
an Adult Local Detention Facility

presented this 25th day of October 2023


PRESIDENT


EXECUTIVE DIRECTOR




COMMISSION CHAIR


DIRECTOR, STANDARDS AND ACCREDITATION

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

| | | |
|---|--|----------------------|
| Manual Type | Adult Local Detention Facilities, 4 th Edition | |
| Supplement | 2008 Standards Supplement | |
| Facility/Program | Corrections Center of Northwest Ohio/Corrections Commission | |
| Audit Dates | May 10-12, 2023 | |
| Auditor(s) | Cheryl Turner, Chair; Irene Horgan, Member, Bonnie O'Brien, Member | |
| | MANDATORY | NON-MANDATORY |
| Number of Standards in Manual | 60 | 323 |
| Number Not Applicable | 1 | 24 |
| Number Applicable | 59 | 299 |
| Number Non-Compliance | 0 | 0 |
| Number in Compliance | 59 | 299 |
| Percentage (%) of Compliance | 100% | 100% |
| <ul style="list-style-type: none"> Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance | | |

PREA Facility Audit Report: Final

Name of Facility: Corrections Center of Northwest Ohio

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/11/2024

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Valerie Wolfe Mahfood

Date of Signature: 08/11/2024

AUDITOR INFORMATION

Auditor name: Mahfood, Valerie Wolfe

Email: wolfemahfood@aol.com

Start Date of On-Site Audit: 06/24/2024

End Date of On-Site Audit: 06/26/2024

FACILITY INFORMATION

Facility name: Corrections Center of Northwest Ohio

Facility physical address: 3151 County Road 2425, Stryker, Ohio - 43557

Facility mailing address:

Primary Contact

| | |
|--------------------------|--------------------------|
| Name: | Jamie Jones |
| Email Address: | jamie.jones@ccnojail.org |
| Telephone Number: | 419-428-3800 ext. 40 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|------------------------------|
| Name: | Dennis Sullivan |
| Email Address: | dennis.sullivan@ccnojail.org |
| Telephone Number: | 419-428-3800 ext. 20 |

| Facility PREA Compliance Manager | |
|---|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
|--|-------------------------|
| Name: | Brook Little |
| Email Address: | blittle@vitalcorehs.com |
| Telephone Number: | 419-428-3800 ext. 52 |

| Facility Characteristics | |
|--|------------------------|
| Designed facility capacity: | 688 |
| Current population of facility: | 528 |
| Average daily population for the past 12 months: | 546 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |

| | |
|--|--------------------------|
| Age range of population: | 18-75 |
| Facility security levels/inmate custody levels: | Minimum, Medium, Maximum |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 147 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 262 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 119 |

AGENCY INFORMATION

| | |
|--|---|
| Name of agency: | Corrections Center of Northwest Ohio Board of Directors |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 3151 County Road 2425, Stryker, Ohio - 43557 |
| Mailing Address: | |
| Telephone number: | |

Agency Chief Executive Officer Information:

| | |
|--------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|-------------|-----------------------|--------------------------|
| Name: | Jamie Jones | Email Address: | jamie.jones@ccnojail.org |
|--------------|-------------|-----------------------|--------------------------|

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

5

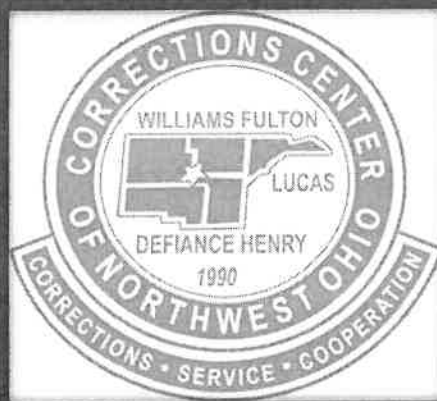
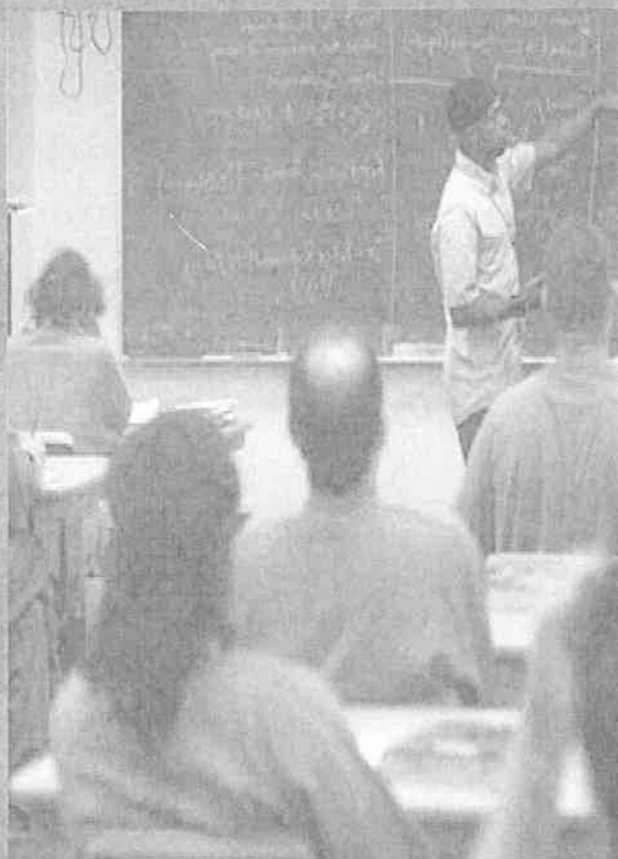
- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.17 - Hiring and promotion decisions
- 115.32 - Volunteer and contractor training
- 115.33 - Inmate education
- 115.401 - Frequency and scope of audits

Number of standards met:

40

Number of standards not met:

0



INMATE PROGRAMS & SERVICES

CORRECTIONS CENTER OF NORTHWEST OHIO



GED

CCNO partners with Penta Career Center to provide the GED program for inmates. This is an ongoing program that inmates attend until they successfully pass all sections of the GED. GED classes cover language arts (reading and writing skills), social studies, science, and mathematics. CCNO is a certified testing site and inmates have the opportunity to test twice per month.

Participation in GED classes can be asked for by an inmate through a request to staff or court ordered by the sentencing judge.



DECISION POINTS

Decision Points is a cognitive-behavioral intervention based on principles with broad based research support in reducing problematic behavior and recidivism. Decision Points addresses the Risk – Need – Responsivity model of correctional interventions.

Risk – The program is developed for medium-to-high risk offenders. The open group format, combined with individual assessments, allow participants to engage in variable amounts of group time (dosage) based on need. This allows the program to match dosage to level of risk.

Need – Decision Points targets dynamic risk factors that are amenable to intervention. It teaches how to recognize antisocial cognition (risky thinking), and develops ways to engage in alternative, less risky thoughts and feelings. In addition, the four Decision Points thinking steps address impulsivity issues to enable clients to ‘slow down’ their thinking processes before taking action.

Responsivity – Decision Points is a multi-modal program which incorporates a range of learning styles. Progress through the program requires mastery of the four thinking steps as demonstrated during in-group role playing activities. This approach accommodates individuals who are challenged with reading and writing, and simulates using Decision Point steps in real-life situations.

To successfully complete the program, a participant will need to complete a minimum of 7-11 sessions (based on session length). With this being an open group concept, participants can join at any time.

TRAUMA & ADDICTION

Trauma & Addiction is an evidence-based treatment model that treats the co-occurring diagnoses of PTSD and Substance Use Disorder. These treatments focus on both diagnoses and each condition is seen as adversely affecting the other. This model creates a balance between exposures to dual treatment issues while avoiding exposure to significant trauma memories. Groups are gender specific and meet once a week for 12 weeks. Participants discuss and learn about grounding, setting boundaries, healing from anger, healthy relationships, and setting personal goals. The trauma informed format of the group helps inmates with a trauma history gain coping techniques necessary to be successful after their release. The group is open and therefore inmates will have little to no wait before they're able to participate.

Attendance in this course may be asked for by an inmate through a request to staff or court ordered by the sentencing judge.

ANGER MANAGEMENT

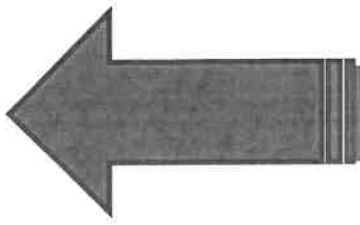
Anger management programming is conducted by CCNO programming staff and allows individuals to learn to manage their anger by identifying triggers, both physical and emotional, as well as gaining coping skills to express feelings and needs assertively. These gender-specific groups meet once weekly for 1 hour sessions over an 8 week period. The curriculum is evidence based and trauma informed, providing a quality foundation to develop the skills necessary for success post release. A few of the topics the participants will cover are learning & using self-control, managing stress & anxiety, dealing with rejection & failure, and learning how to let go. Again, Anger Management is an open group for maximum participation.

Attendance in this course may be asked for by an inmate through a request to staff or court ordered by the sentencing judge.

HARC

The HARC (Healing Addictions through a Relationship with Christ) program is a six-week program that discusses how to incorporate Bible study and prayer into an inmate's life. The course also covers a variety of topics to help inmates be successful upon their release. These include: how to find a job, prepare for an interview and be a good employee, getting priorities in line, budgeting & saving money, developing a system to pay weekly bills, picking affordable housing, and learning where and how to shop on a budget. The class aims to teach inmates how to live a balanced life to be satisfied, happy, and grateful for where they find themselves presently in life.

HARC programming is provided by volunteers and therefore program availability may vary. Attendance in this course may be asked for by an inmate through a request to staff.



TOOLING U

Tooling U is a program designed to help inmates improve their work and leadership skills. The program helps to develop leadership characteristics for the work force. At the same time, it teaches inmates about the manufacturing process so they can add value to the manufacturing industry. With a goal of boosting confidence in the workplace and aid inmates in obtaining employment that will pay them a fair wage, the Tooling U program aims to reduce recidivism rates for program participants. Tooling U is currently instructed by the GED teachers in partnership with Penta Career Center.

TYRO LEADERSHIP

Currently Paused

TYRO® Leadership is a nationally known, award-winning, best practice curriculum designed to equip participants with the skills necessary to achieve their highest potential. This intensive character development program teaches participants to own responsibility for their actions and prepares them to live a life of honor and integrity. Upon successful completion, participants have a significant increase in emotional intelligence and reported a marked improvement in how they view themselves and their relationships.

TYRO means a novice, an apprentice, someone learning something new, a warrior or founding member. In TYRO Leadership, participants discover new skills and gain experience across their life. A TYRO is a person willing to live by their convictions, fight for their family to be healthy and whole, and to lead with truth, respect, and honor.

TYRO Leadership is a 20-hour course taught in 5-10 weeks. To complete TYRO Leadership, participants must complete a 10-page autobiography, Vision Board, Family Mission Statement, Family Crest, and they will Fast from something during the duration of the class. After completion of the program, participants receive a completion certificate, TYRO pin (which will be placed in personal property), and have earned the right to be a TYRO. TYRO Leadership enables participants to develop leadership skills, build resiliency, self-regulate and sets and achieve goals.

CAREER PATH

Harbor, Inc. has collaborated with the US Department of Labor and CCNO to develop a comprehensive re-entry program to ease the transition of re-entering society by providing career counseling, case management, and schooling/job training for participants to earn a recognized post-secondary credential, high school equivalency certificate, or an industry-recognized qualification to help them earn a job in an in-demand work field. To be eligible for this program, inmates must reside in Defiance, Fulton, Henry, Lucas, or Williams counties; be sentenced; and be scheduled for release from CCNO within 20-270 days.

IN2WORK

When able, Aramark offers IN2WORK classes to inmate kitchen workers. Through the program, inmates are offered three-phased classroom and hands-on training. ServSafe and RISE UP programs are utilized through the program. ServSafe's purpose is to provide and assess knowledge of basic safe food handling procedures, while RISE UP teaches the importance of supply chains and the flow of goods. After completion, participating inmates could receive certification from the National Restaurant Association and/or the National Retail Federation. Inmates who complete the IN2WORK program are also eligible for additional benefits through Aramark. Participation is voluntary.

VOLUNTEER SERVICES

Volunteers conduct various services for inmates to attend which include AA meetings, worship services and Bible study. Services are offered on a daily basis and posted in units.

REACH UP, INC./CHAPLAINCY SERVICES

A non-profit agency that coordinates religious and chaplaincy services for inmates at CCNO. It is a local ministry under the guidance of local people and involves approximately 200 volunteers. For more information, contact the Chaplain's office at (419) 428-3800 extension 420.

LIFE & VOCATIONAL SKILLS

Self-help, educational, and/or vocational programs are offered to inmates when they're available. Speakers from various agencies and volunteers discuss topics such as self-esteem, dealing with stress, family violence, anger control, domestic violence, sexually transmitted diseases, HIV/AIDS education and prevention, financial investments, job resumes, freedom from smoking, and parenting. Participation is voluntary.

ELECTRONIC MONITORING

Electronic monitoring at CCNO can be done through three different types: regular monitoring, GPS, or TAD. Screened applicants are assigned by the court to the program. An ankle bracelet is placed on their ankle and supervised while in the community. Inmates can continue working or attend court ordered programs while restricted to home at specified times. All participants must pay to be in the program unless declared indigent by the court. GPS tracking allows for an offenders location to be pinged as opposed to regular electronic monitoring which solely detects when they are out of their designated range. TAD monitoring adds an element of alcohol detection through the use of a specially designed ankle bracelet.

WORK RELEASE

Pre-screened inmates in the four rural counties can maintain current employment while serving non-working time at CCNO through the work release program. These inmates are sentenced to work release by their judge and must meet CCNO requirements to participate. Work Release inmates are required to pay 25 percent of their net pay for jail and court costs and must provide their own transportation to/from work.