

PROPOSAL FOR
MEDICAL DIRECTOR SERVICES
Health and Social Services & Detention Health Services

Response to Request for Proposals

May 28, 2026

RFP 26-20-HEA-01 – Medical Director Services

Cochise County

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COVER LETTER

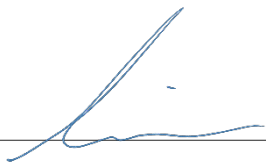
On behalf of PetraMED, LLC, we are pleased to submit this proposal to provide Medical Director Oversight and Support services for Cochise County Health and Social Services and Cochise County Detention Health Services under RFP 26-20-HEA-01.

Medical director oversight of a county health department and detention health program requires sustained physician availability, consistent policy and protocol governance, and tight coordination with public health staff, detention health staff, custody, and community partners. Dr. Erik McLaughlin holds active Arizona medical licensure, an unencumbered DEA registration, detention-specific malpractice coverage, and formal training in infectious disease and tropical medicine, in addition to his MPH and 20-plus years of clinical and public health leadership.

PetraMED is the incumbent Medical Director for both Cochise County divisions. Our team has delivered continuous physician oversight, annual policy and formulary sign-offs, MOUD continuation, grievance and mortality review participation, and outbreak and emergency response since 2020, first under AB Med Healthcare Solutions and, since October 2025, under PetraMED. The proposed services reflect six months of direct PetraMED operating data and five-plus years of continuous team presence within the County's public health and detention operations.

We appreciate the opportunity to continue our partnership with Cochise County and remain committed to delivering responsive, clinically sound, and operationally stable medical oversight services across both Public Health and Detention Health operations.

Respectfully,



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1. EXECUTIVE SUMMARY

PetraMED, LLC is an integrated healthcare oversight organization providing physician medical direction, public health program governance, and correctional healthcare quality management for county and municipal clients. Under the medical direction of Dr. Erik McLaughlin, MD, MPH and the operational leadership of Chief Executive Officer Aikaterini Papadopoulou, PetraMED maintains a physician-led healthcare oversight model designed for county public health and detention environments. The organization delivers continuous physician availability, consistent policy and protocol governance, formulary and medication oversight, grievance and mortality review participation, and outbreak and emergency response support. PetraMED operates with named, directly accessible leadership and a lean organizational structure; decisions are made at the engagement level, not routed through corporate offices.

PetraMED is the incumbent Medical Director for Cochise County Health and Social Services and Cochise County Detention Health Services. The proposed team has delivered continuous physician oversight to both divisions since 2020, first under sister company AB Med Healthcare Solutions and, since October 2025, directly under PetraMED. Over five years of continuous service, the team has maintained on-time annual policy and formulary sign-offs, timely Level II grievance determinations, mortality review participation, and physician leadership across outbreak response, MOUD continuation, and public health emergencies. Continuity of clinical authority, pharmacy and DEA credentialing, and working relationships with Public Health and Detention Health leadership are already in place and require no transition.

This proposal addresses both divisions described in Attachment 2 and is structured to support either a combined award or an award of either division independently. Dr. McLaughlin holds active Arizona medical licensure, an unencumbered DEA registration, detention-specific malpractice coverage, and formal infectious disease training through the Tulane Diploma in Tropical Medicine in addition to his MPH. Baseline policy management and compliance monitoring infrastructure is included within the combined-award service tier at no additional charge.

Cochise County's public health and detention health programs require sustained operational stability. PetraMED is positioned to continue that stability under a clear contract structure with named, directly accountable leadership and looks forward to continuing its partnership with Cochise County.

2. TECHNICAL ABILITY

This proposal addresses both divisions described in Attachment 2 and is structured to support either a combined award or an award of either division independently. The sections that follow describe PetraMED's operational structure, physician oversight model, staffing approach, compliance framework, and public health and detention healthcare support capabilities as they relate to the requirements of this solicitation.

2.1. Overview of PetraMED

PetraMED, LLC is a physician-led healthcare oversight organization providing medical direction, public health governance, and correctional healthcare oversight to county and municipal public health and detention programs across Arizona and the Southwest. The company is led by President Erik McLaughlin, MD, MPH and Chief Executive Officer Aikaterini Papadopoulou, who maintain direct clinical and operational leadership for each County engagement.

PetraMED operates with a lean leadership structure designed to support direct accountability and responsive operational coordination. Decisions affecting Cochise County operations are made at the engagement level by individuals who are directly accessible to County leadership. Clinical matters are escalated directly to physician leadership, and operational coordination is managed through executive leadership without intermediary management layers.

Under this contract, PetraMED provides Medical Director oversight and support as defined in Attachment 2. Services include physician oversight, policy and protocol governance, formulary and medication oversight, grievance and mortality review participation, outbreak and emergency response support, and operational coordination with County public health and detention personnel. Contract administration, policy lifecycle support, and reporting workflows are managed by PetraMED's internal operations team and are included in the base Medical Director scope; these support functions are not billed separately. The personnel deployed under this engagement are detailed in Section 2.4 (Staffing Plan) and Section 2.5 (Key Personnel). Supplemental clinical, compliance, and administrative support services are available on a separately priced basis as described in the Pricing Proposal.

PetraMED is registered as a Nevada limited liability company in good standing, maintains active SAM.gov registration (Unique Entity ID T2JVHU25UBN6), and holds the licensure, DEA registration, malpractice coverage, and credentials required by Attachment 2 and the County's detention and public health operations. Supporting documentation is included in the addenda and submission package.

2.2. Corporate Relationships & Disclosures

In the interest of transparency, PetraMED proactively discloses the following organizational relationships and governance information as part of this proposal.

PetraMED, LLC is a Nevada-registered limited liability company incorporated in January 2025. Cochise County operations transitioned to PetraMED in October 2025 under the same clinical and operational leadership team previously supporting the engagement.

Prior to that transition, Cochise County Medical Director services were provided through sister company AB Med Healthcare Solutions from 2020 through October 2025. AB Med and PetraMED operate under common executive leadership, including Erik McLaughlin, MD, MPH and Aikaterini Papadopoulou. Dr. McLaughlin serves as President of PetraMED, LLC and of AB Med Healthcare Solutions, supporting continuity of physician oversight, policy governance, formulary management, and operational coordination across active engagements. Under this contract, his clinical oversight responsibilities for Cochise County operations are carried out exclusively through PetraMED.

Both PetraMED and AB Med operate within the StoneMED group of related healthcare organizations, which has supported correctional and public health contracts continuously since 2017. PetraMED is the contracting party for this engagement and bears prime contractor responsibility for all services proposed under RFP 26-20-HEA-01.

References to AB Med performance history in this proposal are included solely to demonstrate continuity of personnel, clinical workflows, operational experience, and historical performance across the related entities. Cochise County operations continue under the same physician leadership, operational coordination structure, and policy governance framework previously supporting the engagement.

As of the date of this proposal, neither PetraMED nor the related entities referenced herein have any bankruptcy filings, pending insolvency proceedings, debarment or suspension from federal procurement, healthcare-related debarments, or known limitations affecting their ability to perform the services described in this proposal. PetraMED maintains active SAM.gov registration and the regulatory standing necessary to perform the services described herein. Additional supporting corporate documentation is available upon written request by the County.

2.3. Understanding of Scope of Work

This proposal addresses Medical Director services for both divisions described in Attachment 2 of RFP 26-20-HEA-01: (1) the Public Health Medical Director role for Cochise County Health and Social Services, and (2) the Detention Health Medical Director role for Cochise County Detention Health Services. The two roles share several operational characteristics including continuous physician availability, consistent policy and protocol governance, regulatory compliance, and direct coordination with County leadership. They address distinct clinical environments, regulatory frameworks, and operational rhythms.

PetraMED's approach to each role is structured around the requirements set forth in Attachment 2 and informed by five years of continuous service to both divisions, first under sister company AB Med Healthcare Solutions and, since October 2025, directly under PetraMED. The subsections that follow describe PetraMED's understanding of each division's scope, the approach to addressing each set of requirements, and compliance with the minimum qualifications established by the County. A final subsection addresses operational considerations applicable under a combined award across both divisions.

2.3.1. Public Health Medical Director [PH]

The Public Health Medical Director provides medical oversight, clinical guidance, and emergency response leadership for Cochise County Health and Social Services (CCHSS). The role spans two primary domains: clinical services oversight across CCHSS programs, and public health emergency preparedness and epidemiology leadership for the County.

- ▼ **Clinical services oversight.** PetraMED provides physician-level oversight of CCHSS clinical services, including tuberculosis testing and treatment, sexually transmitted infection diagnosis and treatment (syphilis, HIV, and other reportable conditions), reproductive and child/maternal health programs, and immunization services across all age groups. Dr. McLaughlin serves as Laboratory Director for CCHSS clinical sites in alignment with CLIA requirements and provides oversight of regulatory lab requirements including pediatric iron testing. Standing orders, medical protocols, and clinical workflows are reviewed annually and updated to reflect current evidence-based best practices, ACIP guidance, ADHS direction, and CDC standards. Quality assurance initiatives are conducted alongside clinical services leadership, with documented review cycles and improvement actions. The Medical Director provides clinical advisement, staff consultation, education, and training, and provides consultation on complex or high-risk patient care as requested by CCHSS leadership.

- ▼ **Public health emergency preparedness and epidemiology.** The Medical Director provides 24/7 availability for infectious and zoonotic disease concerns, outbreak response leadership, and epidemiology support across the County. Specific responsibilities include rabies exposure evaluation and guidance on administration of Rabies Immune Globulin (RIG) and rabies vaccine, vector-borne disease prevention and response, communicable disease surveillance and case investigation, foodborne and environmental health consultation, and medical leadership during outbreaks, disasters, and public health emergencies. The role also includes expert guidance on prevention, detection, management, and treatment of infectious and communicable diseases; advisement on prophylaxis and management of drug-resistant infections; and contributions to surveillance systems, early detection methods, and case identification protocols. Medical direction extends to medical needs shelters, including health screening protocols and prevention of shelter-related outbreaks.
- ▼ **Communications and policy advisement.** The Medical Director provides briefings to the Cochise County Board of Health, the Board of Supervisors, and the Cochise County Health Care Alliance as requested by the CCHSS Director, and serves as the trusted medical voice for public health messaging and health risk communication. The Medical Director advises the CCHSS Director on medical and health policy issues, coordinates with state and regional medical directors on policy development and inter-county collaboration, and provides expert guidance to County leadership during public health emergencies in partnership with the CCHSS Director.

Minimum requirements compliance, Public Health Medical Director	
<i>Requirement (Attachment 2 §1)</i>	<i>PetraMED Compliance</i>
<i>Arizona medical licensure</i>	Active and unencumbered (Dr. McLaughlin); copy provided in the credentialing documentation
<i>Compliance with public health regulatory framework</i>	Confirmed; PetraMED operates in alignment with ADHS, CDC, ACIP, and federal public health authorities
<i>Prior medicine/health experience with infectious disease training</i>	20+ years; MPH; Tulane Diploma in Tropical Medicine; practical ID program management experience (see Section 2.5)
<i>ID Certification or Fellowship (preferred)</i>	Formal ID training equivalent met through Tulane DTM&H and comparable experience as permitted by Attachment 2 §1
<i>Outbreak response experience (preferred)</i>	Confirmed; documented in Past Performance (see Section 4)
<i>Public health leadership experience</i>	20+ years (see Section 2.5)
<i>Medical malpractice insurance for public health facility practice</i>	Active coverage; certificate provided in the malpractice documentation
<i>Background clearance</i>	Active background clearance maintained for Cochise County Public Health facility access

2.3.2. Detention Health Medical Director [DET]

The Detention Health Medical Director provides medical oversight, clinical leadership, and pharmacy authority for Cochise County Detention Health Services. The role operates within the Cochise County Sheriff's Office detention environment and addresses the distinct regulatory, security, and operational requirements of correctional healthcare.

- ▼ **Clinical oversight and provider support.** PetraMED provides physician-level oversight of detention healthcare services, including support and consultation for the on-site Provider, completion of peer and team chart reviews, annual review and sign-off of policies and procedures, annual review and sign-off of the formulary, review and sign-off of nurse protocols, and consultation on non-formulary medication requests. The Medical Director reviews and responds to Level II Grievance Appeals within the timeframe defined by Detention Health policy, participates in monthly Detention Health Staff meetings, and provides input on Mortality Reviews. Quality assurance activities, medication management, and support of the on-site Provider in complex cases are conducted on an ongoing basis. The Medical Director provides oversight for special projects and resource-intensive issues as requested by Detention Health leadership.
- ▼ **Pharmacy and controlled substance authority.** PetraMED maintains DEA registration tied to the Cochise County jail facility address, enabling the ordering of all stock medications including controlled substances. Dr. McLaughlin maintains active credentialing with the contracted pharmacy to order stock-controlled medications. The Medical Director covers a minimum of one full week each month of provider on-call duty to allow on-site provider relief, conducted remotely, and remains available for urgent needs including coverage during unplanned absences of the on-site provider.
- ▼ **MOUD continuation and ADA compliance.** Continuation of Medications for Opioid Use Disorder (MOUD) is maintained in accordance with ADA requirements for individuals entering the facility with active MOUD prescriptions. The Medical Director oversees clinical decisions related to MOUD continuation, ensures patient privacy compliance in all virtual, e-mail, and telephonic communications, and adheres to all Sheriff's Office detention security and safety regulations including internal Policy and Procedure.
- ▼ **Multidisciplinary coordination and continuing improvement.** The Medical Director provides consultation, training, and support to multidisciplinary team members, contributes to the design, evaluation, and improvement of clinical and preventative programs, and provides clinical advisement and oversight across the Detention Health operation.

Minimum requirements compliance, Detention Health Medical Director	
Requirement (Attachment 2 §2)	PetraMED Compliance
<i>Arizona medical licensure</i>	Active and unencumbered (Dr. McLaughlin); copy provided in the credentialing documentation
<i>Compliance with correctional healthcare regulatory framework</i>	Confirmed; PetraMED operates in alignment with correctional standards and applicable state and federal healthcare authorities
<i>Prior correctional medicine/health experience</i>	Five years of continuous Cochise County Detention Health Services oversight (see Section 4)
<i>CCHP certification (preferable, not required)</i>	Not currently held by Dr. McLaughlin
<i>Medical malpractice insurance for detention facility practice</i>	Active coverage reflecting insurability of a detention facility; certificate provided in the malpractice documentation
<i>DEA licensure, unencumbered, valid for correctional prescribing</i>	Active and unencumbered; DEA registration tied to the Cochise County jail facility address; copy provided in the credentialing documentation
<i>MOUD continuation experience</i>	Confirmed; ongoing MOUD continuation oversight under current engagement (see Section 4)
<i>Background clearance</i>	Active background clearance maintained for Cochise County Detention facility access

2.3.3. Combined Award Considerations [BOTH]

This proposal supports either a combined award across both divisions or an award of either division independently. The pricing structure provided in the Pricing Proposal is calibrated to reflect each scenario. Under a combined award, PetraMED proposes operational efficiencies that reduce administrative overhead and support consistent clinical governance across both divisions.

- ▼ **Operational efficiencies under combined award.** A single Medical Director relationship across both divisions enables coordinated policy and protocol governance, unified mortality review processes where cross-division learning is relevant (for example, substance-related deaths involving both detention and community public health programs), and shared infrastructure for compliance tracking, reporting, and document control. Communications and escalation pathways are consolidated through a single point of clinical authority, reducing coordination burden on County staff.
- ▼ **Baseline infrastructure inclusion.** Under a combined award, PetraMED includes baseline policy management and metrics monitoring infrastructure within the service tier at no additional charge. This includes a centralized policy library platform supporting both divisions, a monitoring dashboard tracking key performance indicators across both engagements, and reporting infrastructure aligned with County reporting requirements. These platforms are described in Section 2.8 and detailed in the Pricing Proposal.

- ▼ **Continuity advantage.** PetraMED's incumbent status across both divisions provides immediate operational continuity under any award scenario, but particularly under a combined award. Working relationships with both the CCHSS Director and the Sheriff's Office Detention Health leadership are already in place. Clinical authority, DEA credentialing, pharmacy relationships, and policy authority transfer seamlessly. There is no operational transition period and minimal implementation risk associated with continuing service under either single-division or combined-award structures.

2.4. Staffing Plan & Organizational Structure

PetraMED's staffing plan for this engagement is structured around two named accountable principals supported by a credentialed backup provider pool and PetraMED's internal operations team. This section describes the personnel deployed under this contract, their reporting structure and accountability to County leadership, and the continuity arrangements that support uninterrupted service.

2.4.1. Personnel Deployed Under This Engagement

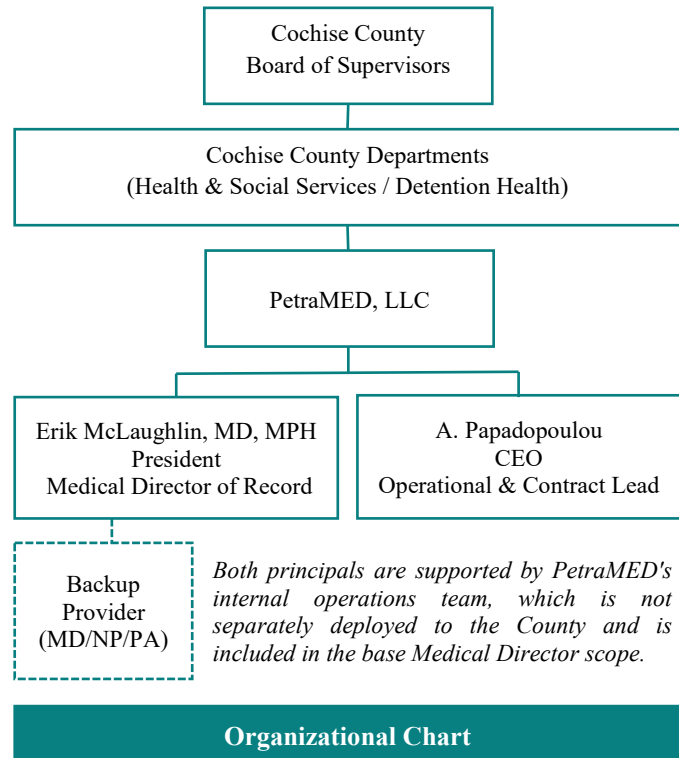
- ▼ **Erik J. McLaughlin, MD, MPH, President.** Dr. McLaughlin serves as the Medical Director of record for both Public Health and Detention Health divisions. He carries primary clinical authority for all medical oversight, policy and protocol governance, formulary and medication oversight, grievance and mortality review participation, and outbreak and emergency response activities described in Section 2.3. His credentials, regulatory standing, and prior performance are detailed in Section 2.5 and documented in Addendum B (curriculum vitae) and the credentialing documentation submitted with this proposal.
- ▼ **Aikaterini Papadopoulou, Chief Executive Officer.** Ms. Papadopoulou serves as the County's primary point of contact for non-clinical matters under this engagement. Her responsibilities include contract administration, operational coordination with the CCHSS Director and Detention Health leadership, reporting and invoicing, scheduling of policy review cycles and recurring meetings, and escalation pathways when administrative or operational matters require executive support. She also coordinates Dr. McLaughlin's availability with County stakeholders and ensures continuity of communication between PetraMED and the County across both divisions.
- ▼ **Backup provider pool.** PetraMED maintains a credentialed backup provider pool to support continuity of Medical Director coverage during Dr. McLaughlin's planned and unplanned absences. The backup pool includes providers selected to match the coverage scope and clinical context of each absence window, with all providers holding active Arizona licensure, current malpractice coverage appropriate to the assigned

scope, and the credentials necessary to perform the specific functions for which they are covering.

- ▼ **Scope-appropriate coverage.** Coverage assignments are made with attention to the clinical and regulatory scope required for each absence window. Medical Director functions requiring physician-level authority, including formal policy and protocol sign-off, Medical Director designation for clinical functions, and physician-level decision-making for Public Health emergency response, are covered by a backup physician. On-call clinical consultation, provider-level coverage in the Detention environment, and routine clinical advisement may be covered by an Advanced Practice Provider where scope-appropriate.
- ▼ **PetraMED internal operations team.** Contract administration, policy lifecycle support, reporting workflows, and compliance documentation are managed by PetraMED's internal operations team. These functions are part of the base Medical Director scope and are not billed separately, as described in Section 2.1. The internal operations team is not separately deployed to the County but supports Dr. McLaughlin and Ms. Papadopoulou in delivering the Medical Director scope to Cochise County.

2.4.2. Organizational Structure

The organizational structure for this engagement is shown below. Cochise County leadership, the CCHSS Director, and Detention Health leadership work directly with the named principals; clinical and operational matters are not routed through intermediary management layers.



2.4.3. Time Allocation and Scope Coverage

Time allocation under this engagement is structured around the Medical Director scope set forth in Attachment 2 and the operational rhythms of both divisions.

Dr. McLaughlin's regular monthly responsibilities include policy and protocol review cycles, monthly Detention Health staff meetings, Level II grievance review within defined response windows, formulary and medication oversight activities, mortality review participation, and routine clinical advisement to CCHSS and Detention Health leadership.

Time allocation also includes 24/7 availability for infectious and zoonotic disease concerns, outbreak response leadership, and urgent clinical matters within the Detention environment, including unplanned absences of the on-site provider. Additional time is allocated as required by clinical need, outbreak response, public health emergencies, or specific County requests.

Across both divisions, the engagement is structured to ensure that scope requirements set forth in Attachment 2 are addressed on regular cadences and that responsive coverage is available for unscheduled events. Specific time allocation patterns may vary month to month based on operational demand; the total scope of work remains constant under either the combined-award or single-division-award structure.

2.4.4. Reporting Relationships and Accountability

Under this engagement, the named principals report and are accountable as follows:

- ▼ **Dr. McLaughlin** reports to the CCHSS Director on matters of Public Health medical oversight and policy. For Detention Health matters, Dr. McLaughlin reports to Detention Health leadership and the Sheriff's Office on clinical oversight, policy review, and operational matters within the Detention scope.
- ▼ **Ms. Papadopoulou** serves as PetraMED's authorized contracting officer and contract administrator. She is the County's primary point of contact for contract administration, invoicing, scheduling, and operational matters not requiring direct clinical input from Dr. McLaughlin.
- ▼ **The backup provider** operates under Dr. McLaughlin's clinical direction during routine coverage and coordinates directly with the CCHSS Director and Detention Health leadership during periods of sustained or designated coverage.

PetraMED commits to providing the County with current contact information for both named principals and for designated backup providers, including office, mobile, and after-hours numbers, and secure communication channels appropriate for clinical and operational matters.

2.4.5. Continuity of Operations

PetraMED has designed this engagement to support uninterrupted service across planned absences, unplanned absences, and longer-term continuity scenarios.

- ▼ **Planned absences.** Dr. McLaughlin's planned absences (conferences, vacations, personal time) are scheduled in advance and communicated to the CCHSS Director and Detention Health leadership. The designated backup provider covers Medical Director responsibilities during these periods, with coverage assignments matched to the clinical and regulatory scope of each absence window as described in Section 2.4.1, including physician-level coverage for 24/7 Public Health availability. Ms. Papadopoulos continues to provide operational coordination and serves as the County's point of contact for non-clinical matters throughout.
- ▼ **Unplanned absences.** In the event of an unplanned absence (illness, emergency), Ms. Papadopoulos activates the backup provider arrangement and notifies the CCHSS Director and Detention Health leadership as appropriate to the absence context.
- ▼ **Longer-term continuity.** PetraMED is committed to maintaining Medical Director continuity for the duration of the contract term. Should circumstances arise that would require a longer-term change in physician leadership, PetraMED will provide the County with written notice and a transition plan ensuring no operational gap, including continuity of DEA registration, pharmacy credentialing, policy authority, and clinical oversight responsibilities. Any such change is subject to County review and approval.

2.5. Key Personnel Bios

2.5.1. Erik J. McLaughlin, MD, MPH | President, PetraMED

Dr. Erik McLaughlin is the Medical Director of record for PetraMED's Cochise County engagement and the founding President of PetraMED, LLC. He brings over 20 years of clinical, public health, and medical leadership experience, with particular depth in rural and underserved medicine, infectious disease, correctional healthcare, and outbreak response.

- ▼ **Education and credentials.** Dr. McLaughlin completed his Family Medicine residency at the Advocate/Christ Family Medicine Residency program in Chicago in 2009, where he served as Chief Resident, and is Board Certified in Family Medicine. He holds a Master's in Public Health with a focus on Global Health (Tulane School of Public Health and Tropical Medicine, 2005) and a Diploma in Clinical Tropical Medicine (Tulane School of Public Health and Tropical Medicine, 2005). His Medical Doctorate was followed by Advanced Specialist Emergency Medicine training

(Australian College of Rural and Remote Medicine, 2012) and a Fellowship in Rural and Remote Medicine (Australian College of Rural and Remote Medicine, 2013). Dr. McLaughlin is a PhD candidate (ABD) in ecological health, with a research focus on zoonotic disease epidemiology.

- ▼ **Public health and infectious disease expertise.** Dr. McLaughlin's combined credentials in tropical medicine, public health, and ecological health establish a distinctive foundation for the Public Health Medical Director role in Cochise County. His ongoing research in zoonotic disease epidemiology directly engages the rabies, vector-borne disease, and emerging infectious threats that are recurrent concerns for rural Arizona public health programs. He has led outbreak response, communicable disease management, and public health emergency operations across multiple jurisdictions and on six continents, including a regional response to a Dengue fever outbreak as Medical Superintendent in remote Australia.
- ▼ **Correctional medicine experience.** Dr. McLaughlin has provided medical leadership across correctional healthcare programs at three scales: detention health oversight for Cochise County Detention Health Services (since 2020), Medical Director responsibility for both the Yuma County Sheriff's Department adult jail (since 2023, fluctuating population of 400 to 500 inmates) and the Yuma County Juvenile Justice Center (since 2025), and Medical Oversight on the independent monitoring team for Orleans Parish Justice Center in New Orleans (since 2024), a facility housing approximately 1,500 inmates under federal consent judgment supervision. His correctional practice across these engagements includes MOUD continuation oversight, pharmacy and DEA credentialing for jail facilities, formulary and standing-order governance, Level II grievance review, mortality review participation, and compliance monitoring against court-ordered healthcare standards.
- ▼ **Cochise County track record.** Dr. McLaughlin has served as Medical Director for Cochise County Health and Social Services and Cochise County Detention Health Services continuously since August 2020, first under sister company AB Med Healthcare Solutions and, since October 2025, directly under PetraMED. Over five years of continuous service, he has maintained on-time annual policy and formulary sign-offs, timely Level II grievance determinations, mortality review participation, and physician leadership across outbreak response, MOUD continuation, and public health emergencies. His working relationships with Public Health and Detention Health leadership, as well as his pharmacy and DEA credentialing tied to the Cochise County jail facility, are already in place and require no transition.
- ▼ **Regulatory standing.** Dr. McLaughlin holds an active and unencumbered Arizona medical license, with additional active medical licenses in Nevada and California. He holds active DEA registration tied to the Cochise County jail facility address, detention-

specific malpractice coverage, and active background clearance for both Public Health and Detention Health facility access in Cochise County. His full curriculum vitae is included in Addendum B.

2.5.2. Aikaterini (Katerina) Papadopoulou | Chief Executive Officer, PetraMED

Ms. Papadopoulou serves as Chief Executive Officer of PetraMED and the County's primary point of contact for non-clinical matters under this engagement. Her professional background combines healthcare operations, multi-engagement contract management, and program coordination across rural, correctional, and public health environments.

- ▼ **Operational scope under this engagement.** Ms. Papadopoulou holds primary responsibility for PetraMED's contract administration with Cochise County, including operational coordination with the CCHSS Director and Detention Health leadership, scheduling of policy review cycles and recurring meetings, reporting and invoicing, and escalation pathways when administrative or operational matters require executive support.
- ▼ **Healthcare operations experience.** Ms. Papadopoulou's healthcare operations background spans over fifteen years and includes specialized healthcare facility design (hospitals, cardiology towers, cath labs, hyperbaric chambers, and other clinical specialty departments) grounded in her architectural training in healthcare facilities, alongside her current correctional and public health contract operations work. Her ongoing collaboration with Dr. McLaughlin began with shared work on rural and remote healthcare delivery, including coordination of a travel vaccines clinic and co-authorship of a 2008 peer-reviewed publication in *Rural and Remote Health* on portable field hospital deployment in remote settings. Her operational portfolio includes contract administration, compliance oversight, policy lifecycle coordination, reporting infrastructure design, and multi-engagement scheduling across active Public Health and Detention Health engagements, currently as Chief Executive Officer of PetraMED.
- ▼ **Cochise County track record.** Ms. Papadopoulou has supported PetraMED's Cochise County operations since the October 2025 transition from AB Med Healthcare Solutions and has been involved in the underlying engagement since 2020 in operational roles. Her direct working relationship with County leadership across both divisions is established and active.

2.6. Compliance & Regulatory Alignment

PetraMED operates within the regulatory frameworks applicable to county public health and detention health Medical Director services, with documented processes for tracking adherence and supporting County audit and oversight requirements. The subsections that follow describe the regulatory framework PetraMED operates under, the compliance infrastructure supporting Medical Director activities, and PetraMED's posture toward County audit and third-party oversight.

2.6.1. Regulatory Framework Alignment

PetraMED's Medical Director scope is aligned with the following regulatory frameworks and authorities. The frameworks listed below reflect the bodies whose standards directly govern the Medical Director functions described in Section 2.3.

- ▼ **Federal frameworks.** PetraMED operates in alignment with applicable Centers for Disease Control and Prevention (CDC) guidance for communicable disease surveillance, outbreak response, immunization standards, and infection prevention; Advisory Committee on Immunization Practices (ACIP) guidance for routine and catch-up immunization schedules; Drug Enforcement Administration (DEA) controlled substance handling and prescribing standards; Substance Abuse and Mental Health Services Administration (SAMHSA) frameworks for Medications for Opioid Use Disorder continuation; Health Insurance Portability and Accountability Act (HIPAA) requirements for protected health information; and Americans with Disabilities Act (ADA) requirements for MOUD continuation and accessibility in correctional and public health settings.
- ▼ **State frameworks.** PetraMED operates in alignment with Arizona Department of Health Services (ADHS) directives, advisories, and reporting requirements; Arizona Medical Board licensure and practice standards; Arizona State Board of Pharmacy requirements for pharmacy operations and controlled substance handling; and Arizona communicable disease reporting requirements as defined by ADHS and county public health authorities.
- ▼ **Laboratory and clinical service frameworks.** PetraMED operates in alignment with Clinical Laboratory Improvement Amendments (CLIA) requirements for laboratory director oversight of CCHSS clinical sites; American Society for Clinical Pathology and applicable laboratory accreditation standards; and federally and state-recognized standing-order protocols for public health clinical services including tuberculosis, sexually transmitted infections, reproductive and child/maternal health, and immunizations.

- ▼ **Correctional health frameworks.** PetraMED's Detention Health Medical Director scope is aligned with applicable correctional healthcare standards and regulatory authorities, including federal and state correctional medicine standards, ADA compliance requirements for incarcerated individuals, and Cochise County Sheriff's Office detention security and safety regulations including internal Policy and Procedure governing healthcare delivery within the detention environment.
- ▼ **Procurement and contracting frameworks.** PetraMED maintains active registration with the System for Award Management (SAM.gov) at Unique Entity ID T2JVHU25UBN6 and operates under the procurement standards applicable to county government healthcare services contracts in Arizona.

2.6.2. Compliance Infrastructure

PetraMED maintains compliance infrastructure to support documentation, tracking, and verification of Medical Director activities across both Public Health and Detention Health divisions.

- ▼ **Policy and protocol governance.** PetraMED maintains a centralized policy library platform supporting the annual review cycle for policies and protocols across both divisions. Annual review cycles include physician sign-off by the Medical Director, documentation of review and update history, version control, and accessible audit trail. Standing orders, formulary documentation, nurse protocols, and detention healthcare policies are maintained within this infrastructure.
- ▼ **Performance monitoring and reporting.** PetraMED maintains a monitoring and compliance dashboard tracking key performance indicators relevant to the Medical Director scope, including policy review cycle completion, Level II grievance response timeliness, mortality review participation, formulary review completion, and outbreak response activation. Reporting infrastructure supports recurring reports to the CCHSS Director and Detention Health leadership on cadences established with those officials.
- ▼ **Documentation and audit readiness.** PetraMED maintains documentation of Medical Director activities suitable for County audit and third-party review, including dated policy and protocol sign-offs, meeting attendance records, grievance review documentation, mortality review participation records, outbreak response activations, and clinical advisement communications. Documentation is retained in accordance with County, state, and federal retention requirements applicable to healthcare contract operations.

- ▼ **Credentialing and regulatory maintenance.** PetraMED maintains active tracking of physician licensure, DEA registration, malpractice coverage, and background clearance status across the principals and backup provider pool. Renewals, continuing education requirements, and verification documentation are tracked through PetraMED's internal operations team and made available to the County upon request.

2.6.3. Audit and Oversight Posture

PetraMED supports County audit, monitoring, and oversight requirements as a standard component of the Medical Director engagement.

- ▼ **County audit support.** PetraMED provides documentation supporting compliance with the scope requirements set forth in Attachment 2 of the solicitation, including dated policy and protocol sign-offs, grievance review records, mortality review participation, and outbreak response documentation. PetraMED supports recurring reporting cycles established with the CCHSS Director and Detention Health leadership and responds to County audit and information requests received through Ms. Papadopoulou on cadences and scope reasonable to the Medical Director engagement.
- ▼ **Third-party oversight.** PetraMED cooperates with State of Arizona and federal regulatory inspections applicable to the Medical Director functions and with judicial or court-ordered oversight where required. PetraMED has direct experience operating under federal consent judgment monitoring in correctional healthcare contexts.
- ▼ **Reporting and communications.** PetraMED commits to timely, accurate, and complete reporting to the CCHSS Director and Detention Health leadership on Medical Director activities and to proactive notification of any regulatory communications, advisory notices, or compliance matters that affect the Medical Director scope. Communication channels are established through Dr. McLaughlin for clinical matters and Ms. Papadopoulou for administrative and contractual matters.

2.7. Quality Assurance & Clinical Governance

PetraMED's Quality Assurance and Clinical Governance approach is designed to support continuous performance improvement, defensible clinical decision-making, and consistent oversight across both Public Health and Detention Health divisions. The subsections that follow describe PetraMED's QA framework, chart review and clinical escalation processes, mortality and grievance review participation, and performance improvement cycles.

2.7.1. Quality Assurance Framework

PetraMED's QA framework spans both divisions and is structured around physician-led oversight, documented review cycles, and measurable performance indicators. The framework is designed to satisfy the QA participation requirements in Attachment 2 while providing meaningful operational support to the CCHSS Director and Detention Health leadership.

- ▼ **Physician-led QA participation.** Dr. McLaughlin participates directly in QA activities as the Medical Director of record, including chart review coordination, peer and team review processes, clinical decision support consultations, and review of QA findings with County clinical leadership. Physician participation in QA is a defining feature of the engagement, not a secondary activity delegated to administrative staff.
- ▼ **Performance indicator tracking.** PetraMED's compliance dashboard tracks QA-relevant indicators across both divisions, including policy review cycle completion, formulary review currency, grievance response timeliness, mortality review participation, chart review completion rates, standing-order review currency, and outbreak response activation history. Indicators are reviewed on cadences established with the CCHSS Director and Detention Health leadership.
- ▼ **Cross-engagement learning.** PetraMED operates across multiple correctional and public health engagements, including at facilities of significantly larger scale than Cochise County's detention population. Lessons learned from QA activities at other engagements, where applicable and appropriate, inform PetraMED's recommendations to Cochise County clinical leadership. This cross-engagement perspective is offered as advisement, not as a substitute for the County's own QA judgment.

2.7.2. Chart Review and Clinical Escalation

- ▼ **Chart review process.** PetraMED supports chart review activities for both divisions in alignment with the Medical Director scope set forth in Attachment 2. For Detention Health, chart review includes peer and team review of clinical encounters, support for the on-site Provider on complex cases, and review of non-formulary medication requests. For Public Health, chart review and clinical workflow review support standing-order maintenance, immunization protocols, and clinical decision support for high-risk presentations.
- ▼ **Clinical escalation pathway.** PetraMED maintains a defined clinical escalation pathway for both divisions. Clinical questions and consultation requests from County clinical staff reach Dr. McLaughlin directly through established communication channels, with same-day response on routine matters and immediate response on urgent

matters. For situations requiring sustained clinical attention beyond routine consultation, Dr. McLaughlin engages with County clinical leadership to coordinate the appropriate response, including activation of backup provider coverage when scope or duration warrants it.

- ▼ **Decision documentation.** Clinical decisions, consultations, and advisement provided by the Medical Director are documented in accordance with the documentation practices described in Section 2.6.2. Documentation supports continuity of clinical care across shifts and personnel changes, and supports County review where appropriate.

2.7.3. Mortality and Grievance Review

- ▼ **Mortality review participation.** Dr. McLaughlin participates in mortality reviews for the Detention Health division in accordance with Attachment 2 requirements and the Cochise County Detention Health Services mortality review process. Participation includes review of clinical care leading to the mortality event, identification of system or process factors, recommendations for clinical or operational improvement where appropriate, and documented contribution to the mortality review record. PetraMED has participated in Cochise County Detention Health mortality reviews continuously since 2020.
- ▼ **Grievance review.** Dr. McLaughlin reviews and responds to Level II Grievance Appeals within the timeframe defined by Detention Health policy. Grievance review is treated as a clinical activity requiring physician judgment, not a procedural sign-off. Responses include clinical assessment of the grievance basis, review of relevant medical records, and documented determination consistent with applicable standards of care and County policy.
- ▼ **Cross-division learning.** Where mortality or grievance review surfaces patterns relevant to both Detention Health and Public Health (for example, substance-related events affecting individuals who interact with both systems), PetraMED supports cross-division learning and coordination at the discretion of the CCHSS Director and Detention Health leadership.

2.7.4. Performance Improvement and Continuous Quality

- ▼ **Continuous improvement orientation.** PetraMED's QA framework is structured for continuous improvement rather than periodic compliance review. Performance indicators are reviewed on recurring cadences, findings are surfaced to County clinical leadership, and improvement recommendations are documented for County review and

action. PetraMED's role is advisory and supportive of County clinical leadership decisions, not directive.

- ▼ **Documented improvement cycles.** Improvement actions resulting from QA activities are documented with action item, owner, target completion, and outcome. Documentation supports both internal accountability and County audit visibility. Improvement cycles are reviewed during recurring meetings with the CCHSS Director and Detention Health leadership.
- ▼ **Adaptation to operational context.** PetraMED recognizes that QA priorities shift over time based on operational realities, regulatory developments, and incident-driven learning. The QA framework is designed to adapt to changing priorities without requiring renegotiation of the underlying scope, and Dr. McLaughlin engages directly with County clinical leadership on QA emphasis and direction.

2.8. Technology & Operational Support Systems

PetraMED supports the Medical Director engagement through a defined set of technology and operational systems that enable documentation, tracking, communications, and reporting across both Public Health and Detention Health divisions. The subsections that follow describe the platforms and systems included in the base Medical Director scope under a combined award, the secure communications infrastructure supporting clinical and administrative coordination, and the technology posture toward integration with County systems where appropriate.

2.8.1. Platforms Included in the Base Medical Director Scope

Under a combined award across both divisions, PetraMED includes the following technology and operational systems within the base service tier at no additional charge. These platforms are described in summary form in Section 2.1 and detailed below.

- ▼ **Policy library and document control platform.** PetraMED maintains a centralized policy library platform supporting the annual review cycle for policies, protocols, standing orders, formulary documentation, and nurse protocols across both Public Health and Detention Health divisions. The platform supports version control, audit trail visibility, physician sign-off documentation, and retrieval of historical document versions. The CCHSS Director and Detention Health leadership receive read access to applicable policy library content during the contract term and continue to hold full County ownership of all County-authored policies and protocols.

- ▼ **Monitoring and compliance dashboard.** PetraMED maintains a dashboard tracking Medical Director performance indicators across both divisions, including policy review cycle completion, formulary review currency, Level II grievance response timeliness, mortality review participation, chart review completion, standing-order review currency, and outbreak response activation history. The dashboard supports recurring reporting on cadences established with the CCHSS Director and Detention Health leadership and provides documentation suitable for County audit and oversight purposes.
- ▼ **Reporting infrastructure.** PetraMED maintains reporting infrastructure supporting recurring reports on Medical Director activities, including monthly, quarterly, and annual reporting cycles as appropriate to the Medical Director scope. Report templates are configured to match County reporting requirements and may be adjusted in coordination with the CCHSS Director and Detention Health leadership over the contract term.

2.8.2. Secure Communications Infrastructure

PetraMED maintains secure communications infrastructure appropriate to the clinical and administrative coordination required under this engagement.

- ▼ **Clinical communications.** Clinical questions, consultation requests, and urgent clinical matters reach Dr. McLaughlin through established contact protocols, including phone, email, and HIPAA-compliant document exchange. PetraMED maintains HIPAA-compliant server infrastructure for clinical document storage and exchange. After-hours and emergency communications are routed to Dr. McLaughlin directly through established phone contact protocols, with documentation maintained according to the documentation practices described in Section 2.6.2.
- ▼ **Administrative communications.** Administrative and contractual communications reach Ms. Papadopoulou through established email and phone channels. Document exchange for contract administration, invoicing, and operational reporting is conducted through standard email and HIPAA-compliant document exchange where appropriate to the sensitivity of the content.
- ▼ **Cross-division coordination.** Where Public Health and Detention Health matters require cross-division coordination, communications are routed appropriately to preserve information boundaries between the divisions and protect County operational confidentiality. PetraMED does not co-mingle Public Health and Detention Health communications absent explicit need and County authorization.

2.8.3. Technology Posture and County Integration

- ▼ **County system integration.** PetraMED's platforms are designed to operate independently of County information systems by default. Where integration with County systems would benefit Medical Director operations (for example, direct read access to detention healthcare records for grievance review or read access to public health reporting systems for outbreak response), PetraMED coordinates with County information technology staff on appropriate access methods, security protocols, and data handling agreements.
- ▼ **Data ownership and retention.** County-authored content, including County policies, protocols, clinical records, and reporting submissions, remains the property of Cochise County. PetraMED's platforms support documentation and tracking of Medical Director activities but do not assert ownership over County content. Documentation is retained in accordance with the documentation practices described in Section 2.6.2 and applicable retention requirements.
- ▼ **Supplemental systems.** Supplemental technology and operational support systems beyond those described above are available as optional add-ons, described in the Pricing Proposal. These include but are not limited to expanded performance management infrastructure, multi-engagement coordination platforms, and enhanced reporting capabilities. Selection and pricing of supplemental systems is at the County's discretion.

2.9. Integrated Medical Oversight Model

The Medical Director scope set forth in Attachment 2 is most effectively delivered through an integrated model in which clinical oversight, policy governance, compliance infrastructure, quality assurance, and operational coordination operate as a coordinated whole rather than as separately delivered services. PetraMED's engagement is designed and delivered in this integrated manner. The subsections that follow describe how the integrated model operates in practice, how it serves both divisions coherently, and the distinctive features that differentiate the PetraMED engagement.

2.9.1. Operational Integration in Practice

PetraMED's integrated model centers on three operational principles: direct physician accountability, single-point coordination, and unified documentation.

- ▼ **Direct physician accountability.** Clinical oversight is exercised by Dr. McLaughlin as the named Medical Director of record, not delegated to administrative staff or routed through corporate clinical review committees. Physician-level decisions, including policy and protocol sign-off, formulary approval, grievance review, mortality review participation, and clinical advisement to County leadership, are made by the named physician. The County's clinical leadership engages directly with the physician responsible for the decision, without intermediaries.
- ▼ **Single-point coordination.** Operational coordination across both divisions, including contract administration, scheduling, reporting, and County communications on non-clinical matters, is managed by Ms. Papadopoulou as Chief Executive Officer of PetraMED. The County has one operational point of contact for non-clinical matters and one clinical point of contact for clinical matters. Decisions, requests, and operational issues do not route through tiered corporate structures.
- ▼ **Unified documentation.** Policy governance, performance monitoring, compliance documentation, and reporting are maintained within unified infrastructure described in Section 2.8. Both Public Health and Detention Health activities are documented within consistent systems, with appropriate information boundaries between the divisions, and made available to County leadership through established channels.

2.9.2. Coherent Service Across Both Divisions

The integrated model is designed to serve both Public Health and Detention Health divisions coherently while respecting the distinct regulatory frameworks, operational rhythms, and clinical contexts of each division.

- ▼ **Under a combined award.** A combined award allows the integrated model to operate at its full design potential. Single Medical Director relationship, unified policy library, shared compliance dashboard, and consolidated communications and escalation pathways all support reduced coordination burden on County clinical leadership. Cross-division learning, where applicable and appropriate, supports continuous improvement across both divisions without compromising division-specific clinical or regulatory requirements.
- ▼ **Under a single-division award.** The integrated model also supports either division as a standalone engagement. The same operational principles, infrastructure, and physician accountability apply. The pricing structure in the Pricing Proposal reflects the operational scope appropriate to each award structure.
- ▼ **Information boundaries between divisions.** PetraMED's integrated model maintains appropriate information boundaries between Public Health and Detention Health

operations. Patient health information from Detention Health is not shared with Public Health clinical staff except where required by law or operational necessity and with appropriate authorization. Cross-division coordination occurs at the level of policy, planning, and learning, not at the level of individual patient information.

2.9.3. Distinctive Features of the Engagement

Four features distinguish the PetraMED engagement from alternative Medical Director arrangements.

- ▼ **Incumbent continuity.** PetraMED is the incumbent Medical Director across both divisions, with the named physician of record continuously serving since 2020. There is no transition cost, no learning curve on County operations, no rebuilding of working relationships with County clinical leadership, and no reauthorization of pharmacy credentialing or DEA registration. The contract begins with all operational infrastructure already in place.
- ▼ **Named principals with direct authority.** Both the Medical Director and the Chief Executive Officer are named principals of PetraMED, accessible directly to County leadership, and authorized to make engagement-level decisions without escalation to corporate boards or external approval. This structure is unusual in correctional and public health contracting, where many vendors operate through multi-tier corporate management. The directness of the relationship is by design.
- ▼ **Cross-engagement context.** PetraMED's principals operate across multiple correctional and public health engagements, providing exposure to clinical, operational, and regulatory developments that inform the Cochise County engagement. This experience is offered as advisement, not as a basis for imposing external frameworks on County operations. The County's clinical judgment and operational priorities remain the determining factors in PetraMED's engagement work.
- ▼ **Institutional support around physician oversight.** PetraMED operates as an organization with structured infrastructure for policy governance, compliance documentation, performance monitoring, reporting, and backup provider coverage, in addition to physician oversight. Cochise County receives the physician oversight required by Attachment 2 plus the operational infrastructure, backup coverage, and documented institutional practices required for sustained Medical Director performance over a multi-year contract term, including continuity coverage during physician absences and documentation supporting County audit and oversight.

3. PRICING PROPOSAL

PetraMED's pricing structure for this engagement is provided in the Pricing Proposal. The pricing structure is calibrated to support either a combined award across both Public Health and Detention Health divisions or an award of either division independently, with a defined service tier for each award scenario.

Pricing reflects the scope of work defined in Section 2 of this proposal and Attachment 2 of the solicitation. The combined-award service tier includes the baseline policy management and compliance monitoring infrastructure described in Section 2.8 at no additional charge. Supplemental clinical, compliance, and administrative services beyond the base Medical Director scope are available on a separately-priced basis, with descriptions and pricing provided in the Pricing Proposal.

PetraMED proposes a three-year initial contract term with two one-year renewal options at the County's discretion. Pricing terms, renewal pricing adjustments, billing cadences, and overage hourly rate are detailed in the Pricing Proposal.

4. PAST PERFORMANCE

PetraMED's proposed team has delivered the same scope of Medical Director services across multiple county public health and detention engagements over the past five years, with continuous 24/7 coverage. The examples that follow, Cochise County (adult detention and public health), Yuma County (adult and juvenile detention), Santa Cruz County Public Health, and Orleans Parish Justice Center (detention health monitoring), demonstrate on-time annual sign-offs (policies, nurse protocols, formulary), timely Level II grievance determinations, medication and formulary governance, and coordinated work with county leadership. These engagements mirror Tasks 1 through 3 in this RFP. The same personnel, workflows, and QA cadence are now continued under PetraMED for the Cochise County engagement and proposed for the recompetes.

Summary of Relevant Projects (Past 5 Years):

4.1.Cochise County | Public Health & Detention Medical Director

Client: Cochise County Health & Social Services & Detention Health

Entity / Team: AB Med Healthcare Solutions (incumbent 2020 through October 2025; contract renewed in 2022). Cochise County operations transitioned to PetraMED, LLC in October 2025 under the same leadership and personnel.

Period: 2020–Present

Setting: County public health + adult detention (secure setting)

Role: Medical Director (Public Health & Detention)

Key Work Performed:

- ↳ 24/7 physician availability with documented backup coverage.
- ↳ Annual review/sign-off of clinical policies, nurse protocols, and formulary; protocol redlines and updates.
- ↳ MOUD transition: Led the transition of Medication for Opioid Use Disorder (MOUD) continuation from an outsourced model to in-house service, established screening/verification workflows at intake, dosing-continuity protocols, custody-clinic communication, and DEA/pharmacy credentialing; coordinated with OTPs as required.
- ↳ Peer/team chart reviews; clinical determinations on Level II grievance appeals within policy timeframes.
- ↳ Mortality-review participation and medication-management consultations, including non-formulary approvals.
- ↳ Public health leadership: outbreak support, high-risk case consults, and lab director oversight for pediatric iron testing.

Result/Impact: Seamless continuity of Medical Director coverage; in-house MOUD continuation improved timeliness at intake, reduced operational risk and vendor dependency, strengthened ADA/MOUD compliance, and enhanced clinic workflow; standardized, defensible protocols and timely grievance/medication determinations; coordinated operations across Public Health and Detention.

Relevance to RFP: Direct one-to-one alignment with Tasks 1 through 3; same team and workflows proposed for seamless continuation under PetraMED.

Continuity & Credentialing Advantage. Transitioning Medical Director responsibilities to a different physician would require new credentialing with the contracted pharmacy, DEA/site documentation updates, re-issuance of protocol and formulary sign-offs, alignment on grievance/appeal authority and timelines, and orientation to detention/public health workflows. PetraMED's proposed team already holds these approvals, understands Cochise's clinic and custody processes (including the in-house MOUD continuation), and maintains established working relationships with Detention Health and Public Health leadership. Awarding to PetraMED preserves institutional knowledge, minimizes ramp-up time, and reduces the risk of delays in medication continuity, grievance determinations, and policy compliance.

4.2. Yuma County – Adult & Juvenile Detention

Client: Yuma County Sheriff's Department (Adult) and Yuma County Juvenile Justice Center

Entity: AB Med Healthcare Solutions (Adult Detention, since 2023); PetraMED, LLC (Juvenile Justice Center, since 2025)

Setting: Secure adult and juvenile detention facilities

Role: Medical Director oversight and clinical governance (detention health)

Scope & Activities:

- ↳ 24/7 physician availability with documented backup coverage.
- ↳ Annual review and Medical Director sign-off of detention clinical policies, nurse protocols, and formulary; redline updates to keep documents evidence-based and defensible.
- ↳ Peer/team chart reviews with written clinical findings and corrective-action recommendations.
- ↳ Medication management consultations, including non-formulary determinations consistent with the approved process and contracted pharmacy requirements.
- ↳ Grievance appeal determinations within policy timelines; mortality-review participation and case-conference input.
- ↳ Coordination with custody and facility leadership to align clinic workflows, intake screening, and medication continuity practices across adult and juvenile settings.

Results/Outcomes: Consistent on-time annual sign-offs; standardized protocols across adult and juvenile operations; timely grievance and medication decisions; improved coordination between clinic and custody teams and clearer escalation pathways for higher-risk cases.

Relevance to this RFP: Mirrors Task 2 detention-health governance, QA cadence, and on-call expectations requested by Cochise; demonstrates PetraMED's ability to support both adult and juvenile secure environments with the same physician-led model proposed here.

Highlighted Outcome | Cost Containment & STD Screening Optimization Challenge: Rising lab spend tied to broad, non-targeted STD screening practices. *Action:* Implemented CDC-aligned, risk-based screening; updated standing orders and nurse triage; refined reflex testing/verification. *Result:* Achieved approximately 78% reduction in monthly STI laboratory spending while maintaining clinically appropriate screening coverage.

4.3. Santa Cruz County – Public Health Services

Client: Santa Cruz County Public Health

Entity: PetraMED, LLC

Setting: County public health (clinic-based services, vaccination workflows)

Role: Public Health Medical Director support and clinical governance

Scope & Activities:

- ↳ Developed/redlined and annually reviewed policies, standing orders, and clinical protocols for immunizations and communicable disease workflows.
- ↳ Provided high-risk case consultation and clinical guidance to nursing and program leads.
- ↳ Supported QA activities for vaccination operations (intake/consent, screening, documentation accuracy, cold-chain exceptions).
- ↳ Coordinated with County leadership on outbreak response and public messaging, aligned to CDC/ADHS guidance.
- ↳ Enabled a policy library to centralize versions and acknowledgments.

Results/Outcomes: Standardized, defensible public health protocols; improved documentation accuracy and throughput for vaccination clinics; faster policy updates during changing guidance; clearer clinical escalation paths for high-risk cases.

Relevance to this RFP: Direct alignment with Task 1 (Public Health), policy and standing-order governance, clinical consultation, QA participation, and rapid response support.

Highlighted Outcomes:

Vaccination clinic repatriation and continued support. Transitioned a previously outsourced vaccination clinic back under Public Health control, establishing governance, standing orders, inventory and cold-chain controls, and QA checkpoints. Santa Cruz County subsequently utilized PetraMED's optional supplemental staffing services to provide a designated clinical lead operating two shifts per week, with additional backup nursing capacity aligned for planned and unplanned absences. This arrangement demonstrates that PetraMED's optional staffing services, available under the structure described in the Pricing Proposal, deliver real operational results when County circumstances warrant.

Expansion proposal. Developed a phased proposal to extend clinic services into STI and geriatric care, with protocols and staffing frameworks prepared for County consideration as program scope evolves.

4.4. City of New Orleans – Jail Health Monitoring (Consent Judgment)

Client: City of New Orleans / Orleans Parish Justice Center

Entity: AB Med Healthcare Solutions (since 2024)

Setting: Large urban adult detention (approximately 1,500 inmates); court-supervised improvement plan under federal consent judgment

Role: Independent correctional health monitoring and quality oversight

Scope & Activities:

- ↳ Policy/procedure reviews; verification of annual updates and clinical sign-offs.
- ↳ Targeted chart reviews; documentation standards assessments; corrective-action recommendations.
- ↳ Grievance process evaluation (timeliness, escalation, clinical determinations).
- ↳ Mortality-review participation and trend analysis; medication management audits (incl. non-formulary process checks).
- ↳ Formal briefings to city leadership and operator; structured follow-up on remediation items.

Results/Outcomes: Established defensible QA methods, standardized tracking for grievance timeliness and clinical sign-offs, and clear corrective-action pathways adopted by the operator, improving accountability and transparency in a high-visibility environment.

Relevance to this RFP: Demonstrates PetraMED's ability to apply rigorous, evidence-based detention QA and governance, directly supporting Task 2 expectations (policies, chart review, grievances, mortality review) and reinforcing our capacity to communicate clearly with multiple stakeholders.

Highlighted Outcomes:

Centralized performance portal: Built a monthly updated, interactive scorecard system aligned to Consent Judgment/NCCHC standards, plus a data-request center to close missing-data gaps.

Cost & clinical impact: Identified an LTAC pathway improvement with approximately \$750K projected savings and supported a 600% expansion of the MOUD program through close collaboration.

Data-driven governance: Delivered staffing/utilization analyses and off-site vs. on-site recommendations to avoid unnecessary spend, while maintaining HIPAA compliance and providing clear leadership briefings.

5. CONFIDENTIAL ADDENDA INDEX

The following addenda support and supplement this proposal. Addenda A through C are included in File 2 of this submission package. Additional required documents are submitted as separate files in the submission package as identified below.

<i>Reference</i>	<i>Title</i>	<i>Submission</i>
Addendum A	References	File 2
Addendum B	Curricula Vitae (Dr. McLaughlin and Ms. Papadopoulou)	File 2
	Vendor Signed RFP Document	File 3
	Price Proposal	File 4
	Credentialing Documentation (Arizona Medical License, DEA Registration, SAM.gov Registration)	File 5
	Medical Malpractice Insurance Certificate	File 6

Required submission documents (Vendor Signed RFP, Proof of Arizona Licensure, and Medical Malpractice Insurance Certificate) are uploaded to the County's submission portal as designated by the procurement instructions.