State of Georgia
State Entity Standard Contract Form

Solicitation Title	Solicitation Number	Contract Number
Mental Health (MH) / Integrated Treatment Services and Dental Health Services for Offenders	**ES-RFP-46700-415**	**ES-RFP-46700-415**

1. This Contract is entered into between the State Entity and the Contractor named below:

State Entity's Name
Georgia Department of Corrections (GDC)
(hereafter called State Entity)

Contractor's Name
MHM Correctional Services, LLC.
(hereafter called Contractor)

2. Contract to Begin:	Date of Completion:	Renewals:
July 1, 2019	**June 30, 2020**	**Nine (9) one-year renewal options**

3. Performance Bond, if any:	Other Bonds, if any:
25% of Annual Contract Amount	**N/A**

4. Maximum Amount of this Contract:	Total Financial Obligation of the State Entity for the First Fiscal Year:	Total Financial Obligation of the State Entity for each Renewal Period if Renewed:
$536,486,470.00 (estimated)	**$48,220,851.00 (NTE total)**	**See** Attachment 5: **Contractors Clarifications**

5. Authorized Person(s) to Receive Contract Notices for State Entity:	Authorized Person to Receive Contract Notices for Contractor:
Charles H. Smith, Jr., MBA, CPPO, CPPB, GCPM, GCPA Agency Procurement Officer (APO) Ute Shepard Deputy Agency Procurement Officer (DAPO)	**Steven H. Wheeler, CEO**

6. The parties agree to comply with the terms and conditions of the following attachments which are by this reference made a part of the Contract:

Attachment 1: **State Entity Contract Terms and Conditions for Services**
Attachment 2: **Solicitation (referenced above)**
Attachment 3: **Contractor's Final Technical Response including staffing matrix**
Attachment 4: **Contractors Final Cost Proposal**
Attachment 5: **Contractors Clarifications**

IN WITNESS WHEREOF, this Contract has been executed by the parties hereto.

7.

Contractor

Contractor's Name *(If other than an individual, state whether a corporation, partnership, etc.)*
MHM Correctional Services, LLC.

By *(Authorized Signature)*	Date Signed
	5/20/2019

Printed Name and Title of Person Signing
Steven H. Wheeler, President and Chief Executive Officer

Address
1593 Spring Hill Road
Suite 600
Vienna, VA 22182

8.

State Entity

State Entity Name
Georgia Department of Corrections

By *(Authorized Signature)*	Date Signed
Gwendolyn Gowell	6/17/19

Printed Name and Title of Person Signing

Jennifer Ammons
General Counsel

Address
300 Patrol Road, Forsyth, GA 31029

STATE OF GEORGIA
AGENCY STANDARD CONTRACT
Attachment 1
Contract Terms and Conditions for Services

A. DEFINITIONS AND GENERAL INFORMATION

1. **Definitions.** The following words shall be defined as set forth below:

(i) **"Contractor"** means the provider(s) of the Services under the Contract.

(ii) **"Purchase Instrument"** means the documentation issued by the State Entity to the Contractor for a purchase of Services in accordance with the terms and conditions of the Contract. The Purchase Instrument should reference the Contract and may include an identification of the Services to be purchased, the time and location such Services will be utilized, and any other requirements deemed necessary by the State Entity.

(iii) **"Response", "Contractor's Response" or "Final Response"** means the Contractor's submitted response to the RFX, including any modifications or clarifications accepted by the State Entity.

(iv) **"RFX"** means the Request for Proposal, Request for Bid, or other solicitation document (and any amendments or addenda thereto) specifically identified in the State Entity Standard Contract Form that was issued to solicit the Services that are subject to the Contract.

(v) **"Services"** means the services and deliverables as provided in the RFX and as further described by the Response and the Contract.

(vi) **"State"** means the State of Georgia, the State Entity, and any other authorized state entities issuing Purchase Instruments against the Contract.

(vii) **"State Entity"** means the State of Georgia entity identified in the State Entity Standard Contract Form to contract with the Contractor for the Services identified in the Contract.

(viii) **"State Entity Standard Contract"** or **"Contract"** means the agreement between the State Entity and the Contractor as defined by the State Entity Standard Contract Form and its incorporated documents.

(ix) **"State Entity Standard Contract Form"** means the document that contains basic information about the Contract and incorporates by reference the applicable Contract Terms and Conditions, the RFX, Contractor's Response to the RFX, the final pricing documentation for Services and any mutually agreed clarifications, modifications, additions and deletions resulting from final contract negotiations. No objection or amendment by a Contractor to the RFX requirements or the Contract shall be incorporated by reference into this Contract unless the State Entity has accepted the

Contractor's objection or amendment in writing. The State Entity Standard Contract Form is defined separately and referred to separately throughout the State Entity Standard Contract as a means of identifying the location of certain information. For example, the initial term of the Contract is defined by the dates in the State Entity Standard Contract Form.

2. **Priority of Contract Provisions**. Any pre-printed contract terms and conditions included on Contractor's forms or invoices shall be null and void.

3. **Reporting Requirements.** Contractor shall provide all reports required by the RFX. In addition, unless otherwise provided in the RFX, Contractor shall keep a record of the purchases made pursuant to the Contract and shall submit a quarterly written report to the State Entity.

B. DURATION OF CONTRACT

1. **Contract Term.** The initial term of the contract(s) shall be from the contract start date until the end of the State's current fiscal year. The State's fiscal year is from July 1st through June 30th. The State's entire contract term shall be ten years, initial term with nine one-year renewals. Which options shall be exercisable at the sole discretion of the State Entity. Renewal(s) will be accomplished through the issuance of a Renewal Amendment. Pursuant to O.C.G.A. Section 50-5-64, this Contract shall not be deemed to create a debt of the State for the payment of any sum beyond the fiscal year of execution or, in the event of a renewal, beyond the fiscal year of such renewal.

2. **Contract Renewal.**

(i) The State Entity shall have the option, in its sole discretion, to renew the Contract for nine (9) one (1) year options as defined in the State Entity Standard Contract Form on a year-to-year basis by giving the Contractor written notice of the renewal decision at least sixty (60) days prior to the expiration of the initial term or renewal term. Renewal will depend upon the best interests of the State, funding, and Contractor's performance. Renewal will be accomplished through the issuance of a Contract Renewal Document. Upon the State Entity's election, in its sole discretion, to renew any part of this Contract, Contractor shall remain obligated to perform in strict accordance with this Contract unless otherwise agreed by the State Entity and the Contractor.

(ii) Contract Price Adjustments

The contractor may request an annual price adjustment to be effective on the contract renewal date. Requests must be in writing and must be received ninety, (90-days) prior to the renewal date. The GDC and contractor will negotiate purposed price increase for court orders, changes in the standard of care, new medication treatments, etc. as required. If the contractor fails to request a price adjustment ninety, (90-days) prior to the annual renewal may not be considered for upcoming renewal.

The contractor must use the Bureau of Labor and Statistic (BLS) on Inflation and Prices, Employment Cost Index as medium to justify increase for each subsequent year of adjustment. GDC will determine the maximum allowable adjustment of original contract price. No retroactive contract price adjustment will be allowed. In the event the index decreases, the price will remain unchanged.

3. **Contract Extension.** In the event that this Contract shall terminate or be likely to terminate prior to the making of an award for a new contract for the Services, the State Entity may, with the written consent of Contractor, extend this Contract for such period as may be necessary to afford the State a continuous supply of the Services.

C. DESCRIPTION OF SERVICES

(i) **Specifications in Bidding Documents.** All Services shall be provided in accordance with the specifications contained in the contractor's RFP Technical Response, the terms of the Contract, and as further described in Contractor's Response below (not inclusive of all services):

The Contractor agrees to perform fully and faithfully the services described herein and in Attachment F, Mental Health and Integrated Treatment Services and Attachment G, Dental Health Services (which is incorporated herein by reference) (the Scope of Services), in accordance with standards applicable to similar professionals practicing in geographic locality that services to be performed. Any additional or different services to be performed shall be specified by an amendment to this agreement, executed by the parties in the manner provided for herein. No provision of this agreement shall be construed to prohibit Contractor from offering similar or difference services to the public, including other state agencies.

Staffing shall be as set forth in Attachment F and G subject to any adjustments as may be agreed to from time to time including, but not limited to, staffing adjustments based on fluctuations in the MH/MR and ITS population.

The MH and Integrated Treatment Services (ITS) to be provided by Contractor shall include, but not inclusive of all services:

(ii) Caseload Management
(iii) Clinical Supervision and Consultation
(iv) Clinical Facility Audit Support
(v) Crisis Stabilization Unit (CSU) Bed Management
(vi) Assist with telemedicine program coordination
(vii) Quality assurance including participation in the state-wide CQI process
(viii) Human resources/personnel support including appropriate recruiting and management and assist with training and follow SOP 508.01 MH Organization and Administration, which states that the contractor will be responsible for hiring staff, but the MH & ITF Program Supervisor will have veto authority and all hiring must have the approval of the on-site administrative staff. Is also states that all administrative decisions regarding work schedules, jobs duties, use of leaves, etc. is subject to approval by the DOC administrative staff. The process for Resolution of Clinical Conflict states that it will be resolved by the local Deputy Warden of Care and Treatment or Warden if necessary. If there is still conflict the State MH & ITF Program Supervisor will consult with the Regional Program Manager, Regional Clinical Director and local administrative staff to resolve. The highest level of resolution rests with the State Mental Health Services Director.
(ix) Cooperative level management, supervision and planning.
(x) Psychotropic pharmaceutical utilization management.
(xi) Contractor shall maintain an appropriate staff at regional office to supervise delivery of the services to the department.

(xii) **Dental Health Services shall include:**
(xiii) **Intake Exams**
(xiv) **Comprehensive exams**
(xv) **Sick Call exams**
(xvi) **Fillings**
(xvii) **Simple Extractions & Other Surgeries**
(xviii) **Cleaning**
(xix) **Denture repair and completion**
(xx) **Partial denture repair and completion**
(xxi) **DNA**
(xxii) **Infection control**
(xxiii) **Prescription Dental medication**
(xxiv) **Dental education**
(xxv) **Other Mental or Dental Health services as requested.**
(xxvi) **Implementation Plan and Timeline. Contractor shall identify liaisons team members and establish implementation planning Team with GDC to begin transition planning to new contract services no later than two weeks after Notice of Award (NOA) is posted by the State Purchasing Division.**

2. **Product Shipment and Delivery.** All products, if any, shall be shipped F.O.B. destination. Destination shall be the location(s) specified in the RFX or any provided Purchase Instrument. All items shall be at the Contractor's risk until they have been delivered and accepted by the receiving entity. All items shall be subject to inspection on delivery. Hidden damage will remain the responsibility of the Contractor to remedy without cost to the State Entity, regardless of when the hidden damage is discovered.

3. **Non-Exclusive Rights.** The Contract is not exclusive. The State Entity reserves the right to select other contractors to provide services similar to the Services described in the Contract during the term of the Contract.

4. **No Minimums Guaranteed.** The Contract does not guarantee any minimum level of purchases or use of Services.

D. COMPENSATION

1. Pricing and Payment.

(i) The Contractor will be paid for Services provided pursuant to the Contract in accordance with the MHM Clarification Cost Proposal Workbook as incorporated into the State Entity Standard Contract Form and the terms of the Contract. The state will pay a flat monthly fee and the Prices shall include, but are not limited to Implementation cost, Personnel expenses, an operational expense per month, per facility. For the initial terms, the state shall pay a monthly fee of Three Million, One Hundred Seventy-Four Thousand, Nine Hundred Forty Dollars ($3,174,940.00) for the MH and ITS, a not to exceed total of Thirty-Eight Million, Ninety-Nine Thousand, Two Hundred Eighty-One Dollars ($38,099,281.00).

For the initial term, the state shall pay a flat monthly fee of Eight Hundred and Three Thousand, Six Hundred Fifty-Four Dollars ($803,654.00) for Dental services, Twenty Nine Thousand, Four Hundred Eighty-Six Dollars ($29,486.00) for software assurance not to exceed Nine Million, Six Hundred Seventy Three Thousand, Three Hundred Thirty-Four Dollars ($9,673,334.00).

During Year One of the Contract, GDC shall also pay the following fees:

Service Description	Amount (per compensable increment)
Project Management related to Dental Health Software Implementation	Eighteen Thousand, Four Hundred Dollars ($18,400.00)
Implementation charge for Dental Health Software (Payable upon completion and acceptance of full implementation per facility, not to exceed 32 facilities)	Five Thousand One Hundred and One Dollars and Twelve Cents per Facility ($5,101.12 per Facility)
Data Migration (Payable upon completion and acceptance by GDC)	Two Thousand, Two Hundred Dollars ($2,200.00)
Dentrix Training (Training is for 36 days, Not to exceed 90 users)	Ten Dollars and Twenty-Two Cents per Day per User ($ 10.22 per Day per User)
Support Desk Training for Superusers identified by GDC (Training shall not exceed three (3) days)	Two Thousand One Hundred and Sixty Dollars per Day ($2,160.00 per Day)
Go-Live Support (Support shall be provided during standard GDC operating hours, and shall not exceed eight (8) days)	Two Thousand One Hundred and Sixty Dollars per Day ($2,160.00 per Day)
Hosting	On Hundred Seventy Thousand Dollars ($170,000.00)

In no event shall the initial term maximum amount due to the Contractor under this Contract exceed Forty-Eight Million, Two Hundred Twenty Thousand Five Hundred Eighty-One Dollars ($48,220,851.00) Unless clearly stated otherwise in a contract amendment all prices are firm and fixed and are not subject to variation.

(ii) Compensation to the Contractor for travel, meals, or lodging shall be subject to amounts and limitations specified in the current "State Travel Policy", which can be found at https://sao.georgia.gov/state-travel-policy. Compensation to the Contractor for travel, meals, or lodging shall not to exceed Thirty- Seven Thousand Two Hundred Fifty Dollars ($37,250.00). The Contractor must include (in addition to other invoice requirements of this Contract) a complete itemization of requested travel compensation and appropriate documentation and receipts as required by the " State Travel Policy." The Contractor can only be compensated for Travel during Year One (1) of the Contract.

(iii) A "day" shall be defined as a minimum of eight (8) hours of service. If the Contractor provides fewer than eight hours of service in a standard twenty-four hour day, the Contractor shall bill pro rata for only those portions of the day in which service was actually delivered. The Contractor shall not bill more than the daily rate even if the Contractor works more than eight hours in a day.

(iv) The contractor must provide GDC a vacancy report by the 15th of each month for the prior month services. The contractor shall provide a credit for all vacant positions in the next following month invoice.

(v) In the event a position set forth in Attachment F Mental Health and Attachment G Dental Health Services is eliminated (permanently or temporarily) by election of the Department or is "Vacant," defined as a position that remain unfilled after a period of sixty (60) consecutive days (other than as a result of vacation, sick time, sick time or filled by locums or other provider staff temporarily), the monthly rate thereafter payable to MHM shall be decreased by the relevant amount set forth in MHM Clarification Cost Proposal Workbook. The contractor agrees to notify GDC when a position has been vacant for over sixty (60) days and then after every ten (10) days if the position has not been filled. The Contractor shall also submit timesheets for all fill-in psychiatrist and psychologist on a bi-monthly basis to GDC contract specialist.

(vi) In the event the Department elects to add additional staffing, the monthly rate payable to shall be increased by the relevant amount set forth in the MHM Clarification Cost Proposal Workbook. All staff changes shall be effective as determined by issuing amendment.

2. **Billings.** If applicable, and unless the RFX provides otherwise, the Contractor shall submit, an invoice for the Services supplied to the State Entity under the Contract at the billing address specified in the Contract or before the 15th of each month. The invoice shall comply with all applicable rules concerning payment of such claims. The State Entity shall pay all approved invoices in arrears and in accordance with applicable provisions of State law.

   Unless otherwise agreed in writing by the State Entity and the Contractor, the Contractor shall not be entitled to receive any other payment or compensation from the State Entity for Services provided by or on behalf of the Contractor under the Contract. The Contractor shall be solely responsible for paying all costs, expenses and charges it incurs in connection with its performance under the Contract.

   The contractor shall create invoice with supporting itemized documents for the Mental Health / ITS contract and an invoice with supporting itemized documents for the Dental Health contract. Implementation cost shall be invoiced separately after completion of implementation.

3. **Delay of Payment Due to Contractor's Failure.** If the State Entity in good faith determines that the Contractor has failed to perform or deliver Services as required by the Contract, the Contractor shall not be entitled to any compensation under the Contract until such Service is performed or delivered. In this event, the State Entity may withhold that portion of the Contractor's compensation which represents payment for Services that were not performed or delivered. To the extent that the Contractor's failure to perform or deliver in a timely manner causes the State Entity to incur costs, the State Entity may deduct the amount of such incurred costs from any amounts payable to Contractor. The State Entity's authority to deduct such incurred costs shall not in any way affect the State Entity's authority to terminate the Contract.

4. **Set-Off Against Sums Owed by the Contractor.** In the event that the Contractor owes the State Entity and/or the State any sum under the terms of the Contract, pursuant to any judgment,

or pursuant to any law, the State Entity and/or the State may set off the sum owed against any sum owed by the State Entity to the Contractor in the State Entity's sole discretion.

E. TERMINATION

1. **Immediate Termination.** Pursuant to O.C.G.A. Section 50-5-64, this Contract will terminate immediately and absolutely if the State Entity determines that adequate funds are de-appropriated such that the State Entity cannot fulfill its obligations under the Contract, which determination is at the State Entity's sole discretion and shall be conclusive. Further, the State Entity may terminate the Contract for any one or more of the following reasons effective immediately without advance notice:

   (i) In the event the Contractor is required to be certified or licensed as a condition precedent to providing the Services, the revocation or loss of such license or certification may result in immediate termination of the Contract effective as of the date on which the license or certification is no longer in effect;

   (ii) The State Entity determines that the actions, or failure to act, of the Contractor, its agents, employees or subcontractors have caused, or reasonably could cause, life, health or safety to be jeopardized;

   (iii) The Contractor fails to comply with confidentiality laws or provisions; and/or

   (iv) The Contractor furnished any statement, representation or certification in connection with the Contract or the bidding process which is materially false, deceptive, incorrect or incomplete.

2. **Termination for Cause.**
   (i) The occurrence of any one or more of the following events shall constitute cause for the State Entity to declare the Contractor in default of its obligations under the Contract:

   (a) The Contractor fails to deliver or has delivered nonconforming Services or fails to perform, to the State Entity's satisfaction, any material requirement of the Contract or is in violation of a material provision of the Contract, including, but without limitation, the express warranties made by the Contractor;

   (b) The State Entity determines that satisfactory performance of the Contract is substantially endangered or that a default is likely to occur;

   (c) The Contractor fails to make substantial and timely progress toward performance of the Contract;

   (d) The Contractor becomes subject to any bankruptcy or insolvency proceeding under federal or state law to the extent allowed by applicable federal or state law including bankruptcy laws; the Contractor terminates or suspends its business; or the State Entity reasonably believes that the Contractor has become insolvent or unable to pay its obligations as they accrue consistent with applicable federal or state law;

   (e) The Contractor has failed to comply with applicable federal, state and local laws, rules, ordinances, regulations and orders when performing within the scope of the Contract;

(f) The Contractor has engaged in conduct that has or may expose the State Entity or the State to liability, as determined in the State Entity's sole discretion; or

(g) The Contractor has infringed any patent, trademark, copyright, trade dress or any other intellectual property rights of the State Entity, the State, or a third party.

(ii) Contractor shall have the right to terminate for cause upon no less than 30 days' written notice and an opportunity to cure to the State Entity.

3. **Termination for Convenience.** This Contract, or a service being rendered hereunder, may be cancelled or terminated by the Department without cause. This Contract may be terminated by the Department for any reason upon sixty (60) days prior written notice to the Contractor. Any termination for convenience by the Department shall be subject to Section E(7) Payment Limitation in Event of Termination.

4. **Notice of Default.** If there is a default event caused by the Contractor, the State Entity shall provide written notice to the Contractor requesting that the breach or noncompliance be remedied within the period of time specified in the State Entity's written notice to the Contractor. If the breach or noncompliance is not remedied within the period of time specified in the written notice, the State Entity may:

(i) Immediately terminate the Contract without additional written notice; and/or

(ii) Procure substitute services from another source and charge the difference between the Contract and the substitute contract to the defaulting Contractor; and/or,

(iii) Enforce the terms and conditions of the Contract and seek any legal or equitable remedies.

4. **Termination Upon Notice.** Following thirty (30) days' written notice, the State Entity may terminate the Contract in whole or in part without the payment of any penalty or incurring any further obligation to the Contractor. Following termination upon notice, the Contractor shall be entitled to compensation, upon submission of invoices and proper proof of claim, for Services provided under the Contract to the State Entity up to and including the date of termination.

5. **Termination Due to Change in Law.** The State Entity shall have the right to terminate this Contract without penalty by giving One-Hundred Eighty (180) days' written notice to the Contractor as a result of any of the following:

(i) The State Entity's authorization to operate is withdrawn or there is a material alteration in the programs administered by the State Entity; and/or

(iii) The State Entity's duties are substantially modified.

6. **Payment Limitation in Event of Termination.** In the event of termination of the Contract for any reason by the State Entity, the State Entity shall pay only those amounts, if any, due and owing to the Contractor for the Services actually rendered up to the date specified in the notice of termination for which the State Entity is obligated to pay pursuant to the Contract or Purchase Instrument. Payment will be made only upon submission of invoices and proper proof of the

Contractor's claim. This provision in no way limits the remedies available to the State Entity under the Contract in the event of termination. The State shall not be liable for any costs incurred by the Contractor in its performance of the Contract, including, but not limited to, startup costs, overhead or other costs associated with the performance of the Contract.

7. **The Contractor's Termination Duties.** Upon receipt of notice of termination or upon request of the State Entity, the Contractor shall:

   (i) Cease work under the Contract and take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report within thirty (30) days of the date of notice of termination, describing the status of all work under the Contract, including, without limitation, results accomplished, conclusions resulting therefrom, and any other matters the State Entity may require;

   (ii) Immediately cease using and return to the State Entity, any personal property or materials, whether tangible or intangible, provided by the State Entity to the Contractor;

   (iii) Comply with the State Entity's instructions for the timely transfer of any active files and work product produced by the Contractor under the Contract;

   (iv) Cooperate in good faith with the State Entity and its employees, agents and contractors during the transition period between the notification of termination and the substitution of any replacement contractor(s); and

   (v) Immediately return to the State Entity any payments made by the State Entity for Services that were not delivered or rendered by the Contractor.

8. **The Contractor's Right to Termination for Convenience**. The Contractor shall have the right to terminate the Contract for convenience upon giving the State Entity no less than one hundred eighty (180) days' written notice. In the event the Contractor opts to terminate for convenience, it will comply with the obligations set forth in Section 7 immediately above.

F. CONFIDENTIAL INFORMATION

1. **Access to Confidential Data.** The Contractor's employees, agents and subcontractors may have access to confidential data maintained by the State to the extent necessary to carry out the Contractor's responsibilities under the Contract. The Contractor shall presume that all information received pursuant to the Contract is confidential unless otherwise designated by the State. If it is reasonably likely the Contractor will have access to the State's confidential information, then:

   (i) The Contractor shall provide to the State a written description of the Contractor's policies and procedures to safeguard confidential information;

   (ii) Policies of confidentiality shall address, as appropriate, information conveyed in verbal, written, and electronic formats;

   (iii) The Contractor must designate one individual who shall remain the responsible authority in charge of all data collected, used, or disseminated by the Contractor in connection with the performance of the Contract; and

(iv) The Contractor shall provide adequate supervision and training to its agents, employees and subcontractors to ensure compliance with the terms of the Contract.

The private or confidential data shall remain the property of the State at all times. Some Services performed for the State Entity may require the Contractor to sign a nondisclosure agreement. Contractor understands and agrees that refusal or failure to sign such a nondisclosure agreement, if required, may result in termination of the Contract.

2. **No Dissemination of Confidential Data.** No confidential data collected, maintained, or used in the course of performance of the Contract shall be disseminated except as authorized by law and with the written consent of the State, either during the period of the Contract or thereafter. Any data supplied to or created by the Contractor shall be considered the property of the State. The Contractor must return any and all data collected, maintained, created or used in the course of the performance of the Contract, in whatever form it is maintained, promptly at the request of the State.

3. **Subpoena.** In the event that a subpoena or other legal process is served upon the Contractor for records containing confidential information, the Contractor shall promptly notify the State and cooperate with the State in any lawful effort to protect the confidential information.

4. **Reporting of Unauthorized Disclosure.** The Contractor shall immediately report to the State any unauthorized disclosure of confidential information.

5. **Survives Termination.** The Contractor's confidentiality obligation under the Contract shall survive termination of the Contract.

G. INDEMNIFICATION

1. **Contractor's Indemnification Obligation.** The Contractor agrees to indemnify and hold harmless the State and State officers, employees, agents, and volunteers (collectively, "Indemnified Parties") from any and all costs, expenses, losses, claims, damages, liabilities, settlements and judgments, including reasonable value of the time spent by the Attorney General's Office, related to or arising from:

   (i) Any breach of the Contract;

   (ii) Any negligent, intentional or wrongful act or omission of the Contractor or any employee, agent or subcontractor utilized or employed by the Contractor;

   (iii) Any failure of Services to comply with applicable specifications, warranties, and certifications under the Contract;

   (vi) The negligence or fault of the Contractor in design, testing, development, manufacture, or otherwise with respect to the Services provided under the Contract;

   (v) Claims, demands, or lawsuits that, with respect to the goods (if any) or any parts thereof, allege product liability, strict product liability, or any variation thereof;

   (vi) The Contractor's performance or attempted performance of the Contract, including any employee, agent or subcontractor utilized or employed by the Contractor;

(vii) Any failure by the Contractor to comply with the "Compliance with the Law" provision of the Contract;

(viii) Any failure by the Contractor to make all reports, payments and withholdings required by federal and state law with respect to social security, employee income and other taxes, fees or costs required by the Contractor to conduct business in the State of Georgia or the United States;

(ix) Any infringement of any copyright, trademark, patent, trade dress, or other intellectual property right; or

(x) Any failure by the Contractor to adhere to the confidentiality provisions of the Contract.

2. **Duty to Reimburse State Tort Claims Fund.** To the extent such damage or loss as covered by this indemnification is covered by the State of Georgia Tort Claims Fund ("the Fund"), the Contractor (and its insurers) agrees to reimburse the Fund. To the full extent permitted by the Constitution and the laws of the State and the terms of the Fund, the Contractor and its insurers waive any right of subrogation against the State, the Indemnified Parties, and the Fund and insurers participating thereunder, to the full extent of this indemnification.

3. **Litigation and Settlements.** The Contractor shall, at its own expense, be entitled to and shall have the duty to participate in the defense of any suit against the Indemnified Parties. No settlement or compromise of any claim, loss or damage entered into by the Indemnified Parties shall be binding upon Contractor unless approved in writing by Contractor. No settlement or compromise of any claim, loss or damage entered into by Contractor shall be binding upon the Indemnified Parties unless approved in writing by the Indemnified Parties.

4. **Patent/Copyright Infringement Indemnification.** Contractor shall, at its own expense, be entitled to and shall have the duty to participate in the defense of any suit instituted against the State and indemnify the State against any award of damages and costs made against the State by a final judgment of a court of last resort in such suit insofar as the same is based on any claim that any of the Services constitutes an infringement of any United States Letters Patent or copyright, provided the State gives the Contractor immediate notice in writing of the institution of such suit, permits Contractor to fully participate in the defense of the same, and gives Contractor all available information, assistance and authority to enable Contractor to do so. Subject to approval of the Attorney General of the State of Georgia, the State Entity shall tender defense of any such action to Contractor upon request by Contractor. Contractor shall not be liable for any award of judgment against the State reached by compromise or settlement unless Contractor accepts the compromise or settlement. Contractor shall have the right to enter into negotiations for and the right to effect settlement or compromise of any such action, but no such settlement shall be binding upon the State unless approved by the State.

   In case any of the Services is in any suit held to constitute infringement and its use is enjoined, Contractor shall, at its option and expense:

   (i) Procure for the State the right to continue using the Services;

   (ii) Replace or modify the same so that it becomes non-infringing; or

   (iii) Remove the same and cancel any future charges pertaining thereto.

Contractor, however, shall have no liability to the State if any such patent, or copyright infringement or claim thereof is based upon or arises out of:

(iv) Compliance with designs, plans or specifications furnished by or on behalf of the State Entity as to the Services;

(v) Use of the Services in combination with apparatus or devices not supplied by Contractor;

(vi) Use of the Services in a manner for which the same was neither designed nor contemplated; or

(vii) The claimed infringement of any patent or copyright in which the State Entity or any affiliate or subsidiary of the State Entity has any direct interest by license or otherwise.

5. Survives Termination. The indemnification obligation of the Contractor shall survive termination of the Contract.

H. INSURANCE

The supplier shall procure and maintain, until all of its obligations have been discharged (including any warranty periods under the contract have been satisfied) insurance which shall protect the supplier and the State of Georgia (as an additional insured) from any claims for bodily injury, property damage, or personal injury throughout the duration of the contract. The supplier shall procure and maintain the insurance policies described below at the supplier's own expense and shall furnish the State Entity an insurance certificate listing the State of Georgia as certificate holder and as an additional insured. In addition, the insurance certificate must provide the following information: the name and address of the insured; name, address, telephone number and signature of the authorized agent; name of the insurance company (authorized to operate in Georgia); a description of coverage in detailed standard terminology (including policy period, policy number, limits of liability.

The supplier is required to maintain the following insurance coverage's during the term of the contract:

1) Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that the supplier qualifies to pay its own workers compensation claims.) In addition, the supplier shall require all subcontractors occupying the premises or performing work under the contract to obtain an insurance certificate showing proof of Workers Compensation Coverage with the following minimum coverage:

Bodily injury by accident - per employee	$100,000;
Bodily injury by disease - per employee	$100,000;
Bodily injury by disease – policy limit	$500,000.

2) Commercial General Liability Policy with the following minimum coverage:

Each Occurrence Limit	$1,000,000
Personal & Advertising Injury Limit	$1,000,000
General Aggregate Limit	$2,000,000
Products/Completed Ops. Aggregate Limit	$2,000,000

3) Automobile Liability

	Combined Single Limit	$1,000,000
4)	Professional Liability (malpractice)	$3,000,000
5)	Fidelity Coverage	$1,000,000
6)	Umbrella Liability	$2,000,000

The Supplier shall add the "State of Georgia, its officers, employees and agents" as an additional insured under the commercial general, Automobile, Umbrella policies. Blanket additional insured language is acceptable.

The Supplier shall provide the State notice of the cancellation or notice of non-renewal of any of the policies affording coverage under this provision at least ten (10) days prior to the cancellation or non-renewal date. Certificates of Insurance showing such coverage to be in force shall be filed with the State Entity prior to commencement of any work under the contract. The foregoing policies shall be obtained from insurance companies authorized to do business in Georgia and shall be with companies acceptable to the State Entity, which must have a minimum A.M. Best rating of A-. All such coverage shall remain in full force and effect during the term and any renewal or extension thereof.

Within ten (10) business days of the Notice of Intent to Award, the apparent successful Supplier must procure the required insurance and provide the State Entity with two (2) Certificates of Insurance. Certificates must reference the contract number. The supplier's submitted pricing must include the cost of the required insurance. No contract performance shall occur unless and until the required insurance certificates are provided by the Contractor.

I. BONDS

The awarded Supplier shall be required to furnish a performance bond to the State Entity for the faithful performance on the contract in an amount equal to 25% of the annual total amount of the contract. Changes to the bond amount will be authorized at the sole discretion of GDC and may be amended with the execution of each contract renewal. The bond shall be issued by a Corporate Surety authorized to do business with the State of Georgia. The performance bond/letter of credit must be submitted to the State Entity within ten (10) calendar days of the date the contract is awarded, but in any event, prior to the beginning of any contract performance by the awarded supplier.

J. WARRANTIES

1. **Construction of Warranties Expressed in the Contract with Warranties Implied by Law.** All warranties made by the Contractor and/or subcontractors in all provisions of the Contract and the Contractor's Response, whether or not the Contract specifically denominates the Contractor's and/or subcontractors' promise as a warranty or whether the warranty is created only by the Contractor's affirmation or promise, or is created by a description of the Services to be provided, or by provision of samples to the State shall not be construed as limiting or negating any warranty provided by law, including without limitation, warranties which arise through course of dealing or usage of trade, the warranty of merchantability, and the warranty of fitness for a particular purpose. The warranties expressed in the Contract are intended to modify the warranties implied by law only to the extent that they expand the warranties applicable to the Services provided by the Contractor. The provisions of this section apply during the term of the Contract and any extensions or renewals thereof.

2. **Warranty – Nonconforming Services and Goods.** All Services and any goods delivered by Contractor to the State Entity shall be free from any defects in design, material, or workmanship. If any Services or goods offered by the Contractor are found to be defective in material or workmanship, or do not conform to Contractor's warranty, the State Entity shall have the option of returning, repairing, or replacing the defective Services or goods at Contractor's expense. Payment for Services and any goods shall not constitute acceptance. Acceptance by the State Entity shall not relieve the Contractor of its warranty or any other obligation under the Contract.

3. **Compliance with Federal Safety Acts.** Contractor warrants and guarantees to the State that the Services provided under the Contract are in compliance with Sections 5 and 12 of the Federal Trade Commission Act; the Fair Packaging and Labeling Act; the Federal Food, Drug, and Cosmetic Act; the Consumer Product Safety Act; the Federal Environmental Pesticide Control Act; the Federal Hazardous Substances Act; the Fair Labor Standards Act; the Wool Products Labeling Act; the Flammable Fabrics Act; the Occupational Safety and Health Act; the Office of Management and Budget A-110 Appendix A; and the Anti-Kickback Act of 1986.

4. **Originality and Title to Concepts, Materials, and Goods Produced.** Contractor represents and warrants that all the concepts, materials, goods and Services produced, or provided to the State pursuant to the terms of the Contract shall be wholly original with the Contractor or that the Contractor has secured all applicable interests, rights, licenses, permits or other intellectual property rights in such concepts, materials and works. The Contractor represents and warrants that the concepts, materials, goods and Services and the State's use of same and the exercise by the State of the rights granted by the Contract shall not infringe upon any other work, other than material provided by the Contract to the Contractor to be used as a basis for such materials, or violate the rights of publicity or privacy of, or constitute a libel or slander against, any person, firm or corporation and that the concepts, materials and works will not infringe upon the copyright, trademark, trade name, trade dress patent, literary, dramatic, statutory, common law or any other rights of any person, firm or corporation or other entity. The Contractor represents and warrants that it is the owner of or otherwise has the right to use and distribute the goods and Services contemplated by the Contract.

5. **Conformity with Contractual Requirements.** The Contractor represents and warrants that the Services provided in accordance with the Contract will appear and operate in conformance with the terms and conditions of the Contract.

6. **Authority to Enter into Contract.** The Contractor represents and warrants that it has full authority to enter into the Contract and that it has not granted and will not grant any right or interest to any person or entity that might derogate, encumber or interfere with the rights granted to the State and the State Entity.

7. **Obligations Owed to Third Parties.** The Contractor represents and warrants that all obligations owed to third parties with respect to the activities contemplated to be undertaken by the Contractor pursuant to the Contract are or will be fully satisfied by the Contractor so that the State and the State Entity will not have any obligations with respect thereto.

8. **Title to Property.** The Contractor represents and warrants that title to any property assigned, conveyed or licensed to the State is good and that transfer of title or license to the State is rightful and that all property shall be delivered free of any security interest or other lien or encumbrance. Title to any supplies, materials, or equipment shall remain in the Contractor until fully paid for by the State Entity. Except as otherwise expressly authorized by the State Entity, all materials produced by Contractor personnel in performance of Services, including but not

limited to software, charts, graphs, diagrams, video tapes and other project documentation shall be deemed to be work made for hire and shall be the property of the State of Georgia.

9. **Industry Standards.** The Contractor represents and expressly warrants that all aspects of the Services provided or used by it shall at a minimum conform to the standards in the Contractor's industry. This requirement shall be in addition to any express warranties, representations, and specifications included in the Contract, which shall take precedence.

10. **Contractor's Personnel and Staffing.** Contractor warrants that all persons assigned to perform Services under this Contract are either lawful employees of Contractor or lawful employees of a subcontractor authorized by the State Entity as specified in the RFX. All persons assigned to perform Services under this Contract shall be qualified to perform such Services. Personnel assigned by Contractor shall have all professional licenses required to perform the Services.

11. **State Security.** State Entity requires that a criminal background investigation be made of any and all Contractor personnel utilized to provide Services to the State. Contractor represents and warrants that Contractor shall refrain from assigning personnel to any task under this Contract if such investigation reveals a disregard for the law or other background that indicates an unacceptable security risk as determined by the State. The Contractor's employees, agents and subcontractors may be granted access to state computers, hardware, software, programs and/or information technology infrastructure or operations to the extent necessary to carry out the Contractor's responsibilities under the Contract. Such access may be terminated at the sole discretion of the State. The Contractor shall provide immediate notice to State Entity of any employees, agents and/or subcontractors suspected of abusing or misusing such access privilege. The Contractor represents and warrants that Contractor shall provide notice to State Entity of the changed status of any employee, agent or subcontractor granted access to state computers, hardware, software, programs and/or information technology infrastructure or operations, including, but not limited to, termination or change of the position or contract relationship.

12. **Use of State Vehicles.** Contractor warrants that no State vehicles will be used by Contractor for the performance of Services under this Contract. Contractor shall be responsible for providing transportation necessary to perform all Services.

K. PRODUCT RECALL: N/A

L. CONTRACT ADMINISTRATION

1. **Order of Preference.** In the case of any inconsistency or conflict among the specific provisions of the State Entity Standard Contract Terms and Conditions (including any amendments accepted by both the State Entity and the Contractor attached hereto), the RFX (including any subsequent addenda), and the Contractor's Response, any inconsistency or conflict shall be resolved as follows:

   (i) First, by giving preference to the specific provisions of the State Entity Standard Contract Terms and Conditions.

   (ii) Second, by giving preference to the specific provisions of the RFX.

   (iii) Third, by giving preference to the specific provisions of the Contractor's Response, except that objections or amendments by a Contractor that have not been explicitly

accepted by the State Entity in writing shall not be included in this Contract and shall be given no weight or consideration.

2. **Intent of References to Bid Documents.** The references to the parties' obligations, which are contained in this document, are intended to supplement or clarify the obligations as stated in the RFX and the Contractor's Response. The failure of the parties to make reference to the terms of the RFX or the Contractor's Response in this document shall not be construed as creating a conflict and will not relieve the Contractor of the contractual obligations imposed by the terms of the RFX and the Contractor's Response. The contractual obligations of the State Entity cannot be implied from the Contractor's Response.

3. **Compliance with the Law.** The Contractor, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations and orders now or hereafter in effect when performing under the Contract, including without limitation, all laws applicable to the prevention of discrimination in employment and the use of targeted small businesses as subcontractors or contractors. The Contractor, its employees, agents and subcontractors shall also comply with all federal, state and local laws regarding business permits and licenses that may be required to carry out the work performed under the Contract. Contractor and Contractor's personnel shall also comply with all State and State Entity policies and standards in effect during the performance of the Contract, including but not limited to the State Entity's policies and standards relating to personnel conduct, security, safety, confidentiality, and ethics. Further, the provisions of O.C.G.A. Section 45-10-20 et seq. have not and must not be violated under the terms of this Contract. Contractor certifies that Contractor is not currently engaged in and agrees for the duration of this Contract not to engage in, a boycott of Israel, as defined in O.C.G.A. § 50-5-85.

4. **Drug-free Workplace.** The Contractor hereby certifies as follows:

   (i) Contractor will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of this Contract; and

   (ii) If Contractor has more than one employee, including Contractor, Contractor shall provide for such employee(s) a drug-free workplace, in accordance with the Georgia Drug-free Workplace Act as provided in O.C.G.A. Section 50-24-1 et seq., throughout the duration of this Contract; and

   (iii) Contractor will secure from any subcontractor hired to work on any job assigned under this Contract the following written certification: "As part of the subcontracting agreement with (Contractor's Name), (Subcontractor's Name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this Contract pursuant to paragraph 7 of subsection (b) of Code Section 50-24-3."

   Contractor may be suspended, terminated, or debarred if it is determined that:

   (i) Contractor has made false certification here in above; or

   (ii) Contractor has violated such certification by failure to carry out the requirements of O.C.G.A. Section 50-24-3(b).

5. **Amendments.** The Contract may be amended in writing from time to time by mutual consent of the parties. If the contract award exceeds the delegated purchasing authority of the State Entity, then the State Entity must obtain approval of the amendment from the Department of Administrative Services (DOAS). All amendments to the Contract must be in writing and fully executed by duly authorized representatives of the State Entity and the Contractor.

6. **Third Party Beneficiaries.** There are no third-party beneficiaries to the Contract. The Contract is intended only to benefit the State Entity, the State, and the Contractor.

7. **Choice of Law and Forum.** The laws of the State of Georgia shall govern and determine all matters arising out of or in connection with this Contract without regard to the choice of law provisions of State law. In the event any proceeding of a quasi-judicial or judicial nature is commenced in connection with this Contract, such proceeding shall solely be brought in a court or other forum of competent jurisdiction within Fulton County, Georgia. This provision shall not be construed as waiving any immunity to suit or liability, including without limitation sovereign immunity, which may be available to the State.

8. **Parties' Duty to Provide Notice of Intent to Litigate and Right to Demand Mediation.** In addition to any dispute resolution procedures otherwise required under this Contract or any informal negotiations which may occur between the State and the Contractor, no civil action with respect to any dispute, claim or controversy arising out of or relating to this Contract may be commenced without first giving fourteen (14) calendar days written notice to the State of the claim and the intent to initiate a civil action. At any time prior to the commencement of a civil action, either the State or the Contractor may elect to submit the matter for mediation. Either the State or the Contractor may exercise the right to submit the matter for mediation by providing the other party with a written demand for mediation setting forth the subject of the dispute. The parties will cooperate with one another in selecting a mediator and in scheduling the mediation proceedings. Venue for the mediation will be in Atlanta, Georgia; provided, however, that any or all mediation proceedings may be conducted by teleconference with the consent of the mediator. The parties covenant that they will participate in the mediation in good faith, and that they will share equally in its costs; provided, however, that the cost to the State shall not exceed five thousand dollars ($5,000.00).

   All offers, promises, conduct and statements, whether oral or written, made in the course of the mediation by any of the parties, their agents, employees, experts and attorneys, and by the mediator or employees of any mediation service, are inadmissible for any purpose (including but not limited to impeachment) in any litigation or other proceeding involving the parties, provided that evidence that is otherwise admissible or discoverable shall not be rendered inadmissible or non-discoverable as a result of its use in the mediation. Inadmissibility notwithstanding, all written documents shall nevertheless be subject to the Georgia Open Records Act, O.C.G.A. Section 50-18-70 et seq.

   No party may commence a civil action with respect to the matters submitted to mediation until after the completion of the initial mediation session, forty-five (45) calendar days after the date of filing the written request for mediation with the mediator or mediation service, or sixty (60) calendar days after the delivery of the written demand for mediation, whichever occurs first. Mediation may continue after the commencement of a civil action, if the parties so desire.

9. **Assignment and Delegation.** The Contract may not be assigned, transferred or conveyed in whole or in part without the prior written consent of the State Entity. For the purpose of construing this clause, a transfer of a controlling interest in the Contractor shall be considered an assignment.

10. **Use of Third Parties.** Except as may be expressly agreed to in writing by the State Entity, Contractor shall not subcontract, assign, delegate or otherwise permit anyone other than Contractor or Contractor's personnel to perform any of Contractor's obligations under this Contract or any of the work subsequently assigned under this Contract. No subcontract which Contractor enters into with respect to performance of obligations or work assigned under the Contract shall in any way relieve Contractor of any responsibility, obligation or liability under this Contract and for the acts and omissions of all subcontractors, agents, and employees. All restrictions, obligations and responsibilities of the Contractor under the Contract shall also apply to the subcontractors. Any contract with a subcontractor must also preserve the rights of the State Entity. The State Entity shall have the right to request the removal of a subcontractor from the Contract for good cause.

11. **Integration.** The Contract represents the entire agreement between the parties. The parties shall not rely on any representation that may have been made which is not included in the Contract.

12. **Headings or Captions.** The paragraph headings or captions used in the Contract are for identification purposes only and do not limit or construe the contents of the paragraphs.

13. **Not a Joint Venture.** Nothing in the Contract shall be construed as creating or constituting the relationship of a partnership, joint venture, (or other association of any kind or agent and principal relationship) between the parties thereto. Each party shall be deemed to be an independent contractor contracting for the Services and acting toward the mutual benefits expected to be derived here from. Neither Contractor nor any of Contractor's agents, servants, employees, subcontractors or contractors shall become or be deemed to become agents, servants, or employees of the State. Contractor shall therefore be responsible for compliance with all laws, rules and regulations involving its employees and any subcontractors, including but not limited to employment of labor, hours of labor, health and safety, working conditions, workers' compensation insurance, and payment of wages. No party has the authority to enter into any contract or create an obligation or liability on behalf of, in the name of, or binding upon another party to the Contract.

14. **Joint and Several Liability.** If the Contractor is a joint entity, consisting of more than one individual, partnership, corporation or other business organization, all such entities shall be jointly and severally liable for carrying out the activities and obligations of the Contract, and for any default of activities and obligations.

15. **Supersedes Former Contracts or Agreements.** Unless otherwise specified in the Contract, this Contract supersedes all prior contracts or agreements between the State Entity and the Contractor for the Services provided in connection with the Contract.

16. **Waiver.** Except as specifically provided for in a waiver signed by duly authorized representatives of the State Entity and the Contractor, failure by either party at any time to require performance by the other party or to claim a breach of any provision of the Contract shall not be construed as affecting any subsequent right to require performance or to claim a breach.

17. **Notice.** Any and all notices, designations, consents, offers, acceptances or any other communication provided for herein shall be given in writing by registered or certified mail, return receipt requested, by receipted hand delivery, by Federal Express, courier or other similar and reliable carrier which shall be addressed to the person who signed the Contract on behalf of the

party at the address identified in the State Entity Standard Contract Form. Each such notice shall be deemed to have been provided:

(i) At the time it is actually received; or,

(ii) Within one (1) day in the case of overnight hand delivery, courier or Services such as Federal Express with guaranteed next day delivery; or,

(iii) Within five (5) days after it is deposited in the U.S. Mail in the case of registered U.S. Mail.

From time to time, the parties may change the name and address of the person designated to receive notice. Such change of the designated person shall be in writing to the other party and as provided herein.

18. **Cumulative Rights.** The various rights, powers, options, elections and remedies of any party provided in the Contract shall be construed as cumulative and not one of them is exclusive of the others or exclusive of any rights, remedies or priorities allowed either party by law, and shall in no way affect or impair the right of any party to pursue any other equitable or legal remedy to which any party may be entitled as long as any default remains in any way un-remedied, unsatisfied or undischarged.

19. **Severability.** If any provision of the Contract is determined by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or provision of the Contract. Further, if any provision of the Contract is determined to be unenforceable by virtue of its scope but may be made enforceable by a limitation of the provision, the provision shall be deemed to be amended to the minimum extent necessary to render it enforceable under the applicable law. Any agreement of the State Entity and the Contractor to amend, modify, eliminate, or otherwise change any part of this Contract shall not affect any other part of this Contract, and the remainder of this Contract shall continue to be of full force and effect.

20. **Time is of the Essence.** Time is of the essence with respect to the performance of the terms of the Contract. Contractor shall ensure that all personnel providing Services to the State are responsive to the State's requirements and requests in all respects.

21. **Authorization.** The persons signing this Contract represent and warrant to the other parties that:

(i) It has the right, power and authority to enter into and perform its obligations under the Contract; and

(ii) It has taken all requisite action (corporate, statutory or otherwise) to approve execution, delivery and performance of the Contract and the Contract constitutes a legal, valid and binding obligation upon itself in accordance with its terms.

22. **Successors in Interest.** All the terms, provisions, and conditions of the Contract shall be binding upon and inure to the benefit of the parties hereto and their respective successors, assigns and legal representatives.

23. **Record Retention and Access.** The Contractor shall maintain books, records and documents in accordance with generally accepted accounting principles and procedures and which

sufficiently and properly document and calculate all charges billed to the State throughout the term of the Contract for a period of at least five (5) years following the date of final payment or completion of any required audit, whichever is later. Records to be maintained include both financial records and service records. The Contractor shall permit the Auditor of the State of Georgia or any authorized representative of the State, and where federal funds are involved, the Comptroller General of the United States, or any other authorized representative of the United States government, to access and examine, audit, excerpt and transcribe any directly pertinent books, documents, papers, electronic or optically stored and created records or other records of the Contractor relating to orders, invoices or payments or any other documentation or materials pertaining to the Contract, wherever such records may be located during normal business hours. The Contractor shall not impose a charge for audit or examination of the Contractor's books and records. If an audit discloses incorrect billings or improprieties, the State reserves the right to charge the Contractor for the cost of the audit and appropriate reimbursement. Evidence of criminal conduct will be turned over to the proper authorities.

24. **Solicitation.** The Contractor warrants that no person or selling agency (except bona fide employees or selling agents maintained for the purpose of securing business) has been employed or retained to solicit and secure the Contract upon an agreement or understanding for commission, percentage, brokerage or contingency.

25. **Public Records.** The laws of the State of Georgia, including the Georgia Open Records Act, as provided in O.C.G.A. Section 50-18-70 et seq., require procurement records and other records to be made public unless otherwise provided by law.

26. **Clean Air and Water Certification.** Contractor certifies that none of the facilities it uses to provide the Services are on the Environmental Protection State Entity (EPA) List of Violating Facilities. Contractor will immediately notify the State Entity of the receipt of any communication indicating that any of Contractor's facilities are under consideration to be listed on the EPA List of Violating Facilities.

27. **Debarred, Suspended, and Ineligible Status.** Contractor certifies that the Contractor and/or any of its subcontractors have not been debarred, suspended, or declared ineligible by any agency of the State of Georgia or as defined in the Federal Acquisition Regulation (FAR) 48 C.F.R. Ch.1 Subpart 9.4. Contractor will immediately notify the State Entity if Contractor is debarred by the State or placed on the Consolidated List of Debarred, Suspended, and Ineligible Contractors by a federal entity.

28. **Use of Name or Intellectual Property**. Contractor agrees it will not use the name or any intellectual property, including but not limited to, State trademarks or logos in any manner, including commercial advertising or as a business reference, without the expressed prior written consent of the State.

29. **Taxes.** The State Entity is exempt from Federal Excise Taxes, and no payment will be made for any taxes levied on Contractor's employee's wages. The State Entity is exempt from State and Local Sales and Use Taxes on the services. Tax Exemption Certificates will be furnished upon request. Contractor or an authorized subcontractor has provided the State Entity with a sworn verification regarding the filing of unemployment taxes or persons assigned by Contractor to perform Services, which verification is incorporated herein by reference.

30. **Certification Regarding Sales and Use Tax.** By executing the Contract, the Contractor certifies it is either (a) registered with the State Department of Revenue, collects, and remits State sales and use taxes as required by Georgia law, including Chapter 8 of Title 48 of the

O.C.G.A.; or (b) not a "retailer" as defined in O.C.G.A. Section 48-8-2. The Contractor also acknowledges that the State may declare the Contract void if the above certification is false. The Contractor also understands that fraudulent certification may result in the State Entity or its representative filing for damages for breach of contract.

31. **Delay or Impossibility of Performance.** Neither party shall be in default under the Contract if performance is delayed or made impossible by an act of God. In each such case, the delay or impossibility must be beyond the control and without the fault or negligence of the Contractor. If delay results from a subcontractor's conduct, negligence or failure to perform, the Contractor shall not be excused from compliance with the terms and obligations of the Contract.

32. **Limitation of Contractor's Liability to the State.** Except as otherwise provided in this Contract, Contractor's liability to the State for any claim of damages arising out of this Contract shall be limited to direct damages and shall not exceed the total amount paid to Contractor for the performance under this Contract.

    No limitation of Contractor's liability shall apply to Contractor's liability for loss or damage to State equipment or other property while such equipment or other property is in the sole care, custody, and control of Contractor's personnel. Contractor hereby expressly agrees to assume all risk of loss or damage to any such State equipment or other property in the care, custody, and control of Contractor's personnel. Contractor further agrees that equipment transported by Contractor personnel in a vehicle belonging to Contractor (including any vehicle rented or leased by Contractor or Contractor's personnel) shall be deemed to be in the sole care, custody, and control of Contractor's personnel while being transported. Nothing in this section shall limit or affect Contractor's liability arising from claims brought by any third party.

33. **Obligations Beyond Contract Term.** The Contract shall remain in full force and effect to the end of the specified term or until terminated or canceled pursuant to the Contract. All obligations of the Contractor incurred or existing under the Contract as of the date of expiration, termination or cancellation will survive the termination, expiration or conclusion of the Contract.

34. **Counterparts.** The State Entity and the Contractor agree that the Contract has been or may be executed in several counterparts, each of which shall be deemed an original and all such counterparts shall together constitute one and the same instrument.

35. **Further Assurances and Corrective Instruments.** The State Entity and the Contractor agree that they will, from time to time, execute, acknowledge and deliver, or cause to be executed, acknowledged and delivered, such supplements hereto and such further instruments as may reasonably be required for carrying out the expressed intention of the Contract.

36. **Transition Cooperation and Cooperation with other Contractors.** Contractor agrees that upon termination of this Contract for any reason, it shall provide sufficient efforts and cooperation to ensure an orderly and efficient transition of services to the State or another contractor. The Contractor shall provide full disclosure to the State and the third-party contractor about the equipment, software, or services required to perform the Services for the State. The Contractor shall transfer licenses or assign agreements for any software or third-party services used to provide the Services to the State or to another contractor.

    Further, in the event that the State has entered into or enters into agreements with other contractors for additional work related to Services rendered under the Contract, Contractor agrees to cooperate fully with such other contractors. Contractor shall not commit any act, which will interfere with the performance of work by any other contractor.

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement") dated July 1, 2019 (the "Effective Date"), is entered into by and between **THE GEORGIA DEPARTMENT OF CORRECTIONS**, an agency of the State of Georgia" hereinafter referred to as "Department" and **MHM CORRECTIONAL SERVICES, LLC**, is a for profit corporation duly authorized to conduct business within the State of Georgia hereinafter referred to as "Contractor", for the purposes of complying with the privacy and security regulations issued by the United States Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the security provisions of the American Recovery and Reinvestment Act of 2009 ("ARRA"). Department and Contractor may be individually referred to as "Party", and collectively referred to as the "Parties."

WHEREAS, Department is required by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), to enter into a Business Associate Agreement with certain entities that provide functions, activities, or services involving the use of Protected Health Information, as defined by HIPAA;

WHEREAS, Contractor, provides functions, activities, or services involving the use of Protected Health Information, as defined by HIPAA, and individually identifiable information ("PHI") protected by other state and federal law;

WHEREAS, pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the U.S. Department of Health & Human Services ("HHS") promulgated the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards"), at 45 C.F.R. Parts 160 and 164, requiring certain individuals and entities subject to the Privacy Standards (each a "Covered Entity", or collectively, "Covered Entities") to protect the privacy of certain individually identifiable health information ("Protected Health Information", or "PHI"); and

WHEREAS, pursuant to HIPAA, HHS has issued the Security Standards (the "Security Standards"), at 45 C.F.R. Parts 160, 162 and 164, for the protection of electronic protected health information ("EPHI"); and

WHEREAS, in order to protect the privacy and security of PHI, including EPHI, created or maintained by or on behalf of Department, the Privacy Standards and Security Standards requires the Department to enter into a "business associate agreement" with certain individuals and entities providing services for or on behalf of Department if such services require the use or disclosure of PHI or EPHI; and

WHEREAS, Contractor and Department desire to enter into this Business Associate Agreement.

NOW THEREFORE, in consideration of the mutual promises set forth in this Agreement and other good and valuable consideration, the sufficiency and receipt of which are hereby severally acknowledged, the Parties agree as follows:

I. DEFINITIONS:

A. Catch-all definition:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

B. Specific Definitions:

1. Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the Contractor.

2. Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the Department.

3. Designated Record Set. means: (1) A group of records maintained by or for a Covered Entity that is: (i) The medical records and billing records about Individuals maintained by or for a covered Health Care provider; (ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) Used, in whole or in part, by or for the Covered Entity to make decisions about Individuals. (2) For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for a Covered Entity.

4. Disclosure. means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

5. Health Care. means care, services, or supplies related to the health of an Individual. Health Care includes, but is not limited to, the following: (1) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an Individual or that affects the structure or function of the body; and (2) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

6. Health Information. means any information, including genetic information, whether oral or recorded in any form or medium, that: (1) is created or received by a Health Care provider, health plan, public health authority, employer, life insurer, school or university, or Health Care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an Individual; the provision of Health Care to an Individual; or the past, present, or future payment for the provision of Health Care to an Individual.

7. HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

8. Individual. means the person who is the subject of Protected Health

Information.

9. Individually Identifiable Health Information. is information that is a subset of Health Information, including demographic information collected from an Individual, and: (1) is created or received by a Health Care provider, health plan, employer, or Health Care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an Individual; the provision of Health Care to an Individual; or the past, present, or future payment for the provision of Health Care to an Individual; and (i) that identifies the Individual; or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the Individual.

10. Protected Health Information. means Individually Identifiable Health Information that is: (i) transmitted by electronic media; (ii) maintained in any medium of electronic media; or (iii) transmitted or maintained in any other form or medium. Protected Health Information excludes Individually Identifiable Health Information: (i) in education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. 1232 (ii) in records described at 20 U.S.C. 1232g(a)(4)(B)(iv), (iii) in employment records held by a covered entity in its role as employer and (iv) regarding a person who has been deceased for more than 50 years.

11. Use. with respect to Individually Identifiable Health Information means the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

12. Unsecured Protected Health Information. Unsecured protected health information is protected health information that has not been rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Secretary of Health and Human Services guidance.

II. CONTRACTOR DUTIES AND OBLIGATIONS

A. Contractor may receive from Department, or create or receive on behalf of Department, health information that is protected under applicable state and/or federal law, including without limitation, PHI and EPHI. All capitalized terms not otherwise defined in this Agreement shall have the meanings set forth in the Privacy Standards or Security Standards, as applicable, and all references to PHI herein shall be construed to include EPHI. Contractor agrees not to use or disclose (or permit the use or disclosure of) PHI in a manner that would violate the requirements of the Privacy Standards or Security Standards if the PHI were used or disclosed by Department in the same manner. Contractor shall use appropriate safeguards to prevent the use or disclosure of PHI other than as expressly permitted under this Agreement.

B. Contractor shall implement appropriate administrative, physical and technical safeguards and in all other respects comply with Subpart C of 45 CFR Part 164 in order to protect the confidentiality, integrity and availability of the PHI and EPHI that it creates, receives, maintains or transmits on behalf of the Department. Contractor covenants that such safeguards shall include, without limitation, implementing written policies and procedures in compliance with HIPAA and ARRA, conducting a security risk assessment, and training Contractor employees who will have access to PHI with respect to the policies and procedures required by HIPAA and ARRA.

C. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.

D. In the event of a Security Incident, including a Breach (as hereinafter defined) or any other use or disclosure which is not permitted under this Agreement of any PHI or EPHI that Contractor accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds or uses on behalf of the Department in connection with the Business Arrangement, Contractor shall report such Security Incident or other incident to the Department within three (3) days of discovery by the Contractor. "Breach" shall mean the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of such information.

1. In the event of a Breach of Unsecured PHI, ASSOCIATE shall provide Authority with Notice thereof. Notice of a Breach shall include: (i) the identification of each individual whose PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed during the Breach; (ii) a brief description of the circumstances surrounding the Breach; (iii) the date of the Breach; (iv) the date of discovery of the Breach; (v) the scope of the Breach; (vi) Contractor's response to the Breach and the identification of the party responsible for causing the Breach, if known; (vii) a description of the types of unsecured PHI involved in the Breach (e.g. names, social security numbers, dates of birth, addresses, account numbers, diagnostic and disability codes, etc.); (viii) any steps which should be taken by affected individuals to protect themselves from potential harm resulting from the Breach; (ix) a brief description of what the Contractor is doing to investigate the Breach, to mitigate harm to individuals, and to protect against any further Breaches; (x) the name and contact information of a liaison whom the Department may contact with inquiries concerning the Breach; (xi) who (by title, access permission level and employer) made the impermissible use or disclosure and who received the Protected Health Information, and (xii) whether Contractor believes that the impermissible use or disclosure constitutes a Breach of Unsecured Protected Health Information.

2. Contractor shall supplement any Notice of Breach provided to the Department as information which was not known at the time of the original Notice of Breach becomes available.

3. In the event of a Breach, Contractor shall, in consultation with the Department, mitigate, to the extent practicable, any harmful effect of such Breach that is known to the Contractor.

III. USE OF PHI

A. Contractor shall use PHI: (i) solely for the Department's Offender's benefit and only for the purpose of performing services related to counseling and substance abuse treatment; and (ii) as necessary for the proper management and administration of the Contractor or to carry out its legal responsibilities, provided that such uses are permitted under federal and state law. Except as otherwise expressly permitted herein or as required by

law, the Contractor shall not use or disclose PHI for any purposes other than those stated above. The Department shall retain all rights in the PHI not granted herein. Use, creation and disclosure of de- identified health information by the Contractor are not permitted unless expressly authorized in writing by the Department.

IV. DISCLOSURE OF PHI

The Contractor may not use or disclose PHI in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by the Department. Contractor may disclose PHI to any third party persons or entities as necessary to perform its obligations and as permitted or required by applicable federal or state law. Further, Contractor may disclose PHI for the proper management and administration of Contractor, provided that: (i) such disclosures are required by law; or (ii) the Contractor: (a) obtains reasonable assurances from any third party to whom the information is disclosed that it will be held confidential and further used and disclosed only as required by law or for the purpose for which it was disclosed to the third party; (b) requires the third party to agree to immediately notify the Contractor of any instances of which it is aware that PHI is being used or disclosed for a purpose that is not otherwise provided for in this Agreement or for a purpose not expressly permitted by the Privacy Standards; and (c) ensures that all disclosures of PHI by the Contractor and the third party comply with the principle of "minimum necessary use and disclosure," i.e., only the minimum PHI that is necessary to accomplish the intended purpose may be disclosed. If the Contractor discloses PHI received from the Department or created or received by the Contractor on behalf of the Department, to agents, including a subcontractor (collectively, "Recipients"), the Contractor shall require Recipients to agree in writing to the same restrictions and conditions that apply to the Contractor under this Agreement. To the extent permitted by law, the Contractor shall be fully liable to the Department for any acts, failures or omissions of Recipients in furnishing the services as if they were the Contractor's own acts, failures or omissions. The Contractor shall report to the Department any use or disclosure of PHI not permitted by this Agreement, of which it becomes aware, such report to be made within three (3) days of the Contractor becoming aware of such use or disclosure. The Contractor agrees to mitigate, to the extent practical and unless otherwise requested by the Department in writing, any harmful effect that is known to the Contractor and is the result of a use or disclosure of PHI by the Contractor or Recipients in violation of this Agreement.

V. INDIVIDUAL RIGHTS REGARDING DESIGNATED RECORD SETS

If the Contractor maintains a Designated Record Set on behalf of the Department, the Contractor shall: (i) provide access to, and permit inspection and copying of PHI by the Department or, as directed by the Department, an individual who is the subject of the PHI under conditions and limitations required under 45 CFR §164.524, as it may be amended from time to time; and (ii) amend PHI maintained by the Contractor as requested by the Department. The Contractor shall respond to any request from the Department for access by an individual within five (5) days of such request and shall make any amendment requested by the Department within ten (10) days of such request. The information shall be provided in the form or format requested, if it is readily producible in such form or format, or in summary, if the individual has agreed in advance to accept the information in summary form. A reasonable, cost- based fee for copying PHI may be charged. The Department shall determine whether a denial is appropriate, or an exception applies. The Contractor shall notify the Department within five (5) days of receipt of any request for access or amendment by an individual. The Department shall determine whether to grant or deny any access or amendment requested by the individual. The Contractor shall have a process in place for requests for amendments and for appending such requests to the Designated Record

Set, as requested by the Department.

VI. ACCOUNTING OF DISCLOSURES

The Contractor shall make available the Protected Health Information required to provide an accounting of disclosures to the Department as necessary to satisfy the Department's obligations pursuant to 45 CFR §164.528, as it may be amended from time to time, incorporating exceptions to such accounting designated under the regulation. Such accounting is limited to disclosures that were made in the six (6) years prior to the request and shall not include any disclosures that were made prior to the compliance date of the Privacy Standards. The Contractor shall provide such information necessary to provide an accounting within thirty (30) days of the Department's request. Such accounting must be provided without cost to an individual or to the Department if it is the first accounting requested by an individual within any twelve (12) month period; however, a reasonable, cost-based fee may be charged for subsequent accountings if the Contractor informs the Department. The Department shall inform the individual in advance of the fee, and the individual is afforded an opportunity to withdraw or modify the request. Such accounting obligations shall survive termination of this Agreement and shall continue as long as the Contractor maintains PHI. To the extent the Contractor is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Department in the performance of such obligation(s).

VII. WITHDRAWAL OF AUTHORIZATION

If the use or disclosure of PHI in this Agreement is based upon an individual's specific authorization for the use of his or her PHI, and: (i) the individual revokes such authorization in writing, (ii) the effective date of such authorization has expired, or (iii) the consent or authorization is found to be defective in any manner that renders it invalid, The Contractor agrees, if it has notice of such revocation or invalidity, to cease the use and disclosure of any such individual's PHI except to the extent it has relied on such use or disclosure, or where an exception under the Privacy Standards expressly applies.

VII. RECORDS AND AUDIT

The Contractor shall make available to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") or its agents, its internal practices, books, and records relating to the use and disclosure of PHI received from, created, or received by the Contractor on behalf of the Department for the purpose of determining the Department's compliance with the Privacy Standards or any other health oversight agency, in a time and manner designated by the Secretary. Except to the extent prohibited by law, The Contractor agrees to notify the Department immediately upon receipt by the Contractor of any and all requests by or on behalf of any and all government authorities served upon the Contractor for PHI.

VIII. CONFIDENTIALITY

A. The Contractor shall take any steps reasonably required to: (i) protect PHI from unauthorized uses or disclosures, and (ii) maintain the confidentiality and integrity of PHI.

B. The Parties shall comply with all federal and state laws governing the confidentiality and privacy of health information that are applicable to them, respectively,

including, without limitation, HIPAA and the regulations promulgated thereunder, and ARRA and the regulations promulgated thereunder.

IX. TERM AND TERMINATION

A. This Agreement shall commence on the Effective Date and shall remain in effect until terminated in accordance with the terms of this Section IX, provided, however, that any termination shall not affect the respective obligations or rights of the Parties arising under this Agreement prior to the effective date of termination, all of which shall continue in accordance with their terms.

1. The Department shall have the right to terminate this Agreement for any reason upon thirty (30) days written notice to the Contractor.

2. The Department, at its sole discretion, may immediately terminate this Agreement and shall have no further obligations to the Contractor hereunder if any of the following events shall have occurred and be continuing:

a. The Contractor shall fail to observe or perform any material covenant or obligation contained in this Agreement for ten (10) days after written notice thereof has been given to the Contractor by the Department; or

b. A violation by the Contractor of any provision of the Privacy Standards or applicable federal or state privacy law relating to the obligations of the Contractor under this Agreement.

B. Termination of this Agreement for either of the two reasons set forth in Subsection 2(a) or 2(b) above shall be cause for the Department to immediately terminate this Agreement for cause.

C. In the event that either Party has knowledge of a material breach of this Agreement by the other Party, the Non- Breaching Party shall allow thirty (30) days for cure by the Breaching Party. If cure is not possible, the non-breaching Party shall terminate this Agreement. When neither cure nor termination is feasible, the non-breaching Party shall report the violation to the Secretary.

D. Upon the termination of all Business Arrangements, either Party may terminate this Agreement by providing written notice to the other Party.

E. Upon termination of this Agreement for any reason, the Contractor agrees either to return to the Department or to destroy all PHI received from the Department or otherwise through the performance of services for the Department, that is in the possession or control of the Contractor or its agents. In the case of PHI which is not feasible to "return or destroy," The Contractor shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as the Contractor maintains such PHI. The Contractor further agrees to comply with other applicable state or federal law, which may require a specific period of retention, redaction, or other treatment of such PHI. This provision shall survive termination of this Agreement for any reason.

X. INDEMNIFICATION

The Contractor hereby releases and discharges the State of Georgia, its agencies, departments (including the Department), authorities and instrumentalities (including the State Tort Claims Trust Fund), and the officers, directors and employees of each, waiving all rights against any of them (collectively, the "State"), and agrees to indemnify, protect and save harmless the State, with respect to: (i) the use or disclosure of PHI in violation of the terms of this Agreement or applicable law; (ii) any Breach of Unsecured PHI caused by the acts or omissions of the Contractor; and (iii) the failure of the Contractor or any of its employees, subcontractors, or agents to abide by and comply with the Privacy Rules and the Security Rules. . In connection with the foregoing indemnity obligations, Contractor shall, at its sole expense, participate in the defense of any suit or action brought against the State, and no settlement or compromise entered into by the Contractor and stemming from the action or suit shall be effective to bind the State unless entered into with the express approval of the State. The indemnity obligations of this paragraph shall survive any termination of this Agreement.

XI. NOTICES

All notices, requests, demands and other communications required or permitted to be given or made under this Agreement shall be in writing, shall be effective upon receipt or attempted delivery, and shall be sent by: (i) personal delivery; (ii) certified or registered United States mail, return receipt requested; or (iii) overnight delivery service with proof of delivery. Notices shall be sent to the addresses below. Neither Party shall refuse delivery of any notice hereunder.

If to Department:

Mr. Randy Sauls
Assistant Commissioner,
Health Services
300 Patrol Rd, Upshaw 5th Floor
Forsyth, GA 31029

With a Copy to:

Mr. Dan Brown
IT Director
300 Patrol Road
Forsyth, GA 31029

or

Mrs. Jennifer Ammons
General Counsel
P.O. Box 1529
Forsyth, GA 31029

If to Contractor: MHM Correctional Services, LLC
1593 Spring Hill Road, Suite 600
Vienna, VA 22182

Attention: Steven H. Wheeler
President and Chief Executive Officer

XII. WAIVER

No provision of this Agreement or any breach thereof shall be deemed waived unless such waiver is in writing and signed by the Party claimed to have waived such provision or breach. No waiver of a breach shall constitute a waiver of or excuse any different or subsequent breach.

XIII. ASSIGNMENT

Neither Party may assign (whether by operation of law or otherwise) any of its rights or delegate or subcontract any of its obligations under this Agreement without the prior written consent of the other Party. Notwithstanding the foregoing, The Department shall have the right to assign its rights and obligations hereunder to any entity that is an affiliate or successor of the Department, without the prior approval of the Contractor.

XIV. SEVERABILITY

Any provision of this Agreement that is determined to be invalid or unenforceable will be ineffective to the extent of such determination without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of such remaining provisions.

XV. AMENDMENT

This Agreement may be modified or amended only by a written agreement signed by the Parties hereto. If any of the regulations promulgated under HIPAA or ARRA are amended or interpreted in a manner that renders this Agreement inconsistent therewith, the Parties shall amend this Agreement to the extent necessary to comply with such amendments or interpretations.

XVI. ENTIRE AGREEMENT

This Agreement constitutes the complete agreement between the Contractor and The Department relating to the matters specified in this Agreement, and supersedes all prior representations or agreements, whether oral or written, with respect to such matters. In the event of any conflict between the terms of this Agreement or any such later agreement(s), the terms of this Agreement shall control unless the terms of such later agreement(s) are stricter with respect to PHI and comply with the Privacy Standards and/or Security Standards, or the Parties specifically otherwise agree in writing. No oral modification or waiver of any of the provisions of this Agreement shall be binding on either Party. No obligation on either Party to enter into any transaction is to be implied from the execution or delivery of this Agreement. This Agreement is for the benefit of, and shall be binding upon the Parties, their affiliates and respective successors and assigns. No third party shall be considered a third-party beneficiary under this Agreement, nor shall any third party have any rights as a result of this

Agreement.

XVII. GOVERNING LAW

This Agreement shall be governed by and interpreted in accordance with the laws of the state in which Authority is located, excluding its conflicts of laws provisions. Jurisdiction and Venue for any dispute relating to this Agreement shall exclusively rest with the Superior Court of Fulton County, Georgia.

XVIII. INTERPRETAION

Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits the Department and the Contractor to comply with the HIPAA Rules.

XIX. NATURE OF AGREEMENT

Nothing in this Agreement shall be construed to create (i) a partnership, joint venture or other joint business relationship between the Parties or any of their affiliates, or (ii) a relationship of employer and employee between the Parties. This Agreement does not express or imply any commitment to purchase or sell goods or services.

XX. COUNTERPARTS

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document. In making proof of this Agreement, it shall not be necessary to produce or account for more than one such counterpart executed by the Party against whom enforcement of this Agreement is sought.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date.

GEORGIA DEPARTMENT OF CORRECTIOS:

By: _____

Jennifer Jeanmarie
(Print or Type Name)

~~Chief Information Officer~~ General Counsel
(Title)

Date: 6/7/19

MHM CORRECTIONAL SERVICES, LLC.

By: _____

Steven H. Wheeler
(Print or Type Name)

President and Chief Executive Officer
(Title)

Date: 5/22/2019

State of Georgia

State Entity: Georgia Department of Corrections
Electronic Request for Proposals ("eRFP")
Event Name: Mental Health and Dental Health Services for Offenders
eRFP (Event) Number: ES-RFP-46700-415

1. Introduction

1.1. Purpose of Procurement

Pursuant to the State Purchasing Act (Official Code of Georgia Annotated §§50-5-50 et seq.), this electronic Request for Proposals ("eRFP") is being issued on behalf of the Georgia Department of Corrections (hereinafter, "the State Entity" or "GDC") to establish a single or multiple award contract with a qualified supplier(s) who will provide either Mental Health Services (Category 1) and/or Dental Services (Category 2) for Offenders as further described in this eRFP.

Category 1: Mental Health Services, Overview

Mental Health Services are provided within thirty-one (31) facilities to approximately 9,000 Offenders with varying levels of mental health diagnoses. Extensive statistical data is available including inmate demographics, educational, psychological, physical, medical information, correctional and criminal history can be accessed following this link:

http://www.dcor.state.ga.us/Research/Monthly_Profile_mental_health_inmates

In addition, the scope of work for mental health services includes staffing and counseling support for two (2) Integrated Treatment Facilities (ITF). An ITF is a nine-month program that actively combines interventions intended to address substance use and mental health disorders with the goal of treating both disorders, related problems, and the whole person more effectively. There is one female facility located in Zebulon and one male facility located in Baxley which was created to treat offenders who have a history of both substance abuse and mental health disorders. The following link offers an overview of the ITF program:

http://www.dcor.state.ga.us/sites/all/files/pdf/Research/Fact_Sheets/Info_Sheets_SubstanceMentalHealthPrograms.pdf

The complete scope of work for Mental Health Services may be referenced in Attachment B

Category 2: Dental Health Services, Overview

The Dental Health delivery system for oral care is provided to each inmate in Georgia. Every inmate has access to the full range of dental services offered at the resident facility or referral facility. Dental health services shall be provided to State of Georgia prison inmates statewide. A successful supplier will provide dental health services to Georgia prison inmates utilizing Georgia licensed and qualified dentists and dental hygienists, and qualified dental assistants. The services will include diagnostic services, urgent care, routine and specialized dental services. The following link provides an overview of the program:

http://www.dcor.state.ga.us/Divisions/InmateServices/healthServices_dental

The complete scope of work for Dental Health Services may be referenced in Attachment C.

Mandatory Site Visit Background Checks Process, submitted by January 17th, 2018:

GDC has coordinated a tour schedule of three (3) correctional facilities and one (1) residential treatment facility for Suppliers interested in submitting proposal in response to this eRFP**. Attendance during each visit is mandatory.**

Any Supplier that does not have a representative present during the date and time arranged by GDC for each site, will be deemed ineligible to provide a proposal for this solicitation. Please submit confirmation of interest in attending with a completed copy of the GDC Criminal Drivers History Consent Form (Attachment D) by sending an email to the Issuing Officer (carrie.steele@doas.ga.gov). In the email, please include the name of the company, the name and title of the representative that will be attending and attach a completed background check agreement for each attendee, by no later than noon, **January 17, 2018.** Confirmation will be provided of clearance or denial of attendees via email, no later than **January 19th, 2018.**

Please be advised that access can only be permitted with State or Federal picture identification. Suppliers will be limited to no more than two representatives during each tour. Each visitor must follow the prisons security guideline such as adhering to policy of no cameras, cell phone, computers or tobacco products. There will be no question and answer period at the facility, as this will be reserved for the mandatory pre-proposal conference. Please see the schedule of events for key dates and times related to the tours.

1.2. eRFP Certification

Pursuant to the provisions of the Official Code of Georgia Annotated §50-5-67(a), the State Entity certifies the use of competitive sealed bidding will not be practicable or advantageous to the State of Georgia in completing the acquisition described in this eRFP. Thus, competitive sealed proposals will be submitted in response to this eRFP. This eRFP is being sourced through an electronic sourcing tool approved by the Department of Administrative Services ("DOAS") and all suppliers' responses must be submitted electronically in accordance with the instructions contained in Section 2 "Instructions to Suppliers" of this eRFP. Electronic competitive sealed proposals will be administered pursuant to the Georgia Electronic Records and Signature Act. Please note electronic competitive sealed proposals meet the sealed proposal requirements of the State of Georgia, an electronic record meets any requirements for writing, and an electronic signature meets any requirements for an original signature.

1.3. Overview of the eRFP Process

The objective of the eRFP is to select a qualified supplier to provide the professional services outlined in this eRFP to the State Entity. This eRFP process will be conducted to gather and evaluate responses from suppliers for potential award. All qualified suppliers are invited to participate by submitting responses, as further defined below. After evaluating all suppliers' responses received prior to the closing date of this eRFP and following negotiations (if any) and resolution of any contract exceptions, the preliminary results of the eRFP process will be publicly announced, including the names of all participating suppliers and the evaluation results. Subject to the protest process, final contract award(s) will be publicly announced thereafter.

NOTE TO SUPPLIERS: The general instructions and provisions of this document have been drafted with the expectation that the State Entity will make multiple awards; however, please refer to Section 6.7 "Selection and Award" of this eRFP for information concerning the State Entity's actual award strategy (single, multiple, split awards, etc.).

1.4. Schedule of Events

The schedule of events set out herein represents the State Entity's best estimate of the schedule that will be followed. Delays to the procurement process may occur which may necessitate adjustments to the proposed schedule. Any changes to the dates up to the closing date of the eRFP will be publicly posted prior to the closing date of this eRFP. After the close of the eRFP, the State Entity reserves the right to adjust the remainder of the proposed dates, including the dates for evaluation, negotiations, award and the contract term on an as needed basis with or without notice.

Description	Date	Time
Release of eRFP	As Published on the Georgia Procurement Registry ("GPR")	N/A
Deadline for submitting GDC Criminal Drivers History Consent Form (Attachment D) and email indicating intent to participate in prison site visits to Carrie.Steele@doas.ga.gov	January 17, 2018	12: 00 p.m.
Confirmation to Suppliers of participants approval/denial via email	January 19th, 2018	5:00 p.m.
STATE PRISON SITE VISIT SCHEDULE **Attendance is: MANDATORY for each visit** Arrendale State Prison: 2023 Gainesville Highway South Alto, GA 30510 (706)776-4700 Georgia Diagnostic and Classification State Prison (GDCP): Highway 36 West Jackson, GA 30233 (770) 504-2000 West Central Prison 1070 County Farm Road Zebulon, GA 30295 (770) 567-0631 Augusta State Medical Prison 3001 Gordon Highway Grovetown, GA 30813 (706) 855-4700	 January 30, 2018 January 31, 2018 January 31, 2018 February 1, 2018	 10:00 a.m. 10:00 a.m. 2:30 p.m. 10:00 a.m.
Bidders/Offerors' Conference Location: **Attendance is: MANDATORY** Augusta State Medical Prison 3001 Gordon Highway Grovetown, GA 30813 (706) 855-4700	As Published on the GPR February 1, 2018	See GPR Following the Site Tour
Deadline for written questions sent via email to the Issuing Officer referenced in Section 1.5.	February 13, 2018	4:00 p.m. ET
Responses to Written Questions	March 6, 2018	5:00 p.m. ET
Deadline for written questions sent via email to the Issuing Officer referenced in Section 1.5.	March 13, 2018	5:00 p.m. ET
Responses to Written Questions	March 22, 2018	5:00 p.m. ET
Proposals Due/Close Date and Time	As Published on the GPR April 10, 2018	See GPR 3:00 p.m. ET
Oral Presentations (if deemed applicable)	1 to 4 Weeks after Closing	TBD
Proposal Evaluation Completed (on or about)	5 to 8 Weeks after Closing	N/A
Finalize Contract Terms (on or about)	9 to 12 Weeks after Closing	N/A

Notice of Intent to Award* [NOIA] (on or about)	12 to 14 Weeks after Closing	N/A
Notice of Award [NOA] (on or about)	10 calendar days after NOIA	N/A

* In the event the estimated value of the contract is less than $100,000, the State Entity reserves the right to proceed directly to contract award without posting a Notice of Intent to Award.

1.5. Official Issuing Officer (Buyer)

Carrie Steele
carrie.steele@doas.ga.gov

The Issuing Officer for this solicitation is listed below. All communication (questions, requests for clarification, status updates, etc.) related to this eRFP must be provided in writing to this individual as further detailed in Section 2.1.2, of this eRFP.

1.6. Definition of Terms

Please review the following terms:
Supplier(s) – companies desiring to do business with the State of Georgia.
State Entity – the governmental entity identified in Section 1.1 "Purpose of Procurement" of this eRFP.

Any special terms or words which are not identified in this State Entity eRFP Document may be identified separately in one or more attachments to the eRFP. Please download, save and carefully review all documents in accordance with the instructions provided in Section 2 "Instructions to Suppliers" of this eRFP.

1.7. Contract Term

The initial term of the contract(s) shall be from the date of award until the end of the State's current fiscal year. The State's fiscal year is from July 1st through June 30th. The State Entity shall possess 9 one (1) year option(s) to renew, which options shall be exercisable at the sole discretion of the State Entity. Renewal(s) will be accomplished through the issuance of a Renewal Amendment. In the event that the contract(s), if any, resulting from the award of this eRFP shall terminate or be likely to terminate prior to the making of an award for a new contract for the identified products and/or services, the State Entity may, with the written consent of the awarded supplier(s), extend the contract(s) for such period of time as may be necessary to permit the State Entity's continued supply of the identified products and/or services. The contract(s) may be amended in writing from time to time by mutual consent of the parties. Unless this eRFP states otherwise, the resulting award of the contract(s) does not guarantee volume or a commitment of funds.

2. Instructions to Suppliers

By submitting a response to the eRFP, the supplier is acknowledging that the supplier:

1. Has read the information and instructions,
2. Agrees to comply with the information and instructions contained herein.

2.1. General Information and Instructions

2.1.1. Team Georgia Marketplace™ Registration System

DOAS requires all companies and/or individuals interested in conducting business with the State of Georgia to register in the State's web-based registration system, through Team Georgia Marketplace™. Registration is free and enables the registering company to gain access to certain information, services and/or materials maintained in Team Georgia Marketplace™ at no charge to the registering company. All registering companies must agree to be bound by the applicable terms and conditions governing the supplier's use of Team Georgia Marketplace™. In the event DOAS elects to offer certain optional or premium services to registered companies on a fee basis, the

registered company will be given the opportunity to either accept or reject the service before incurring any costs and still maintain its registration. Companies may register at https://saofn.state.ga.us/psp/sao/SUPPLIER/ERP/?cmd=login

2.1.2. Restrictions on Communicating with Staff

From the issue date of this eRFP until the Notice of Award is posted (or the eRFP is officially cancelled), suppliers are not allowed to communicate for any reason with any State staff except through the Issuing Officer named herein, as allowed by the Issuing Officer during the Bidders/Offerors' conference (if any), or as provided by existing work agreement(s). Prohibited communication includes all contact or interaction, including but not limited to telephonic communications, emails, faxes, letters, or personal meetings, such as lunch, entertainment, or otherwise. The State Entity reserves the right to reject the response of any supplier violating this provision.

2.1.3. Submitting Questions

All questions concerning this eRFP, including questions posed at the Bidders/Offers conference (if any), must be submitted in writing via email to the Issuing Officer identified in Section 1.5 "Issuing Officer" of this eRFP. No questions other than written will be accepted. No response other than written will be binding upon the State. All suppliers must submit questions by the deadline identified in the Schedule of Events for submitting questions. Suppliers are cautioned that the State Entity may or may not elect to entertain late questions or questions submitted by any other method than as directed by this section. All questions about this eRFP should be submitted in the following format:

Company Name
Question #1 Question, *Citation of relevant section of the eRFP*
Question #2 Question, *Citation of relevant section of the eRFP*

Do not use the comments section of the Sourcing Event to submit questions to the issuing officer.

2.1.4. Attending Bidders/Offerors' Conference

The Bidders/Offerors' Conference or any other information session (if indicated in the schedule of events) will be held at the location referred to in Section 1.4 "Schedule of Events" of this eRFP. Unless indicated otherwise, attendance is not mandatory; although suppliers are strongly encouraged to attend. However, in the event the conference has been identified as mandatory, then a representative of the supplier must attend the conference in its entirety to be considered eligible for contract award. The supplier is strongly encouraged to allow ample travel time to ensure arrival in the conference meeting room prior to the beginning of any mandatory conference. The State Entity reserves the right to consider any representative that failed to sign in or arrives late to be "not in attendance." Therefore, all suppliers are strongly encouraged to arrive early to allow for unexpected travel contingencies.

2.1.5. State's Right to Request Additional Information – Supplier's Responsibility

Prior to contract award, the State Entity must be assured that the selected supplier has all the resources to successfully perform under the contract. This includes, but is not limited to, adequate number of personnel with required skills, availability of appropriate equipment in sufficient quantity to meet the on-going needs of the State Entity, financial resources sufficient to complete performance under the contract, and experience in similar endeavors. If, during the evaluation process, the State Entity is unable to assure itself of the supplier's ability to perform, if awarded, the State Entity has the option of requesting from the supplier any information deemed necessary to determine the supplier's responsibility. If such information is required, the supplier will be so notified and will be permitted a sufficient number of business days to submit the information requested.

2.1.6. Failing to Comply with Submission Instructions

Responses received after the identified due date and time or submitted by any other means than those expressly permitted by the eRFP will not be considered. Suppliers' responses must be complete in all respects, as required in each section of this eRFP.

2.1.7. Rejection of Proposals; State's Right to Waive Immaterial Deviation

The State Entity reserves the right to reject any or all responses, to waive any irregularity or informality in a supplier's response, and to accept or reject any item or combination of items, when to do so would be to the advantage of the State of Georgia. It is also within the right of the State Entity to reject responses **that do not contain all elements and information requested in this eRFP**. A supplier's response will be rejected if the response contains any defect or irregularity and such defect or irregularity constitutes a material deviation from the eRFP requirements, which determination will be made by the State Entity on a case-by-case basis. A minor informality or irregularity is one which is merely a matter of form or some immaterial variation from the exact requirements of the solicitation having no effect or merely a trivial or negligible effect on a Supplier's proposal's total price, quality, quantity, or delivery of the supplies or performance of the contract, and the correction or waiver of which would not be prejudicial to other Suppliers. DOAS maintains discretion to provide a supplier with an opportunity to cure any deficiency resulting from a minor informality or irregularity in a response or waive any such deficiency when it is to the advantage of the State. Such communication or determination shall be in writing. Examples of minor informalities or irregularities include, but are not limited to:

a. Failure of a Supplier to furnish the required information concerning the number of the Supplier's employees or failure to make a representation concerning its size.
b. Failure of a Supplier to furnish cut sheets or product literature
c. Failure of a Supplier to furnish financial statements
d. Failure of a Supplier to furnish references
e. Failure of a Supplier to indicate its contractor's license or other evidence of required licensure, except that a contract must not be awarded to the Supplier unless and until the Supplier is properly licensed under the laws of Georgia.

2.1.8. State's Right to Amend and/or Cancel the eRFP

The State Entity reserves the right to amend this eRFP. Any revisions must be made in writing prior to the eRFP closing date and time. By submitting a response, the supplier shall be deemed to have accepted all terms and agreed to all requirements of the eRFP (including any revisions/additions made in writing prior to the close of the eRFP whether or not such revision occurred prior to the time the supplier submitted its response) unless expressly stated otherwise in the supplier's response. THEREFORE, EACH SUPPLIER IS INDIVIDUALLY RESPONSIBLE FOR REVIEWING THE REVISED eRFP AND MAKING ANY NECESSARY OR APPROPRIATE CHANGES AND/OR ADDITIONS TO THE SUPPLIER'S RESPONSE PRIOR TO THE CLOSE OF THE eRFP. Suppliers are encouraged to frequently check the eRFP for additional information. Finally, the State Entity reserves the right to cancel this eRFP at any time.

2.1.9. Protest Process

Suppliers should familiarize themselves with the procedures set forth in Chapter 6 of the *Georgia Procurement Manual.*

2.1.10. Costs for Preparing Responses

Each supplier's response should be prepared simply and economically, avoiding the use of elaborate promotional materials beyond those sufficient to provide a complete presentation. The cost for developing the response and participating in the procurement process (including the protest process) is the sole responsibility of the supplier. The State will not provide reimbursement for such costs.

2.1.11. ADA Guidelines

The State of Georgia adheres to the guidelines set forth in the Americans with Disabilities Act. Suppliers should contact the Issuing Officer at least one day in advance if they require special arrangements when attending the Bidders/Offerors' Conference (if any). The Georgia Relay Center at 1-800-255-0056 (TDD Only) or 1-800-255-0135 (Voice) will relay messages, in strict confidence, for the speech and hearing impaired.

2.1.12. Public Access to Procurement Records

Solicitation opportunities will be publicly advertised as required by law and the provisions of the Georgia Procurement Manual. Information submitted in response to this solicitation will be processed in accordance with applicable State of Georgia procurement procedures, including O.C.G.A. §50-5-67 and the Georgia Open Records Act. Requests for copies of bids and proposals prior to final award of a contract shall be handled in accordance with the procedures outlined in O.C.G.A. § 50-5-67, the State Purchasing Act, whereas requests for procurement-related documents after final contract award or upon cancellation of a bid without intent to rebid are handled in accordance with the Georgia Open Records Act as provided in O.C.G.A. 50-18-71 et. seq. Proposals and bids, including documents pertaining to the solicitation, become the property of the State and shall be open to public inspection as follows:

2.1.12.1: State Purchasing Act: The State Purchasing Act delays the release of certain procurement records in the event the public disclosure of those records prior to DOAS's public announcements of the results of a solicitation would undermine the public purpose of obtaining the best value for the State such as cost estimates, proposals/bids, evaluation criteria, supplier evaluations, negotiation documents, offers and counter-offers, and certain records revealing preparation for the procurement. Pursuant to O.C.G.A. § 50-5-67, bids and proposals shall be made available for public inspection, upon request, within one business day of DOAS's posting of the Notice of Intent to Award (or the Notice of Award in the event DOAS does not issue the Notice of Intent to Award). Exceptions provided under the Georgia Open Records Act are not applicable to the disclosure requirements under the State Purchasing Act; therefore, all information other than audited financial statements, will be subject to public disclosure upon request, including information marked as "confidential", "proprietary", etc. DOAS is under no obligation to notify Supplier of disclosure of records under the State Purchasing Act.

2.1.12.2 Georgia Open Records Act: After final contract award has been made or after a bid has been cancelled following evaluation, without intent to rebid, requests for access to supplier proposals and/or communications, shall be subject to the disclosure provisions of Georgia's Open Records Act. Pursuant to O.C.G.A. § 50-18-71(a), DOAS must make all public records, including bid proposals, open for personal inspection and copying, except those records which by order of a court of this state or by law are specifically exempted.

2.1.12.2.1 Marking Submissions as "Confidential", "Proprietary", or "Trade Secret: If a Supplier considers any portion of the documents, data, or records submitted in response to this solicitation to be exempt from disclosure under Georgia law, the Supplier must clearly mark each such submission, or portions of the submission, considered to be exempt from disclosure as "Confidential," "Proprietary", or "Trade Secret." All markings must be conspicuous; use color, bold, underlining, or some other method in order to conspicuously distinguish the mark from the other text. Wholesale designation of a response or substantial

parts of a response as “Confidential” will not be accepted by the State. If only portions of a page are subject to some protection, Supplier should not mark the entire page. Even though information submitted by a Supplier may be marked as "confidential", "proprietary", “trade secret” etc., the State will make its own determination regarding what information may or may not be withheld from disclosure.

2.1.12.2.2 Submission of Redacted Copies: If Supplier considers any portion of its bid/proposal to the solicitation to be trade secret or otherwise not subject to public disclosure under Georgia Open Records Act, Supplier must, in addition to the required original documents, provide a separate redacted electronic copy of its bid/proposal, preferably in PDF format, and briefly describe in a separate writing, as to each item redacted, the grounds for claiming exemption from the public records law, including citation to the appropriate exemption form disclosure requirements provided under Georgia law. This redacted copy should be clearly marked “Redacted Copy-Available for Public Review.” In addition, the electronic file name should include the words **“Redacted Copy”** at the **beginning of the file name**. The redacted copy shall be submitted at the same time Supplier submits its bid/proposal and must only exclude or redact those specific portions that are claimed not subject to disclosure. The redacted copy should reflect the same pagination as the original and show the location from which information was redacted. Except for the redacted information, the redacted electronic copy must be identical to the original bid/proposal. The redacted copy will be open to public inspection under the Georgia Open Records Act without further notice to the Supplier. If Supplier fails to submit a redacted copy with its bid/proposal, the State is authorized to produce the Supplier’s bid/proposal with the exception of audited financial statements in answer to any public records request under the Georgia Open Records Act. Even though information submitted by a Supplier may be marked as "confidential", "proprietary", “trade secret” etc., the State will make its own determination regarding what information may or may not be withheld from disclosure. If the State of Georgia deems redacted information to be subject to disclosure under the Georgia Open Records Act, the Supplier will be contacted prior to the release of this information. Please note that the redacted version will be utilized for purposes of responding to requests for records pursuant to the Open Records Act. DOAS will provide access to copies of original bids and proposals in response to requests made pursuant to the State Purchasing Act. The State does not consider pricing information to be confidential or proprietary.

2.1.12.2.3 Trade Secret: In addition, if the Supplier claims that certain information in its bid/proposal may be withheld as trade secret pursuant to O.C.G.A. 50-18-72(a) (34), the Supplier shall include **with its bid/proposal submission, an affidavit indicating the specific information** that the Supplier identifies as trade secret, affirmatively declaring that such information is trade secret. Along with the affidavit, the Supplier shall provide a justification regarding how and why each redaction request constitutes a trade secret pursuant to Georgia Law. Designation of a “trade secret” shall not be binding on the State, but the State will review and consider the designation. If the Supplier does not include an affidavit with its bid/proposal submission, the State is authorized to produce the Supplier’s bid/proposal with the exception of audited financial statements in answer to any public records request under the Georgia Open Records Act. Wholesale designation of a response or substantial parts of a response as “trade secrets” will not be accepted by the State. In general, the State does not consider pricing information to be trade secret.

2.1.13. Registered Lobbyists

By submitting a response to this eRFP, the supplier hereby certifies that the supplier and its lobbyists are in compliance with O.C.G.A. § 21-5-51 et seq.

2.2. Submittal Instructions

Submittal Instructions for eSource

Listed below are key action items related to this eRFP. The Schedule of Events in Section 1.4 identifies the dates and time for these key action items. This portion of the eRFP provides high-level instructions regarding the process for reviewing the eRFP, preparing a response to the eRFP and submitting a response to the eRFP. Suppliers are required to access, print and utilize the training materials identified in Section 2.2.1 of this eRFP to ensure the supplier successfully submits a response to this eRFP.

2.2.1. eRFP Released - eSource

The release of the eRFP is formally communicated through a public announcement posted to the Georgia Procurement Registry, which is accessible online as follows:
http://ssl.doas.state.ga.us/PRSapp/PR_index.jsp

This eRFP is being conducted through eSource, an electronic sourcing tool, which allows suppliers to submit responses online. To be eligible for contract award, the supplier must submit its response to this eRFP through eSource prior to the close date and time of this eRFP. All suppliers MUST carefully review the instructions and training information from the following link for a comprehensive overview of the use and functionality of eSource.
http://doas.ga.gov/Training/Pages/SupplierTraining.aspx

2.2.1. 2.2.2. eRFP Review

The eRFP (or "Sourcing Event") consists of this document, entitled "The State Entity eRFP Document", and any and all information included in the Sourcing Event, as posted online on the GPR, including any and all documents provided by the State Entity as attachments to the Sourcing Event or links contained within the Sourcing Event or its attached documents. Access and review the eRFP by completing the following steps:

1. Go to eSource which is located online at the following link:
   http://ssl.doas.state.ga.us/PRSapp/PR_index.jsp
2. Search for this eRFP using the identifying information on the first page of this document (State Entity's Name, Title of Event, Event Number, etc.)
3. Once you access the eRFP, select the appropriate access option (Response Now, Request an Immediate Invite, or Register to Respond). Follow the instructions for each option.
4. Once you are able to log on and access the eRFP, you are ready to begin reviewing the eRFP and its attachments. If you are not a regular user of eSource, make sure you review the training materials located in 2.2.1 eSource of this RFP.
5. Locate the section labeled "Documents" in the lower section of the Summary page.
6. Next, by selecting and clicking on each document titled link, the supplier may open and save all of the available documents.
7. The supplier should save attachments to its personal computer to allow the supplier to prepare responses to the attached files. The supplier may choose the "Respond at a later time" button to exit without submitting a response. Then, once the supplier is ready to submit its response, the supplier can log in to this eRFP and upload its response.

Please carefully review all information contained in the Sourcing Event, including all documents available as attachments or available through links. Any difficulty accessing the Sourcing Event or opening provided links or documents should be reported immediately to the Issuing Officer (See Section 1.5) and/or the Help Desk (Section 2.2.8). For additional information regarding the use of eSource, access the online resources provided in Section 2.2.1 "eSource" of this eRFP.

2.2.3. Preparing a Response

When preparing files to be a part of the supplier's electronic response, the supplier must consider the following instructions:

1. Use the provided worksheets to prepare your response. Enter your responses directly into the worksheet. Unless otherwise directed, do not insert "see attached file" (or similar statements) in the worksheet to reference separate documents.
2. Answer each question in sufficient detail for evaluation while using judgment with regards to the length of response.
3. Proofread your response and make sure it is accurate and readily understandable.
4. Label any and all uploaded files using the corresponding section numbers of the eRFP or any other logical name so that the State Entity can easily organize and navigate the supplier's response.
5. Use caution in creating electronic files to be uploaded. If the State Entity is unable to open an electronic file due to a virus or because the file has become corrupted, the supplier's response may be considered incomplete and disqualified from further consideration.
6. Use commonly accepted software programs to create electronic files. The State Entity has the capability of viewing documents submitted in the following format: Microsoft Word or WordPad, Microsoft Excel, portable document format file (PDF), and plain text files with the file extension noted in parentheses (.txt). Unless the eRFP specifically requests the use of another type of software or file format than those listed above, please contact the Issuing Officer prior to utilizing another type of software and/or file format. In the event the State Entity is unable to open an electronic file because the State Entity does not have ready access to the software utilized by the supplier, the supplier's response may be considered incomplete and disqualified from further consideration.

2.2.4. Uploading Forms

Once the supplier is ready to upload electronic files (completed forms or worksheets, product sheets, etc.), please follow the directions within the eRFP to upload these documents in the proper location. Do not upload forms until you are ready to submit your response in the system.

1. The supplier must first access the Sourcing Event in eSource using the instructions provided in Section 2.2.2 "eRFP Review" of this eRFP.
2. The "Response Documents" section of the Sourcing Event provides a place for the supplier to upload all of the documents and worksheets necessary to complete the supplier's response.
3. Once all files are complete, properly labeled and ready to be uploaded, the supplier can then select "Upload Completed Response Documents" button to upload the completed documents. The supplier can upload as many documents as necessary in this section of the Sourcing Event.

1. Once all files are uploaded, the supplier should carefully review its response as noted in Section 2.2.5 prior to submitting the response as described in Section 2.2.6. If the supplier determines the final response is not ready to be submitted, the supplier can select the "Respond at a later time" button to exit eSource without submitting a response. The supplier may then return later and reload its files.

2.2.5. Reviewing the Response Prior to Submission

Each supplier is responsible for ensuring all questions have been answered appropriately and that all necessary documents have been uploaded. Prior to submitting the response, please review the following checklist:

1. Please review and confirm that all questions have been answered appropriately. Please ensure that the correct response has been provided.
2. Please review and confirm that the most competitive response has been provided.
3. Please confirm that all necessary files have been uploaded. All documents uploaded by the supplier may be viewed by accessing the "Response Documents" section of the Sourcing Event.

2.2.6. Submitting the Completed Response

Complete the following steps to submit your response:

1. Once the completed response has been reviewed by the supplier, click the "Respond Now" button at the bottom of the screen of the Sourcing Event within eSource.
2. You will then be given an opportunity to confirm the submission of your response. At this point, you may either click "Cancel" to return to the submission form or click "OK" to finalize your submission. Any information entered by a supplier into eSource but not submitted prior to the submission deadline will not be accepted by the eSource system and will not be considered for award. Only after a supplier selects the "OK" button to finalize submission will the response to the eRFP be sent electronically.
3. On receipt of the supplier's response, the eSource system time stamps the supplier's response, sends a confirmation email to the supplier's email address and displays a receipt confirmation screen message with instructional information to the supplier. If you do not receive a confirmation email, you must promptly contact the Help Desk identified in Section 2.2.8 of this eRFP.
4. Please note that submission is not instantaneous; therefore, each supplier must **allow ample time for the response to be submitted prior to the submission deadline**.

Although a supplier's response has been submitted within eSource, the response will not be released to the State Entity until the closing date and time of the eRFP expires. As a result, the State Entity cannot know whether the supplier's response is correct or complete until after the eRFP has closed. Therefore, please ensure you review your response carefully prior to submission to ensure it is correct and complete.

2.2.7. Reviewing, Revising or Canceling a Submitted Response

After the response has been submitted, the supplier may view and/or revise its response by logging into the eSource Sourcing Event any time prior to the close date and time of the Sourcing Event via the link and user credentials contained in the supplier's emailed eSource invitation for this specific eRFP.

1. REVIEW ONLY. In the event the supplier only wishes to view a submitted response, the supplier may access its submitted response via the link and user credentials of its eSource invitation. Select the links listed in the "Response Documents" section of the Sourcing Event in eSource to access all submitted documents. Once the supplier has finished viewing the response, the supplier may simply exit the screen.

2. REVIEW AND REVISE. In the event the supplier desires to revise a previously submitted response, the supplier must access its submitted response via the link and user credentials of its eSource invite. The supplier must select the "Upload Completed response documents" button in the "Response Documents" section of the Sourcing Event in eSource. The supplier may upload documents, delete previously submitted response documents, and/or modify the supplier's contact information or comments. The supplier must click the "Update Your Response" button to submit all changes. Please permit adequate time to revise and then resubmit the response. Please note submission is not instantaneous and may be affected by several events, such as the supplier temporarily losing a connection to the Internet.

   AS EACH SUPPLIER IS SOLELY RESPONSIBLE FOR RESUBMITTING ITS RESPONSE PRIOR TO THE eRFP END DATE AND TIME TO ENSURE THE RESPONSE MAY BE CONSIDERED BY THE STATE ENTITY, PLEASE USE CAUTION IN DECIDING WHETHER OR NOT TO MAKE REVISIONS. The State will assume no responsibility for a supplier's inability to correct errors or otherwise make revisions to the submitted response or the supplier's inability to resubmit a response prior to the eRFP end date and time.

3. WITHDRAW/CANCEL. In the event the supplier desires to withdraw/cancel a previously submitted response prior to the close date and time of the eSource Sourcing Event. The supplier must access the eSource Sourcing Event and click on the "Complete Delete of Your Response" button. To finalize the withdrawal the supplier must then click "OK" in response to the following prompt: "**You are about to cancel your eSource bid. Is this what you want to do**?" In the event a supplier desires to withdraw its response after the closing date and time, the supplier must promptly submit a request in writing to the Issuing Officer.

2.2.8. Help Desk Support

For technical questions related to the use of eSource, suppliers have access to phone support through the SPD Customer Service Help Desk at 404-657-6000, Monday through Friday 8:00 AM to 5:00 PM excluding State Holidays or any other day state offices are closed such as furlough days or closings in response to inclement weather. Suppliers can also email questions to: ProcurementHelp@doas.ga.gov.

3. General Business Requirements

This section contains general business requirements. By submitting a response, the supplier is certifying its agreement to comply with all of the identified requirements of this section and that all costs for complying with these general business requirements are included in the supplier's submitted pricing.

3.1. Standard Insurance Requirements

If awarded a contract, the supplier shall procure and maintain, until all of its obligations have been discharged (including any warranty periods under the statewide contract have been satisfied), insurance which shall protect the supplier and the State of Georgia (as an additional insured) from any claims for bodily injury, property damage, or personal injury covered by the indemnification obligations set forth in the contract attached to this solicitation throughout the duration of the contract. The supplier shall procure and maintain the insurance policies described below at the supplier's own expense and shall furnish the State Entity an insurance certificate listing the State of Georgia as certificate holder and as an additional insured. The insurance certificate must document that the Commercial General Liability insurance coverage purchased by the supplier includes contractual liability coverage applicable to the contract. In addition, the insurance certificate must provide the following information: the name and address of the insured; name, address, telephone number and signature of the authorized agent; name of the insurance company (authorized to operate in Georgia); a description of coverage in detailed standard terminology (including policy period, policy number, limits of liability, exclusions and endorsements); and an acknowledgment of notice of cancellation to the State Entity.

The supplier is required to maintain the following insurance coverage's during the term of the contract:

1) Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that the supplier qualifies to pay its own workers compensation claims.) In addition, the supplier shall require all subcontractors occupying the premises or performing work under the contract to obtain an insurance certificate showing proof of Workers Compensation Coverage with the following minimum coverage:

Bodily injury by accident - per employee	$100,000;
Bodily injury by disease - per employee	$100,000;
Bodily injury by disease – policy limit	$500,000.

2) Commercial General Liability Policy with the following minimum coverage:

Each Occurrence Limit	$1,000,000
Personal & Advertising Injury Limit	$1,000,000
General Aggregate Limit	$ 2,000,000
Products/Completed Ops. Aggregate Limit	$ 2,000,000

3)	Automobile Liability Combined Single Limit	$1,000,000
4)	Professional Liability (malpractice)	$3,000,000
5)	Fidelity Coverage	$1,000,000
6)	Umbrella Liability	$2,000,000

The Supplier shall add the "State of Georgia, its officers, employees and agents" as an additional insured under the commercial general, Automobile, Fidelity, Umbrella and Professional liability policies.

The foregoing policies shall contain a provision that coverage afforded under the policies will not be canceled, or not renewed or allowed to lapse for any reason until at least thirty (30) days prior written notice has been given to the State Entity. Certificates of Insurance showing such coverage to be in force shall be filed with the State Entity prior to commencement of any work under the contract. The foregoing policies shall be obtained from insurance companies authorized to do business in Georgia and shall be with companies acceptable to the State Entity, which must have a minimum A.M. Best rating of A-. All such coverage shall remain in full force and effect during the term and any renewal or extension thereof.

Within ten (10) business days of the Notice of Intent to Award, the apparent successful Supplier must procure the required insurance and provide the State Entity with two (2) Certificates of Insurance. Certificates must reference the contract number. The supplier's submitted pricing must include the cost of the required insurance. No contract performance shall occur unless and until the required insurance certificates are provided.

3.2. Bonds and/or Letter of Credit

The awarded supplier(s) shall be required to furnish a performance bond to the State Entity for the faithful performance on the contract in an amount no less than 25% of the annual total amount of the contract. The bond shall be issued by a Corporate Surety authorized to do business with the State of Georgia. The performance bond/letter of credit must be submitted to the State Entity within ten (10) calendar days of the date the contract is awarded, but in any event, prior to the beginning of any contract performance by the awarded supplier.

3.3. Proposal Certification

By responding to this solicitation, the supplier understands and agrees to the following:

1. That this electronically submitted proposal constitutes an offer, which when accepted in writing by the State Entity, and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the supplier and the State Entity; and
2. That the supplier guarantees and certifies that all items included in the supplier's response meet or exceed any and all of the solicitation's identified specifications and requirements except as expressly stated otherwise in the supplier's response; and
3. That the response submitted by the supplier shall be valid and held open for a period of **one hundred and twenty (120) days** from the final solicitation closing date and that the supplier's offer may be held open for a lengthier period of time subject to the supplier's consent; and
4. That the supplier's response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and is in all respects fair and without collusion or fraud. Supplier understands and agrees that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards; and
5. That the provisions of the Official Code of Georgia Annotated, Sections 45-10-20 et seq. have not been violated and will not be violated in any respect.

4. eRFP Proposal (Bid) Elements

This section contains the detailed technical requirements and related services for this Sourcing Event. Suppliers are required to download, complete and then upload the Worksheets titled Mandatory Response Worksheet", "Mandatory Scored Requirement Worksheet" "Cost Proposal" and "Additional Scored Response Worksheet" found as attachments in the Sourcing Event. Although many solicitations will contain all of the worksheets noted above, it is possible that a solicitation will not contain all of the worksheets. In the event all four worksheets are not available as downloadable forms to this eRFP, please confirm with the Issuing Officer that all four worksheets are not required.

Unless requested otherwise, all responses should be provided within the worksheets and not as a separately attached document. Except as otherwise indicated, all requested forms and documents must be submitted electronically via the sourcing tool as an uploaded document to the supplier's response. These worksheets together with any and all other documents submitted in response to Section 4 of this eRFP will be considered the supplier's technical proposal.

The State Entity has determined that it is best to define its own needs, desired operating objectives, and desired operating environment. The State Entity will not tailor these needs to fit particular solutions suppliers may have available; rather, the suppliers shall propose to meet the State Entity's needs as defined in this eRFP. All claims shall be subject to demonstration. Suppliers are cautioned that conditional proposals, based upon assumptions, may be deemed non-responsive.

4.1. Technical Proposal Introduction

All of the items described in this section are service levels and/or terms and conditions that the State Entity expects to be satisfied by the selected supplier. Each supplier must indicate its willingness and ability to satisfy these requirements in the appropriate worksheets.

4.2. Supplier General Information

Each supplier must complete all of the requested information in the sourcing event related to Corporate composition and demographics.

4.3. Mandatory Requirements

As specified with each requirement listed in the **Mandatory Response Worksheet**, the supplier must indicate whether its proposal meets the individual requirements by marking either a "YES" or "NO" in the response block provided. A Pass/Fail evaluation will be utilized for all mandatory requirements. Ordinarily, to be considered responsive, responsible and eligible for award, all questions identified as mandatory must be marked "YES" to pass. There may be rare instances in which a response of "NO" is the correct and logical response in order to meet the mandatory requirement (e.g. responding "NO" that the supplier does not possess any conflicts of interest). Otherwise, any mandatory questions marked "NO" will fail the technical requirements and will result in disqualification of the proposal.

DO NOT INCLUDE ANY COST/PRICING INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4.4. Mandatory Scored Response

As specified with each requirement listed in the **Mandatory Scored Response Document**, the supplier must indicate whether it will meet the individual requirement (if any) and provide a supporting narrative in the space provided. To be considered responsive, responsible and eligible for award, any and all requirements identified in the Mandatory Scored Response Document must be met. There may be rare instances in which an item within the Mandatory Scored Response Document does not create an individual requirement which must be met, but, instead, merely requires a response. All requirements labeled "Mandatory Scored" must be met by the supplier. Failure to meet any mandatory scored requirements may result in disqualification of the proposals. The narrative description, along with any required supporting materials, will be evaluated and awarded points in accordance with Section 6 "Proposal Evaluation, Negotiations and Award" of this eRFP.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4.5. Additional Scored Responses

No additional scored responses are requested.

5. Cost Proposal

5.1. Cost Proposal

Each supplier is required to submit a cost proposal as part of its response. The cost proposal will be evaluated and scored in accordance with Section 6 "Proposal Evaluation, Negotiations and Award" of this eRFP. By submitting a response, the supplier agrees that it has read, understood, and will abide by the following instructions/rules:

1. The submitted cost proposal must include all costs of performing pursuant to the resulting contract; and
2. Cost proposals containing a minimum order/ship quantity or dollar value, unless otherwise called for in the eRFP, will be treated as non-responsive and may not be considered for award; and
3. In the event there is discrepancy between the supplier's unit price and extended price, the unit price shall govern;
4. In the event there is a discrepancy between (1) the supplier's pricing as quoted on the eRFP's provided cost worksheet and (2) the supplier's pricing as quoted by the supplier in one or more additional documents, the former shall govern; and
5. The prices quoted and listed in the cost proposal shall be firm throughout the term of the resulting contract, unless otherwise noted in the eRFP or contract.

5.2. Cost Structure and Additional Instructions

The State Entity's intent is to structure the cost format in order to facilitate comparison among all suppliers and foster competition to obtain the best market pricing. Consequently, the State Entity requires that each supplier's cost be in the format outlined below. Additional alternative cost structures will not be considered. Each supplier is cautioned that failure to comply with the instructions listed below, submission of an incomplete offer, or submission of an offer in a different format than the one requested may result in the rejection of the supplier's proposal.

Enter all information directly into the cost sheet(s). Enter numbers on each cost sheet in "number" (two-place decimal), not "currency" or other format unless otherwise stated. That is, omit dollar signs, commas, and any other non-essential symbols. (e.g., $7.90 should be entered as 7.90) Prices must be in US Dollars. Enter "n/a" to indicate not available or "0" if there is no charge. Cells left blank will be interpreted as "no offer".

Download the cost worksheet, complete the worksheet and then upload the worksheet by following the instructions in the third bullet of Section 2.2.4 "Uploading Forms" of this eRFP.

6. Proposal Evaluation, Negotiations and Award

All timely proposals will be evaluated in accordance with the following steps. The objective of the evaluation process is to identify the proposal which represents the best value to the State Entity based on a combination of technical and cost factors. Based on the results of the initial evaluation, the State Entity may or may not elect to negotiate technical and/or cost factors as further described in the eRFP. In the event negotiations of the technical and/or cost factors occur, the revised proposals will be reevaluated in accordance with the provisions of Section 6.4 "Scoring Criteria" of this eRFP. Once the evaluation process has been completed (and any negotiations the State Entity desires to conduct have occurred), the apparent successful supplier(s) will be required to enter into discussions with the State Entity to resolve any exceptions to the State Entity's contract. The State Entity will announce the results of the eRFP as described further in Section 6.9 "Public Award Announcement" of this eRFP.

6.1. Administrative/Preliminary Review

First, the proposals will be reviewed by the Issuing Officer to determine the proposal's compliance with the following requirements:

1. Proposal was submitted by deadline in accordance with Section 2
2. Proposal is complete and contains all required documents. In the event that the Issuing Officer may make a determination of immaterial deviation as specified in the Section 2.1.7
3. Technical Proposal does not include any pricing from the Cost Proposal
4. Supplier is eligible to respond to the solicitation.

6.2. Evaluating Proposal Factors (Section 4)

If the supplier's proposal passes the Administrative/Preliminary Review, the supplier's responses to Section 4 "eRFP Proposal Factors" will be submitted to the Evaluation Team for evaluation.

6.2.1. Review of Mandatory and Mandatory Scored Questions

The Evaluation Team will review each proposal in detail to determine its compliance with mandatory eRFP requirements. Responses to both "Mandatory" and "Mandatory Scored" Questions will be evaluated on a pass/fail basis. If a proposal fails to meet a mandatory and/or mandatory scored eRFP requirement, the State Entity will determine if the deviation is material. A material deviation will be cause for rejection of the proposal. An immaterial deviation will be processed as if no deviation had occurred. All proposals which meet the requirements of the "Mandatory" and "Mandatory Scored" Questions are considered "Responsive Proposals" at this point in time and will be scored in accordance with the point allocation in Section 6.4 "Scoring Criteria" of this eRFP.

6.2.2. Review of Additional Scored Information Questions

For all proposals determined to be "Responsive Proposals", the Evaluation Team will review and score the responses to the Additional Scored Information (if any) in accordance with the point allocation in Section 6.4 "Scoring Criteria" of this eRFP.

The supplier will receive a total technical score at the conclusion of the evaluation of the eRFP Proposal Factors.

6.3. Evaluating Cost Proposal and Total Combined Score

The cost proposals will be reviewed and scored in accordance with Section 6.4 "Scoring Criteria." To expedite the evaluation process, the State Entity reserves the right to analyze the cost proposals independently, but at the same time the Evaluation Team is analyzing the technical proposals, provided neither the cost proposals nor the cost analysis is disclosed to the Evaluation Team until the Evaluation Team completes its initial evaluation and scoring of the eRFP Proposal Factors.

6.3.1. Cost Scoring

DOAS may utilize lowest cost, lowest total cost or total cost of ownership (TCO) to determine the most competitive cost proposal. The cost proposal will receive a score for each category (Mental Health Services and Dental Services) relative to other proposals; however, the cost proposal may also receive a score on an overall basis relative to other proposals. Specifically, in the event that two or more Supplier responses to the eRFP contain pricing for both categories (Mental Health and Dental Services) a single combined total cost score may be determined. In the event the cost proposal is scored overall, DOAS will assign the maximum points for the most competitive proposal at that level. Other proposals will receive a percentage of the weighted points available based on the percentage differential between the most competitive cost proposal (at the designated level) and the specific proposal in question.

6.3.2. Georgia Enterprises for Products and Services (GEPS)

In the event the issuing officer has received a response from GEPS, the issuing officer must factor in a price preference of 8% for purposes of cost evaluation. The price preference of 8% has been approved by DOAS in accordance with the State Use Law set forth at O.C.G.A. 50-5-135 et seq., which is intended to create opportunities for disabled persons employed by community-based rehabilitation programs and training centers that are certified by the State Use Council. To implement the price preference, the issuing officer must lower GEPS' price by 8% when comparing GEPS' price with any other supplier's response. However, in the event GEPS wins the contract award, GEPS must be paid at its actual bid price.

6.3.3. Total Score

The supplier's cost score will be combined with the supplier's technical score by category to determine the supplier's overall score per category. If the supplier proposes both categories, a weighted technical score will be combined with the combined price offer.

6.4 Scoring Criteria

The evaluation is comprised of the following:

Category	Criteria	Points
Cost	1. Cost of services for Category 1, Mental Health 2. Cost of services for Category 2. Dental Health	400 points per category
Technical/Proposal Factors	3."Mandatory" Requirements	Pass/Fail
Technical/Proposal Factors	4."Mandatory Scored" Category 1, Mental Health 5. Mandatory Scored Category 2, Dental Health	600 points per category
Total	N/A	1000 points by category

6.5. Georgia Based Business/Reciprocal Preference Law O.C.G.A. §50-5-60(b)

For the purposes of evaluation only, suppliers resident in the State of Georgia will be granted the same preference over suppliers resident in another state in the same manner, on the same basis, and to the same extent that preference is granted in awarding bids for the same goods or services by such other state to suppliers resident therein over suppliers resident in the State of Georgia. NOTE: For the purposes of this law, the definition of a resident supplier is a supplier who is domiciled in the State of Georgia.

6.6. Negotiations of Proposals and/or Cost Factors

DOAS possesses discretionary authority to conduct one or more rounds of negotiations of technical proposal and/or cost factors as permitted by Georgia law and DOAS' established procurement policy. This section of the eRFP describes DOAS' process for utilizing its discretionary negotiation authority as defined by O.C.G.A. Section 50-5-67(a)(6). No state entity is permitted to conduct negotiations of proposal and/or cost factors without DOAS' supervision unless DOAS has expressly authorized the state entity to conduct negotiations on its own. Although this section addresses DOAS' right to negotiate in accordance with O.C.G.A. §50-5-67(a)(6), DOAS/State Entity reserves the right to conduct any other negotiations authorized by law.

The objective of negotiations is to obtain the supplier's best terms. PLEASE NOTE: NEGOTIATIONS ARE DISCRETIONARY; THEREFORE, THE STATE ENTITY URGES THE SUPPLIER (1) TO SUBMIT ITS BEST RESPONSE AND (2) NOT TO ASSUME THE SUPPLIER WILL BE GRANTED AN OPPORTUNITY TO NEGOTIATE.

6.6.1. Overview of Negotiations

After the Evaluation Team has scored the suppliers' proposals, the State Entity may elect to enter into one or more rounds of negotiations with all responsive and responsible suppliers or only those suppliers identified by the Evaluation Team as being in the competitive range. The competitive range will not be selected arbitrarily and those suppliers included in the competitive range must have highly scored proposals.

After each round of negotiations (if any), the supplier will submit revisions to its proposal factors and/or cost proposal, which revisions will be scored by the Evaluation Team in accordance with the same criteria used to evaluate the initial responses from the suppliers. Suppliers may be removed from further participation in the negotiation process in the event the Evaluation Team determines the supplier cannot be considered responsive and responsible or based on the competitive range as defined in Section 6.6.3 "Competitive Range."

The State Entity reserves the right to proceed to award without further discussions after receipt of the initial proposals, in which case, negotiations and Proposal Revisions will not be required.

6.6.2. Negotiation Instructions

Listed below are the key action items related to negotiations. The State's Negotiation Committee may consist of the State's Evaluation Committee or may be comprised of different people. However, evaluation of proposals or revised proposals shall be completed only by the State's Evaluation Committee.

1. **Negotiation Invitation**: Those suppliers identified by the Evaluation Committee to negotiate will be notified and invited to attend negotiations. Suppliers will be notified in writing: (i) the general purpose and scope of the negotiations; (ii) the anticipated schedule for the negotiations; and (iii) the procedures to be followed for negotiations.

2. **Confirmation of Attendance**: Suppliers who have been invited to participate in negotiations must confirm attendance.

3. **Negotiations Round(s)**: One or more rounds of negotiations may be conducted with those suppliers identified by the State's Evaluation Team.

6.6.3. Competitive Range

If the State Entity elects to negotiate pursuant to Section 6.6, the State Entity may either (1) elect to negotiate with all responsive and responsible suppliers, (2) limit negotiations to those suppliers identified within the competitive range, or (3) limit negotiations to the number of suppliers with whom the State Entity may reasonably negotiate as defined below. In the event the State Entity elects to limit negotiations to those suppliers identified within the competitive range, the State Entity will identify the competitive range by (1) ranking suppliers' proposals from highest to lowest based on each supplier's Total Combined Score and (2) then looking for breaks in the scores such that natural groupings of similar scores may be identified. In the event the State Entity determines the number of responsive and responsible suppliers is so great that the State Entity cannot reasonably conduct negotiations (which determination shall be solely at the State Entity's discretion and shall be conclusive), the State Entity may elect to limit negotiations to the top three (3) ranked suppliers as determined by the Total Combined Score.

6.6.4. Negotiation Round Completion

As part of each round of negotiation, the State Entity may or may not engage in verbal discussions with the suppliers. However, whether or not the State Entity engages in verbal discussions, any revisions the supplier elects to make to its response must be submitted in writing via email by the end date and time identified by the Issuing Officer. All revisions received by the due date and time

will be evaluated and re-scored by the Evaluation Team in accordance with the same criteria used to evaluate the initial responses from the suppliers. Revisions which are not received prior to the due date and time cannot be considered; however, any supplier failing to submit timely revisions will not be disqualified from consideration for award based on its final proposal as accepted by the State Entity.

6.7. Selection and Award

The primary objective of this eRFP is to identify a SINGLE source of supply for Mental Health and Dental Services statewide (from a responsive and responsible Supplier receiving the highest Total Combined Score with whom the State is able to reach agreement as to contract terms and conditions). In a combined award, the State's expectation is to receive lower pricing, when compared to pricing offered individually by category.

Separate contract awards may be made to a Supplier to solely provide either Mental or Dental services, if it is determined to be in the best interest of the State. DOAS reserves the right to make single contract award for each category, to a supplier presenting the best overall solution for the category.

DOAS reserves the right to accept or reject any and all quotes, or separable portions, and to waive any minor irregularity, technicality or omission if DOAS determines that doing so will serve the State's best interest. DOAS reserves the right to: (a)request clarifications from Suppliers(s); (b) request resubmissions from all Supplier(s); and (c) take any other action as permitted by law.

6.8. Site Visits and Oral Presentations

The State Entity reserves the right to conduct site visits or to invite suppliers to present their proposal factors/technical solutions to the Evaluation Team. Cost proposals and related cost information must not be discussed during the oral presentation of the supplier's technical solution. Nothing in this section shall prohibit the Negotiation Team from discussing both proposal factors and cost information during the negotiation process defined by Section 6.6 "Negotiations of Proposals and/or Cost Factors".

6.9. Public Award Announcement

The preliminary results of the evaluation will be announced through the public posting of a Notice of Intent to Award. The Notice of Intent to Award ("NOIA") is not notice of an actual contract award; instead, the NOIA is notice of the State Entity's expected contract award(s) pending resolution of the protest process. The NOIA (if any) will identify the apparent successful supplier(s), unsuccessful supplier(s), and the reasons why any unsuccessful suppliers were not selected for contract award. NO SUPPLIER SHOULD ASSUME PERSONAL NOTICE OF THE NOTICE OF INTENT TO AWARD ("NOIA") WILL BE PROVIDED BY THE STATE ENTITY. INSTEAD, ALL SUPPLIERS SHOULD FREQUENTLY CHECK THE GEORGIA PROCUREMENT REGISTRY FOR NOTICE OF THE NOIA.

The Notice of Award ("NOA") is the State Entity's public notice of actual contract award(s). The NOA will be publicly posted to the Georgia Procurement Registry.

7. Contract Terms and Conditions

The contract that the State Entity expects to award as a result of this eRFP will be based upon the eRFP, the successful supplier's final response as accepted by the State Entity and the contract terms and conditions, which terms and conditions can be downloaded from the Sourcing Event. The "successful supplier's final response as accepted by the State Entity" shall mean: the final cost and technical proposals submitted by the awarded supplier and any subsequent revisions to the awarded supplier's cost and technical proposals and the contract terms and conditions due to negotiations, written clarifications or changes made in accordance with the provisions of the eRFP, and any other terms deemed necessary by the State Entity, except that no objection or amendment by the supplier to the eRFP requirements or the contract terms and conditions shall be incorporated by reference into the contract unless the State Entity has explicitly accepted the supplier's objection or amendment in writing.

Please review the State Entity's contract terms and conditions prior to submitting a response to this eRFP. Suppliers should plan on the contract terms and conditions contained in this eRFP being included in any award as a result of this eRFP. Therefore, all costs associated with complying with these requirements should be included in any pricing quoted by the suppliers. The contract terms and conditions may be supplemented or revised before contract execution and are provided to enable suppliers to better evaluate the costs associated with the eRFP and the potential resulting contract.

Exception to Contract

By submitting a proposal, each supplier acknowledges its acceptance of the eRFP specifications and the contract terms and conditions without change except as otherwise expressly stated in the submitted proposal. If a supplier takes exception to a contract provision, the supplier must state the reason for the exception and state the specific contract language it proposes to include in place of the provision. Any exceptions to the contract must be provided as a red-line, markup of the posted contract, with inserted comments specifying the need for changes, and uploaded and submitted as an attachment to the supplier's response. Proposed exceptions must not conflict with or attempt to preempt mandatory requirements specified in the eRFP.

In the event the supplier is selected for potential award, the supplier will be required to enter into discussions with the State Entity to resolve any contractual differences before an award is made. These discussions are to be finalized and all exceptions resolved within the period of time identified in the schedule of events. Failure to resolve any contractual issues will lead to rejection of the supplier. The State Entity reserves the right to proceed to discussions with the next best ranked supplier.

The State Entity reserves the right to modify the contract to be consistent with the apparent successful offer, and to negotiate other modifications with the apparent successful supplier. Exceptions that materially change the terms or the requirements of the eRFP may be deemed non-responsive by the State Entity, in its sole discretion, and rejected. Contract exceptions which grant the supplier an impermissible competitive advantage, as determined by the State Entity, in its sole discretion, will be rejected. If there is any question whether a particular contract exception would be permissible, the supplier is strongly encouraged to inquire via written question submitted to the Issuing Officer prior to the deadline for submitting written questions as defined by the Schedule of Events.

8. List of eRFP Attachments

The following documents make up this eRFP. Please see Section 2.2.2 "eRFP Review" for instructions about how to access the following documents. Any difficulty locating or accessing the following documents should be immediately reported to the Issuing Officer.

A. State Entity eRFP (this document)
B. Scope of Services – Mental Health
C. Scope of Services – Dental Health
D. GDC Criminal Driver's History Consent Form – **Due no later than January 17th, 2018.**
E. Mandatory Response Worksheet from Section
F. Mandatory Scored Response Worksheet – Category 1, Mental Health Services
G. Mandatory Scored Response Worksheet – Category 2, Dental Health Services
H. Cost Worksheet – see tabs for Category 1, Category 2 and Combined Offer
I. State Contract from Section 7 "Contract Terms and Conditions" of this eRFP
J. Standard Operating Procedures- Mental Health
K. Standard Operating Procedures – Dental Health
L. Utilization Data – Mental Health Services
M. Utilization Data – Dental Health Service
N. Supplier's General Information Worksheet from Section 4.2 of this eRFP
O. Tax Compliance Form
P. SPD-SP054 Immigration and Security Form
Q. Questions and Answers Form

State of Georgia

State Entity: Georgia Department of Corrections
Electronic Request for Proposals ("eRFP")
Event Name: Mental Health and Dental Health Services for Offenders
eRFP (Event) Number: ES-RFP-46700-415

1. Introduction

1.1. Purpose of Procurement

Pursuant to the State Purchasing Act (Official Code of Georgia Annotated §§50-5-50 et seq.), this electronic Request for Proposals ("eRFP") is being issued on behalf of the Georgia Department of Corrections (hereinafter, "the State Entity" or "GDC") to establish a single or multiple award contract with a qualified supplier(s) who will provide either Mental Health Services (Category 1) and/or Dental Services (Category 2) for Offenders as further described in this eRFP.

Category 1: Mental Health Services, Overview

Mental Health Services are provided within thirty-one (31) facilities to approximately 9,000 Offenders with varying levels of mental health diagnoses. Extensive statistical data is available including inmate demographics, educational, psychological, physical, medical information, correctional and criminal history can be accessed following this link:

http://www.dcor.state.ga.us/Research/Monthly_Profile_mental_health_inmates

In addition, the scope of work for mental health services includes staffing and counseling support for two (2) Integrated Treatment Facilities (ITF). An ITF is a nine-month program that actively combines interventions intended to address substance use and mental health disorders with the goal of treating both disorders, related problems, and the whole person more effectively. There is one female facility located in Zebulon and one male facility located in Baxley which was created to treat offenders who have a history of both substance abuse and mental health disorders. The following link offers an overview of the ITF program:

http://www.dcor.state.ga.us/sites/all/files/pdf/Research/Fact_Sheets/Info_Sheets_SubstanceMentalHealthPrograms.pdf

The complete scope of work for Mental Health Services may be referenced in Attachment B

Category 2: Dental Health Services, Overview

The Dental Health delivery system for oral care is provided to each inmate in Georgia. Every inmate has access to the full range of dental services offered at the resident facility or referral facility. Dental health services shall be provided to State of Georgia prison inmates statewide. A successful supplier will provide dental health services to Georgia prison inmates utilizing Georgia licensed and qualified dentists and dental hygienists, and qualified dental assistants. The services will include diagnostic services, urgent care, routine and specialized dental services. The following link provides an overview of the program:

http://www.dcor.state.ga.us/Divisions/InmateServices/healthServices_dental

The complete scope of work for Dental Health Services may be referenced in Attachment C.

Mandatory Site Visit Background Checks Process, submitted by January 17th, 2018:

GDC has coordinated a tour schedule of three (3) correctional facilities and one (1) residential treatment facility for Suppliers interested in submitting proposal in response to this eRFP**. Attendance during each visit is mandatory.**

Any Supplier that does not have a representative present during the date and time arranged by GDC for each site, will be deemed ineligible to provide a proposal for this solicitation. Please submit confirmation of interest in attending with a completed copy of the GDC Criminal Drivers History Consent Form (Attachment D) by sending an email to the Issuing Officer (carrie.steele@doas.ga.gov). In the email, please include the name of the company, the name and title of the representative that will be attending and attach a completed background check agreement for each attendee, by no later than noon, **January 17, 2018.** Confirmation will be provided of clearance or denial of attendees via email, no later than **January 19th, 2018.**

Please be advised that access can only be permitted with State or Federal picture identification. Suppliers will be limited to no more than two representatives during each tour. Each visitor must follow the prisons security guideline such as adhering to policy of no cameras, cell phone, computers or tobacco products. There will be no question and answer period at the facility, as this will be reserved for the mandatory pre-proposal conference. Please see the schedule of events for key dates and times related to the tours.

1.2. eRFP Certification

Pursuant to the provisions of the Official Code of Georgia Annotated §50-5-67(a), the State Entity certifies the use of competitive sealed bidding will not be practicable or advantageous to the State of Georgia in completing the acquisition described in this eRFP. Thus, competitive sealed proposals will be submitted in response to this eRFP. This eRFP is being sourced through an electronic sourcing tool approved by the Department of Administrative Services ("DOAS") and all suppliers' responses must be submitted electronically in accordance with the instructions contained in Section 2 "Instructions to Suppliers" of this eRFP. Electronic competitive sealed proposals will be administered pursuant to the Georgia Electronic Records and Signature Act. Please note electronic competitive sealed proposals meet the sealed proposal requirements of the State of Georgia, an electronic record meets any requirements for writing, and an electronic signature meets any requirements for an original signature.

1.3. Overview of the eRFP Process

The objective of the eRFP is to select a qualified supplier to provide the professional services outlined in this eRFP to the State Entity. This eRFP process will be conducted to gather and evaluate responses from suppliers for potential award. All qualified suppliers are invited to participate by submitting responses, as further defined below. After evaluating all suppliers' responses received prior to the closing date of this eRFP and following negotiations (if any) and resolution of any contract exceptions, the preliminary results of the eRFP process will be publicly announced, including the names of all participating suppliers and the evaluation results. Subject to the protest process, final contract award(s) will be publicly announced thereafter.

NOTE TO SUPPLIERS: The general instructions and provisions of this document have been drafted with the expectation that the State Entity will make multiple awards; however, please refer to Section 6.7 "Selection and Award" of this eRFP for information concerning the State Entity's actual award strategy (single, multiple, split awards, etc.).

1.4. Schedule of Events

The schedule of events set out herein represents the State Entity's best estimate of the schedule that will be followed. Delays to the procurement process may occur which may necessitate adjustments to the proposed schedule. Any changes to the dates up to the closing date of the eRFP will be publicly posted prior to the closing date of this eRFP. After the close of the eRFP, the State Entity reserves the right to adjust the remainder of the proposed dates, including the dates for evaluation, negotiations, award and the contract term on an as needed basis with or without notice.

Description	Date	Time
Release of eRFP	As Published on the Georgia Procurement Registry ("GPR")	N/A
Deadline for submitting GDC Criminal Drivers History Consent Form (Attachment D) and email indicating intent to participate in prison site visits to Carrie.Steele@doas.ga.gov	January 17, 2018	12: 00 p.m.
Confirmation to Suppliers of participants approval/denial via email	January 19th, 2018	5:00 p.m.
STATE PRISON SITE VISIT SCHEDULE **Attendance is: MANDATORY for each visit** Arrendale State Prison: 2023 Gainesville Highway South Alto, GA 30510 (706)776-4700 Georgia Diagnostic and Classification State Prison (GDCP): Highway 36 West Jackson, GA 30233 (770) 504-2000 West Central Prison 1070 County Farm Road Zebulon, GA 30295 (770) 567-0631 Augusta State Medical Prison 3001 Gordon Highway Grovetown, GA 30813 (706) 855-4700	 January 30, 2018 January 31, 2018 January 31, 2018 February 1, 2018	 10:00 a.m. 10:00 a.m. 2:30 p.m. 10:00 a.m.
Bidders/Offerors' Conference Location: **Attendance is: MANDATORY** Augusta State Medical Prison 3001 Gordon Highway Grovetown, GA 30813 (706) 855-4700	As Published on the GPR February 1, 2018	See GPR Following the Site Tour
Deadline for written questions sent via email to the Issuing Officer referenced in Section 1.5.	February 13, 2018	4:00 p.m. ET
Responses to Written Questions	March 6, 2018	5:00 p.m. ET
Deadline for written questions sent via email to the Issuing Officer referenced in Section 1.5.	March 13, 2018	5:00 p.m. ET
Responses to Written Questions	March 22, 2018	5:00 p.m. ET
Proposals Due/Close Date and Time	As Published on the GPR April 10, 2018	See GPR 3:00 p.m. ET
Oral Presentations (if deemed applicable)	1 to 4 Weeks after Closing	TBD
Proposal Evaluation Completed (on or about)	5 to 8 Weeks after Closing	N/A
Finalize Contract Terms (on or about)	9 to 12 Weeks after Closing	N/A

Notice of Intent to Award* [NOIA] (on or about)	12 to 14 Weeks after Closing	N/A
Notice of Award [NOA] (on or about)	10 calendar days after NOIA	N/A

* In the event the estimated value of the contract is less than $100,000, the State Entity reserves the right to proceed directly to contract award without posting a Notice of Intent to Award.

1.5. Official Issuing Officer (Buyer)

Carrie Steele
carrie.steele@doas.ga.gov

The Issuing Officer for this solicitation is listed below. All communication (questions, requests for clarification, status updates, etc.) related to this eRFP must be provided in writing to this individual as further detailed in Section 2.1.2, of this eRFP.

1.6. Definition of Terms

Please review the following terms:
Supplier(s) – companies desiring to do business with the State of Georgia.
State Entity – the governmental entity identified in Section 1.1 "Purpose of Procurement" of this eRFP.

Any special terms or words which are not identified in this State Entity eRFP Document may be identified separately in one or more attachments to the eRFP. Please download, save and carefully review all documents in accordance with the instructions provided in Section 2 "Instructions to Suppliers" of this eRFP.

1.7. Contract Term

The initial term of the contract(s) shall be from the date of award until the end of the State's current fiscal year. The State's fiscal year is from July 1st through June 30th. The State Entity shall possess 9 one (1) year option(s) to renew, which options shall be exercisable at the sole discretion of the State Entity. Renewal(s) will be accomplished through the issuance of a Renewal Amendment. In the event that the contract(s), if any, resulting from the award of this eRFP shall terminate or be likely to terminate prior to the making of an award for a new contract for the identified products and/or services, the State Entity may, with the written consent of the awarded supplier(s), extend the contract(s) for such period of time as may be necessary to permit the State Entity's continued supply of the identified products and/or services. The contract(s) may be amended in writing from time to time by mutual consent of the parties. Unless this eRFP states otherwise, the resulting award of the contract(s) does not guarantee volume or a commitment of funds.

2. Instructions to Suppliers

By submitting a response to the eRFP, the supplier is acknowledging that the supplier:

1. Has read the information and instructions,
2. Agrees to comply with the information and instructions contained herein.

2.1. General Information and Instructions

2.1.1. Team Georgia Marketplace™ Registration System

DOAS requires all companies and/or individuals interested in conducting business with the State of Georgia to register in the State's web-based registration system, through Team Georgia Marketplace™. Registration is free and enables the registering company to gain access to certain information, services and/or materials maintained in Team Georgia Marketplace™ at no charge to the registering company. All registering companies must agree to be bound by the applicable terms and conditions governing the supplier's use of Team Georgia Marketplace™. In the event DOAS elects to offer certain optional or premium services to registered companies on a fee basis, the

registered company will be given the opportunity to either accept or reject the service before incurring any costs and still maintain its registration. Companies may register at https://saofn.state.ga.us/psp/sao/SUPPLIER/ERP/?cmd=login

2.1.2. Restrictions on Communicating with Staff

From the issue date of this eRFP until the Notice of Award is posted (or the eRFP is officially cancelled), suppliers are not allowed to communicate for any reason with any State staff except through the Issuing Officer named herein, as allowed by the Issuing Officer during the Bidders/Offerors' conference (if any), or as provided by existing work agreement(s). Prohibited communication includes all contact or interaction, including but not limited to telephonic communications, emails, faxes, letters, or personal meetings, such as lunch, entertainment, or otherwise. The State Entity reserves the right to reject the response of any supplier violating this provision.

2.1.3. Submitting Questions

All questions concerning this eRFP, including questions posed at the Bidders/Offers conference (if any), must be submitted in writing via email to the Issuing Officer identified in Section 1.5 "Issuing Officer" of this eRFP. No questions other than written will be accepted. No response other than written will be binding upon the State. All suppliers must submit questions by the deadline identified in the Schedule of Events for submitting questions. Suppliers are cautioned that the State Entity may or may not elect to entertain late questions or questions submitted by any other method than as directed by this section. All questions about this eRFP should be submitted in the following format:

Company Name
Question #1 Question, *Citation of relevant section of the eRFP*
Question #2 Question, *Citation of relevant section of the eRFP*

Do not use the comments section of the Sourcing Event to submit questions to the issuing officer.

2.1.4. Attending Bidders/Offerors' Conference

The Bidders/Offerors' Conference or any other information session (if indicated in the schedule of events) will be held at the location referred to in Section 1.4 "Schedule of Events" of this eRFP. Unless indicated otherwise, attendance is not mandatory; although suppliers are strongly encouraged to attend. However, in the event the conference has been identified as mandatory, then a representative of the supplier must attend the conference in its entirety to be considered eligible for contract award. The supplier is strongly encouraged to allow ample travel time to ensure arrival in the conference meeting room prior to the beginning of any mandatory conference. The State Entity reserves the right to consider any representative that failed to sign in or arrives late to be "not in attendance." Therefore, all suppliers are strongly encouraged to arrive early to allow for unexpected travel contingencies.

2.1.5. State's Right to Request Additional Information – Supplier's Responsibility

Prior to contract award, the State Entity must be assured that the selected supplier has all the resources to successfully perform under the contract. This includes, but is not limited to, adequate number of personnel with required skills, availability of appropriate equipment in sufficient quantity to meet the on-going needs of the State Entity, financial resources sufficient to complete performance under the contract, and experience in similar endeavors. If, during the evaluation process, the State Entity is unable to assure itself of the supplier's ability to perform, if awarded, the State Entity has the option of requesting from the supplier any information deemed necessary to determine the supplier's responsibility. If such information is required, the supplier will be so notified and will be permitted a sufficient number of business days to submit the information requested.

2.1.6. Failing to Comply with Submission Instructions

Responses received after the identified due date and time or submitted by any other means than those expressly permitted by the eRFP will not be considered. Suppliers' responses must be complete in all respects, as required in each section of this eRFP.

2.1.7. Rejection of Proposals; State's Right to Waive Immaterial Deviation

The State Entity reserves the right to reject any or all responses, to waive any irregularity or informality in a supplier's response, and to accept or reject any item or combination of items, when to do so would be to the advantage of the State of Georgia. It is also within the right of the State Entity to reject responses **that do not contain all elements and information requested in this eRFP**. A supplier's response will be rejected if the response contains any defect or irregularity and such defect or irregularity constitutes a material deviation from the eRFP requirements, which determination will be made by the State Entity on a case-by-case basis. A minor informality or irregularity is one which is merely a matter of form or some immaterial variation from the exact requirements of the solicitation having no effect or merely a trivial or negligible effect on a Supplier's proposal's total price, quality, quantity, or delivery of the supplies or performance of the contract, and the correction or waiver of which would not be prejudicial to other Suppliers. DOAS maintains discretion to provide a supplier with an opportunity to cure any deficiency resulting from a minor informality or irregularity in a response or waive any such deficiency when it is to the advantage of the State. Such communication or determination shall be in writing. Examples of minor informalities or irregularities include, but are not limited to:

a. Failure of a Supplier to furnish the required information concerning the number of the Supplier's employees or failure to make a representation concerning its size.
b. Failure of a Supplier to furnish cut sheets or product literature
c. Failure of a Supplier to furnish financial statements
d. Failure of a Supplier to furnish references
e. Failure of a Supplier to indicate its contractor's license or other evidence of required licensure, except that a contract must not be awarded to the Supplier unless and until the Supplier is properly licensed under the laws of Georgia.

2.1.8. State's Right to Amend and/or Cancel the eRFP

The State Entity reserves the right to amend this eRFP. Any revisions must be made in writing prior to the eRFP closing date and time. By submitting a response, the supplier shall be deemed to have accepted all terms and agreed to all requirements of the eRFP (including any revisions/additions made in writing prior to the close of the eRFP whether or not such revision occurred prior to the time the supplier submitted its response) unless expressly stated otherwise in the supplier's response. THEREFORE, EACH SUPPLIER IS INDIVIDUALLY RESPONSIBLE FOR REVIEWING THE REVISED eRFP AND MAKING ANY NECESSARY OR APPROPRIATE CHANGES AND/OR ADDITIONS TO THE SUPPLIER'S RESPONSE PRIOR TO THE CLOSE OF THE eRFP. Suppliers are encouraged to frequently check the eRFP for additional information. Finally, the State Entity reserves the right to cancel this eRFP at any time.

2.1.9. Protest Process

Suppliers should familiarize themselves with the procedures set forth in Chapter 6 of the *Georgia Procurement Manual.*

2.1.10. Costs for Preparing Responses

Each supplier's response should be prepared simply and economically, avoiding the use of elaborate promotional materials beyond those sufficient to provide a complete presentation. The cost for developing the response and participating in the procurement process (including the protest process) is the sole responsibility of the supplier. The State will not provide reimbursement for such costs.

2.1.11. ADA Guidelines

The State of Georgia adheres to the guidelines set forth in the Americans with Disabilities Act. Suppliers should contact the Issuing Officer at least one day in advance if they require special arrangements when attending the Bidders/Offerors' Conference (if any). The Georgia Relay Center at 1-800-255-0056 (TDD Only) or 1-800-255-0135 (Voice) will relay messages, in strict confidence, for the speech and hearing impaired.

2.1.12. Public Access to Procurement Records

Solicitation opportunities will be publicly advertised as required by law and the provisions of the Georgia Procurement Manual. Information submitted in response to this solicitation will be processed in accordance with applicable State of Georgia procurement procedures, including O.C.G.A. §50-5-67 and the Georgia Open Records Act. Requests for copies of bids and proposals prior to final award of a contract shall be handled in accordance with the procedures outlined in O.C.G.A. § 50-5-67, the State Purchasing Act, whereas requests for procurement-related documents after final contract award or upon cancellation of a bid without intent to rebid are handled in accordance with the Georgia Open Records Act as provided in O.C.G.A. 50-18-71 et. seq. Proposals and bids, including documents pertaining to the solicitation, become the property of the State and shall be open to public inspection as follows:

2.1.12.1: State Purchasing Act: The State Purchasing Act delays the release of certain procurement records in the event the public disclosure of those records prior to DOAS's public announcements of the results of a solicitation would undermine the public purpose of obtaining the best value for the State such as cost estimates, proposals/bids, evaluation criteria, supplier evaluations, negotiation documents, offers and counter-offers, and certain records revealing preparation for the procurement. Pursuant to O.C.G.A. § 50-5-67, bids and proposals shall be made available for public inspection, upon request, within one business day of DOAS's posting of the Notice of Intent to Award (or the Notice of Award in the event DOAS does not issue the Notice of Intent to Award). Exceptions provided under the Georgia Open Records Act are not applicable to the disclosure requirements under the State Purchasing Act; therefore, all information other than audited financial statements, will be subject to public disclosure upon request, including information marked as "confidential", "proprietary", etc. DOAS is under no obligation to notify Supplier of disclosure of records under the State Purchasing Act.

2.1.12.2 Georgia Open Records Act: After final contract award has been made or after a bid has been cancelled following evaluation, without intent to rebid, requests for access to supplier proposals and/or communications, shall be subject to the disclosure provisions of Georgia's Open Records Act. Pursuant to O.C.G.A. § 50-18-71(a), DOAS must make all public records, including bid proposals, open for personal inspection and copying, except those records which by order of a court of this state or by law are specifically exempted.

2.1.12.2.1 Marking Submissions as "Confidential", "Proprietary", or "Trade Secret: If a Supplier considers any portion of the documents, data, or records submitted in response to this solicitation to be exempt from disclosure under Georgia law, the Supplier must clearly mark each such submission, or portions of the submission, considered to be exempt from disclosure as "Confidential," "Proprietary", or "Trade Secret." All markings must be conspicuous; use color, bold, underlining, or some other method in order to conspicuously distinguish the mark from the other text. Wholesale designation of a response or substantial

parts of a response as “Confidential” will not be accepted by the State. If only portions of a page are subject to some protection, Supplier should not mark the entire page. Even though information submitted by a Supplier may be marked as "confidential", "proprietary", “trade secret” etc., the State will make its own determination regarding what information may or may not be withheld from disclosure.

2.1.12.2.2 Submission of Redacted Copies: If Supplier considers any portion of its bid/proposal to the solicitation to be trade secret or otherwise not subject to public disclosure under Georgia Open Records Act, Supplier must, in addition to the required original documents, provide a separate redacted electronic copy of its bid/proposal, preferably in PDF format, and briefly describe in a separate writing, as to each item redacted, the grounds for claiming exemption from the public records law, including citation to the appropriate exemption form disclosure requirements provided under Georgia law. This redacted copy should be clearly marked “Redacted Copy-Available for Public Review.” In addition, the electronic file name should include the words **“Redacted Copy”** at the **beginning of the file name**. The redacted copy shall be submitted at the same time Supplier submits its bid/proposal and must only exclude or redact those specific portions that are claimed not subject to disclosure. The redacted copy should reflect the same pagination as the original and show the location from which information was redacted. Except for the redacted information, the redacted electronic copy must be identical to the original bid/proposal. The redacted copy will be open to public inspection under the Georgia Open Records Act without further notice to the Supplier. If Supplier fails to submit a redacted copy with its bid/proposal, the State is authorized to produce the Supplier’s bid/proposal with the exception of audited financial statements in answer to any public records request under the Georgia Open Records Act. Even though information submitted by a Supplier may be marked as "confidential", "proprietary", “trade secret” etc., the State will make its own determination regarding what information may or may not be withheld from disclosure. If the State of Georgia deems redacted information to be subject to disclosure under the Georgia Open Records Act, the Supplier will be contacted prior to the release of this information. Please note that the redacted version will be utilized for purposes of responding to requests for records pursuant to the Open Records Act. DOAS will provide access to copies of original bids and proposals in response to requests made pursuant to the State Purchasing Act. The State does not consider pricing information to be confidential or proprietary.

2.1.12.2.3 Trade Secret: In addition, if the Supplier claims that certain information in its bid/proposal may be withheld as trade secret pursuant to O.C.G.A. 50-18-72(a) (34), the Supplier shall include **with its bid/proposal submission, an affidavit indicating the specific information** that the Supplier identifies as trade secret, affirmatively declaring that such information is trade secret. Along with the affidavit, the Supplier shall provide a justification regarding how and why each redaction request constitutes a trade secret pursuant to Georgia Law. Designation of a “trade secret” shall not be binding on the State, but the State will review and consider the designation. If the Supplier does not include an affidavit with its bid/proposal submission, the State is authorized to produce the Supplier’s bid/proposal with the exception of audited financial statements in answer to any public records request under the Georgia Open Records Act. Wholesale designation of a response or substantial parts of a response as “trade secrets” will not be accepted by the State. In general, the State does not consider pricing information to be trade secret.

2.1.13. Registered Lobbyists

By submitting a response to this eRFP, the supplier hereby certifies that the supplier and its lobbyists are in compliance with O.C.G.A. § 21-5-51 et seq.

2.2. Submittal Instructions

Submittal Instructions for eSource

Listed below are key action items related to this eRFP. The Schedule of Events in Section 1.4 identifies the dates and time for these key action items. This portion of the eRFP provides high-level instructions regarding the process for reviewing the eRFP, preparing a response to the eRFP and submitting a response to the eRFP. Suppliers are required to access, print and utilize the training materials identified in Section 2.2.1 of this eRFP to ensure the supplier successfully submits a response to this eRFP.

2.2.1. eRFP Released - eSource

The release of the eRFP is formally communicated through a public announcement posted to the Georgia Procurement Registry, which is accessible online as follows:
http://ssl.doas.state.ga.us/PRSapp/PR_index.jsp

This eRFP is being conducted through eSource, an electronic sourcing tool, which allows suppliers to submit responses online. To be eligible for contract award, the supplier must submit its response to this eRFP through eSource prior to the close date and time of this eRFP. All suppliers MUST carefully review the instructions and training information from the following link for a comprehensive overview of the use and functionality of eSource.
http://doas.ga.gov/Training/Pages/SupplierTraining.aspx

2.2.1. 2.2.2. eRFP Review

The eRFP (or "Sourcing Event") consists of this document, entitled "The State Entity eRFP Document", and any and all information included in the Sourcing Event, as posted online on the GPR, including any and all documents provided by the State Entity as attachments to the Sourcing Event or links contained within the Sourcing Event or its attached documents. Access and review the eRFP by completing the following steps:

1. Go to eSource which is located online at the following link: http://ssl.doas.state.ga.us/PRSapp/PR_index.jsp
2. Search for this eRFP using the identifying information on the first page of this document (State Entity's Name, Title of Event, Event Number, etc.)
3. Once you access the eRFP, select the appropriate access option (Response Now, Request an Immediate Invite, or Register to Respond). Follow the instructions for each option.
4. Once you are able to log on and access the eRFP, you are ready to begin reviewing the eRFP and its attachments. If you are not a regular user of eSource, make sure you review the training materials located in 2.2.1 eSource of this RFP.
5. Locate the section labeled "Documents" in the lower section of the Summary page.
6. Next, by selecting and clicking on each document titled link, the supplier may open and save all of the available documents.
7. The supplier should save attachments to its personal computer to allow the supplier to prepare responses to the attached files. The supplier may choose the "Respond at a later time" button to exit without submitting a response. Then, once the supplier is ready to submit its response, the supplier can log in to this eRFP and upload its response.

Please carefully review all information contained in the Sourcing Event, including all documents available as attachments or available through links. Any difficulty accessing the Sourcing Event or opening provided links or documents should be reported immediately to the Issuing Officer (See Section 1.5) and/or the Help Desk (Section 2.2.8). For additional information regarding the use of eSource, access the online resources provided in Section 2.2.1 "eSource" of this eRFP.

2.2.3. Preparing a Response

When preparing files to be a part of the supplier's electronic response, the supplier must consider the following instructions:

1. Use the provided worksheets to prepare your response. Enter your responses directly into the worksheet. Unless otherwise directed, do not insert "see attached file" (or similar statements) in the worksheet to reference separate documents.
2. Answer each question in sufficient detail for evaluation while using judgment with regards to the length of response.
3. Proofread your response and make sure it is accurate and readily understandable.
4. Label any and all uploaded files using the corresponding section numbers of the eRFP or any other logical name so that the State Entity can easily organize and navigate the supplier's response.
5. Use caution in creating electronic files to be uploaded. If the State Entity is unable to open an electronic file due to a virus or because the file has become corrupted, the supplier's response may be considered incomplete and disqualified from further consideration.
6. Use commonly accepted software programs to create electronic files. The State Entity has the capability of viewing documents submitted in the following format: Microsoft Word or WordPad, Microsoft Excel, portable document format file (PDF), and plain text files with the file extension noted in parentheses (.txt). Unless the eRFP specifically requests the use of another type of software or file format than those listed above, please contact the Issuing Officer prior to utilizing another type of software and/or file format. In the event the State Entity is unable to open an electronic file because the State Entity does not have ready access to the software utilized by the supplier, the supplier's response may be considered incomplete and disqualified from further consideration.

2.2.4. Uploading Forms

Once the supplier is ready to upload electronic files (completed forms or worksheets, product sheets, etc.), please follow the directions within the eRFP to upload these documents in the proper location. Do not upload forms until you are ready to submit your response in the system.

1. The supplier must first access the Sourcing Event in eSource using the instructions provided in Section 2.2.2 "eRFP Review" of this eRFP.
2. The "Response Documents" section of the Sourcing Event provides a place for the supplier to upload all of the documents and worksheets necessary to complete the supplier's response.
3. Once all files are complete, properly labeled and ready to be uploaded, the supplier can then select "Upload Completed Response Documents" button to upload the completed documents. The supplier can upload as many documents as necessary in this section of the Sourcing Event.

1. Once all files are uploaded, the supplier should carefully review its response as noted in Section 2.2.5 prior to submitting the response as described in Section 2.2.6. If the supplier determines the final response is not ready to be submitted, the supplier can select the "Respond at a later time" button to exit eSource without submitting a response. The supplier may then return later and reload its files.

2.2.5. Reviewing the Response Prior to Submission

Each supplier is responsible for ensuring all questions have been answered appropriately and that all necessary documents have been uploaded. Prior to submitting the response, please review the following checklist:

1. Please review and confirm that all questions have been answered appropriately. Please ensure that the correct response has been provided.
2. Please review and confirm that the most competitive response has been provided.
3. Please confirm that all necessary files have been uploaded. All documents uploaded by the supplier may be viewed by accessing the "Response Documents" section of the Sourcing Event.

2.2.6. Submitting the Completed Response

Complete the following steps to submit your response:

1. Once the completed response has been reviewed by the supplier, click the "Respond Now" button at the bottom of the screen of the Sourcing Event within eSource.
2. You will then be given an opportunity to confirm the submission of your response. At this point, you may either click "Cancel" to return to the submission form or click "OK" to finalize your submission. Any information entered by a supplier into eSource but not submitted prior to the submission deadline will not be accepted by the eSource system and will not be considered for award. Only after a supplier selects the "OK" button to finalize submission will the response to the eRFP be sent electronically.
3. On receipt of the supplier's response, the eSource system time stamps the supplier's response, sends a confirmation email to the supplier's email address and displays a receipt confirmation screen message with instructional information to the supplier. If you do not receive a confirmation email, you must promptly contact the Help Desk identified in Section 2.2.8 of this eRFP.
4. Please note that submission is not instantaneous; therefore, each supplier must **allow ample time for the response to be submitted prior to the submission deadline**.

Although a supplier's response has been submitted within eSource, the response will not be released to the State Entity until the closing date and time of the eRFP expires. As a result, the State Entity cannot know whether the supplier's response is correct or complete until after the eRFP has closed. Therefore, please ensure you review your response carefully prior to submission to ensure it is correct and complete.

2.2.7. Reviewing, Revising or Canceling a Submitted Response

After the response has been submitted, the supplier may view and/or revise its response by logging into the eSource Sourcing Event any time prior to the close date and time of the Sourcing Event via the link and user credentials contained in the supplier's emailed eSource invitation for this specific eRFP.

1. REVIEW ONLY. In the event the supplier only wishes to view a submitted response, the supplier may access its submitted response via the link and user credentials of its eSource invitation. Select the links listed in the "Response Documents" section of the Sourcing Event in eSource to access all submitted documents. Once the supplier has finished viewing the response, the supplier may simply exit the screen.

2. REVIEW AND REVISE. In the event the supplier desires to revise a previously submitted response, the supplier must access its submitted response via the link and user credentials of its eSource invite. The supplier must select the "Upload Completed response documents" button in the "Response Documents" section of the Sourcing Event in eSource. The supplier may upload documents, delete previously submitted response documents, and/or modify the supplier's contact information or comments. The supplier must click the "Update Your Response" button to submit all changes. Please permit adequate time to revise and then resubmit the response. Please note submission is not instantaneous and may be affected by several events, such as the supplier temporarily losing a connection to the Internet.

   AS EACH SUPPLIER IS SOLELY RESPONSIBLE FOR RESUBMITTING ITS RESPONSE PRIOR TO THE eRFP END DATE AND TIME TO ENSURE THE RESPONSE MAY BE CONSIDERED BY THE STATE ENTITY, PLEASE USE CAUTION IN DECIDING WHETHER OR NOT TO MAKE REVISIONS. The State will assume no responsibility for a supplier's inability to correct errors or otherwise make revisions to the submitted response or the supplier's inability to resubmit a response prior to the eRFP end date and time.

3. WITHDRAW/CANCEL. In the event the supplier desires to withdraw/cancel a previously submitted response prior to the close date and time of the eSource Sourcing Event. The supplier must access the eSource Sourcing Event and click on the "Complete Delete of Your Response" button. To finalize the withdrawal the supplier must then click "OK" in response to the following prompt: "**You are about to cancel your eSource bid. Is this what you want to do**?" In the event a supplier desires to withdraw its response after the closing date and time, the supplier must promptly submit a request in writing to the Issuing Officer.

2.2.8. Help Desk Support

For technical questions related to the use of eSource, suppliers have access to phone support through the SPD Customer Service Help Desk at 404-657-6000, Monday through Friday 8:00 AM to 5:00 PM excluding State Holidays or any other day state offices are closed such as furlough days or closings in response to inclement weather. Suppliers can also email questions to: ProcurementHelp@doas.ga.gov.

3. General Business Requirements

This section contains general business requirements. By submitting a response, the supplier is certifying its agreement to comply with all of the identified requirements of this section and that all costs for complying with these general business requirements are included in the supplier's submitted pricing.

3.1. Standard Insurance Requirements

If awarded a contract, the supplier shall procure and maintain, until all of its obligations have been discharged (including any warranty periods under the statewide contract have been satisfied), insurance which shall protect the supplier and the State of Georgia (as an additional insured) from any claims for bodily injury, property damage, or personal injury covered by the indemnification obligations set forth in the contract attached to this solicitation throughout the duration of the contract. The supplier shall procure and maintain the insurance policies described below at the supplier's own expense and shall furnish the State Entity an insurance certificate listing the State of Georgia as certificate holder and as an additional insured. The insurance certificate must document that the Commercial General Liability insurance coverage purchased by the supplier includes contractual liability coverage applicable to the contract. In addition, the insurance certificate must provide the following information: the name and address of the insured; name, address, telephone number and signature of the authorized agent; name of the insurance company (authorized to operate in Georgia); a description of coverage in detailed standard terminology (including policy period, policy number, limits of liability, exclusions and endorsements); and an acknowledgment of notice of cancellation to the State Entity.

The supplier is required to maintain the following insurance coverage's during the term of the contract:

1) Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that the supplier qualifies to pay its own workers compensation claims.) In addition, the supplier shall require all subcontractors occupying the premises or performing work under the contract to obtain an insurance certificate showing proof of Workers Compensation Coverage with the following minimum coverage:

Bodily injury by accident - per employee	$100,000;
Bodily injury by disease - per employee	$100,000;
Bodily injury by disease – policy limit	$500,000.

2) Commercial General Liability Policy with the following minimum coverage:

Each Occurrence Limit	$1,000,000
Personal & Advertising Injury Limit	$1,000,000
General Aggregate Limit	$ 2,000,000
Products/Completed Ops. Aggregate Limit	$ 2,000,000

3)	Automobile Liability Combined Single Limit	$1,000,000
4)	Professional Liability (malpractice)	$3,000,000
5)	Fidelity Coverage	$1,000,000
6)	Umbrella Liability	$2,000,000

The Supplier shall add the "State of Georgia, its officers, employees and agents" as an additional insured under the commercial general, Automobile, Fidelity, Umbrella and Professional liability policies.

The foregoing policies shall contain a provision that coverage afforded under the policies will not be canceled, or not renewed or allowed to lapse for any reason until at least thirty (30) days prior written notice has been given to the State Entity. Certificates of Insurance showing such coverage to be in force shall be filed with the State Entity prior to commencement of any work under the contract. The foregoing policies shall be obtained from insurance companies authorized to do business in Georgia and shall be with companies acceptable to the State Entity, which must have a minimum A.M. Best rating of A-. All such coverage shall remain in full force and effect during the term and any renewal or extension thereof.

Within ten (10) business days of the Notice of Intent to Award, the apparent successful Supplier must procure the required insurance and provide the State Entity with two (2) Certificates of Insurance. Certificates must reference the contract number. The supplier's submitted pricing must include the cost of the required insurance. No contract performance shall occur unless and until the required insurance certificates are provided.

3.2. Bonds and/or Letter of Credit

The awarded supplier(s) shall be required to furnish a performance bond to the State Entity for the faithful performance on the contract in an amount no less than 25% of the annual total amount of the contract. The bond shall be issued by a Corporate Surety authorized to do business with the State of Georgia. The performance bond/letter of credit must be submitted to the State Entity within ten (10) calendar days of the date the contract is awarded, but in any event, prior to the beginning of any contract performance by the awarded supplier.

3.3. Proposal Certification

By responding to this solicitation, the supplier understands and agrees to the following:

1. That this electronically submitted proposal constitutes an offer, which when accepted in writing by the State Entity, and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the supplier and the State Entity; and
2. That the supplier guarantees and certifies that all items included in the supplier's response meet or exceed any and all of the solicitation's identified specifications and requirements except as expressly stated otherwise in the supplier's response; and
3. That the response submitted by the supplier shall be valid and held open for a period of **one hundred and twenty (120) days** from the final solicitation closing date and that the supplier's offer may be held open for a lengthier period of time subject to the supplier's consent; and
4. That the supplier's response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and is in all respects fair and without collusion or fraud. Supplier understands and agrees that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards; and
5. That the provisions of the Official Code of Georgia Annotated, Sections 45-10-20 et seq. have not been violated and will not be violated in any respect.

4. eRFP Proposal (Bid) Elements

This section contains the detailed technical requirements and related services for this Sourcing Event. Suppliers are required to download, complete and then upload the Worksheets titled Mandatory Response Worksheet", "Mandatory Scored Requirement Worksheet" "Cost Proposal" and "Additional Scored Response Worksheet" found as attachments in the Sourcing Event. Although many solicitations will contain all of the worksheets noted above, it is possible that a solicitation will not contain all of the worksheets. In the event all four worksheets are not available as downloadable forms to this eRFP, please confirm with the Issuing Officer that all four worksheets are not required.

Unless requested otherwise, all responses should be provided within the worksheets and not as a separately attached document. Except as otherwise indicated, all requested forms and documents must be submitted electronically via the sourcing tool as an uploaded document to the supplier's response. These worksheets together with any and all other documents submitted in response to Section 4 of this eRFP will be considered the supplier's technical proposal.

The State Entity has determined that it is best to define its own needs, desired operating objectives, and desired operating environment. The State Entity will not tailor these needs to fit particular solutions suppliers may have available; rather, the suppliers shall propose to meet the State Entity's needs as defined in this eRFP. All claims shall be subject to demonstration. Suppliers are cautioned that conditional proposals, based upon assumptions, may be deemed non-responsive.

4.1. Technical Proposal Introduction

All of the items described in this section are service levels and/or terms and conditions that the State Entity expects to be satisfied by the selected supplier. Each supplier must indicate its willingness and ability to satisfy these requirements in the appropriate worksheets.

4.2. Supplier General Information

Each supplier must complete all of the requested information in the sourcing event related to Corporate composition and demographics.

4.3. Mandatory Requirements

As specified with each requirement listed in the **Mandatory Response Worksheet**, the supplier must indicate whether its proposal meets the individual requirements by marking either a "YES" or "NO" in the response block provided. A Pass/Fail evaluation will be utilized for all mandatory requirements. Ordinarily, to be considered responsive, responsible and eligible for award, all questions identified as mandatory must be marked "YES" to pass. There may be rare instances in which a response of "NO" is the correct and logical response in order to meet the mandatory requirement (e.g. responding "NO" that the supplier does not possess any conflicts of interest). Otherwise, any mandatory questions marked "NO" will fail the technical requirements and will result in disqualification of the proposal.

DO NOT INCLUDE ANY COST/PRICING INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4.4. Mandatory Scored Response

As specified with each requirement listed in the **Mandatory Scored Response Document**, the supplier must indicate whether it will meet the individual requirement (if any) and provide a supporting narrative in the space provided. To be considered responsive, responsible and eligible for award, any and all requirements identified in the Mandatory Scored Response Document must be met. There may be rare instances in which an item within the Mandatory Scored Response Document does not create an individual requirement which must be met, but, instead, merely requires a response. All requirements labeled "Mandatory Scored" must be met by the supplier. Failure to meet any mandatory scored requirements may result in disqualification of the proposals. The narrative description, along with any required supporting materials, will be evaluated and awarded points in accordance with Section 6 "Proposal Evaluation, Negotiations and Award" of this eRFP.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4.5. Additional Scored Responses

No additional scored responses are requested.

5. Cost Proposal

5.1. Cost Proposal

Each supplier is required to submit a cost proposal as part of its response. The cost proposal will be evaluated and scored in accordance with Section 6 "Proposal Evaluation, Negotiations and Award" of this eRFP. By submitting a response, the supplier agrees that it has read, understood, and will abide by the following instructions/rules:

1. The submitted cost proposal must include all costs of performing pursuant to the resulting contract; and
2. Cost proposals containing a minimum order/ship quantity or dollar value, unless otherwise called for in the eRFP, will be treated as non-responsive and may not be considered for award; and
3. In the event there is discrepancy between the supplier's unit price and extended price, the unit price shall govern;
4. In the event there is a discrepancy between (1) the supplier's pricing as quoted on the eRFP's provided cost worksheet and (2) the supplier's pricing as quoted by the supplier in one or more additional documents, the former shall govern; and
5. The prices quoted and listed in the cost proposal shall be firm throughout the term of the resulting contract, unless otherwise noted in the eRFP or contract.

5.2. Cost Structure and Additional Instructions

The State Entity's intent is to structure the cost format in order to facilitate comparison among all suppliers and foster competition to obtain the best market pricing. Consequently, the State Entity requires that each supplier's cost be in the format outlined below. Additional alternative cost structures will not be considered. Each supplier is cautioned that failure to comply with the instructions listed below, submission of an incomplete offer, or submission of an offer in a different format than the one requested may result in the rejection of the supplier's proposal.

Enter all information directly into the cost sheet(s). Enter numbers on each cost sheet in "number" (two-place decimal), not "currency" or other format unless otherwise stated. That is, omit dollar signs, commas, and any other non-essential symbols. (e.g., $7.90 should be entered as 7.90) Prices must be in US Dollars. Enter "n/a" to indicate not available or "0" if there is no charge. Cells left blank will be interpreted as "no offer".

Download the cost worksheet, complete the worksheet and then upload the worksheet by following the instructions in the third bullet of Section 2.2.4 "Uploading Forms" of this eRFP.

6. Proposal Evaluation, Negotiations and Award

All timely proposals will be evaluated in accordance with the following steps. The objective of the evaluation process is to identify the proposal which represents the best value to the State Entity based on a combination of technical and cost factors. Based on the results of the initial evaluation, the State Entity may or may not elect to negotiate technical and/or cost factors as further described in the eRFP. In the event negotiations of the technical and/or cost factors occur, the revised proposals will be reevaluated in accordance with the provisions of Section 6.4 "Scoring Criteria" of this eRFP. Once the evaluation process has been completed (and any negotiations the State Entity desires to conduct have occurred), the apparent successful supplier(s) will be required to enter into discussions with the State Entity to resolve any exceptions to the State Entity's contract. The State Entity will announce the results of the eRFP as described further in Section 6.9 "Public Award Announcement" of this eRFP.

6.1. Administrative/Preliminary Review

First, the proposals will be reviewed by the Issuing Officer to determine the proposal's compliance with the following requirements:

1. Proposal was submitted by deadline in accordance with Section 2
2. Proposal is complete and contains all required documents. In the event that the Issuing Officer may make a determination of immaterial deviation as specified in the Section 2.1.7
3. Technical Proposal does not include any pricing from the Cost Proposal
4. Supplier is eligible to respond to the solicitation.

6.2. Evaluating Proposal Factors (Section 4)

If the supplier's proposal passes the Administrative/Preliminary Review, the supplier's responses to Section 4 "eRFP Proposal Factors" will be submitted to the Evaluation Team for evaluation.

6.2.1. Review of Mandatory and Mandatory Scored Questions

The Evaluation Team will review each proposal in detail to determine its compliance with mandatory eRFP requirements. Responses to both "Mandatory" and "Mandatory Scored" Questions will be evaluated on a pass/fail basis. If a proposal fails to meet a mandatory and/or mandatory scored eRFP requirement, the State Entity will determine if the deviation is material. A material deviation will be cause for rejection of the proposal. An immaterial deviation will be processed as if no deviation had occurred. All proposals which meet the requirements of the "Mandatory" and "Mandatory Scored" Questions are considered "Responsive Proposals" at this point in time and will be scored in accordance with the point allocation in Section 6.4 "Scoring Criteria" of this eRFP.

6.2.2. Review of Additional Scored Information Questions

For all proposals determined to be "Responsive Proposals", the Evaluation Team will review and score the responses to the Additional Scored Information (if any) in accordance with the point allocation in Section 6.4 "Scoring Criteria" of this eRFP.

The supplier will receive a total technical score at the conclusion of the evaluation of the eRFP Proposal Factors.

6.3. Evaluating Cost Proposal and Total Combined Score

The cost proposals will be reviewed and scored in accordance with Section 6.4 "Scoring Criteria." To expedite the evaluation process, the State Entity reserves the right to analyze the cost proposals independently, but at the same time the Evaluation Team is analyzing the technical proposals, provided neither the cost proposals nor the cost analysis is disclosed to the Evaluation Team until the Evaluation Team completes its initial evaluation and scoring of the eRFP Proposal Factors.

6.3.1. Cost Scoring

DOAS may utilize lowest cost, lowest total cost or total cost of ownership (TCO) to determine the most competitive cost proposal. The cost proposal will receive a score for each category (Mental Health Services and Dental Services) relative to other proposals; however, the cost proposal may also receive a score on an overall basis relative to other proposals. Specifically, in the event that two or more Supplier responses to the eRFP contain pricing for both categories (Mental Health and Dental Services) a single combined total cost score may be determined. In the event the cost proposal is scored overall, DOAS will assign the maximum points for the most competitive proposal at that level. Other proposals will receive a percentage of the weighted points available based on the percentage differential between the most competitive cost proposal (at the designated level) and the specific proposal in question.

6.3.2. Georgia Enterprises for Products and Services (GEPS)

In the event the issuing officer has received a response from GEPS, the issuing officer must factor in a price preference of 8% for purposes of cost evaluation. The price preference of 8% has been approved by DOAS in accordance with the State Use Law set forth at O.C.G.A. 50-5-135 et seq., which is intended to create opportunities for disabled persons employed by community-based rehabilitation programs and training centers that are certified by the State Use Council. To implement the price preference, the issuing officer must lower GEPS' price by 8% when comparing GEPS' price with any other supplier's response. However, in the event GEPS wins the contract award, GEPS must be paid at its actual bid price.

6.3.3. Total Score

The supplier's cost score will be combined with the supplier's technical score by category to determine the supplier's overall score per category. If the supplier proposes both categories, a weighted technical score will be combined with the combined price offer.

6.4 Scoring Criteria

The evaluation is comprised of the following:

Category	Criteria	Points
Cost	1. Cost of services for Category 1, Mental Health 2. Cost of services for Category 2. Dental Health	400 points per category
Technical/Proposal Factors	3."Mandatory" Requirements	Pass/Fail
Technical/Proposal Factors	4."Mandatory Scored" Category 1, Mental Health 5. Mandatory Scored Category 2, Dental Health	600 points per category
Total	N/A	1000 points by category

6.5. Georgia Based Business/Reciprocal Preference Law O.C.G.A. §50-5-60(b)

For the purposes of evaluation only, suppliers resident in the State of Georgia will be granted the same preference over suppliers resident in another state in the same manner, on the same basis, and to the same extent that preference is granted in awarding bids for the same goods or services by such other state to suppliers resident therein over suppliers resident in the State of Georgia. NOTE: For the purposes of this law, the definition of a resident supplier is a supplier who is domiciled in the State of Georgia.

6.6. Negotiations of Proposals and/or Cost Factors

DOAS possesses discretionary authority to conduct one or more rounds of negotiations of technical proposal and/or cost factors as permitted by Georgia law and DOAS' established procurement policy. This section of the eRFP describes DOAS' process for utilizing its discretionary negotiation authority as defined by O.C.G.A. Section 50-5-67(a)(6). No state entity is permitted to conduct negotiations of proposal and/or cost factors without DOAS' supervision unless DOAS has expressly authorized the state entity to conduct negotiations on its own. Although this section addresses DOAS' right to negotiate in accordance with O.C.G.A. §50-5-67(a)(6), DOAS/State Entity reserves the right to conduct any other negotiations authorized by law.

The objective of negotiations is to obtain the supplier's best terms. PLEASE NOTE: NEGOTIATIONS ARE DISCRETIONARY; THEREFORE, THE STATE ENTITY URGES THE SUPPLIER (1) TO SUBMIT ITS BEST RESPONSE AND (2) NOT TO ASSUME THE SUPPLIER WILL BE GRANTED AN OPPORTUNITY TO NEGOTIATE.

6.6.1. Overview of Negotiations

After the Evaluation Team has scored the suppliers' proposals, the State Entity may elect to enter into one or more rounds of negotiations with all responsive and responsible suppliers or only those suppliers identified by the Evaluation Team as being in the competitive range. The competitive range will not be selected arbitrarily and those suppliers included in the competitive range must have highly scored proposals.

After each round of negotiations (if any), the supplier will submit revisions to its proposal factors and/or cost proposal, which revisions will be scored by the Evaluation Team in accordance with the same criteria used to evaluate the initial responses from the suppliers. Suppliers may be removed from further participation in the negotiation process in the event the Evaluation Team determines the supplier cannot be considered responsive and responsible or based on the competitive range as defined in Section 6.6.3 "Competitive Range."

The State Entity reserves the right to proceed to award without further discussions after receipt of the initial proposals, in which case, negotiations and Proposal Revisions will not be required.

6.6.2. Negotiation Instructions

Listed below are the key action items related to negotiations. The State's Negotiation Committee may consist of the State's Evaluation Committee or may be comprised of different people. However, evaluation of proposals or revised proposals shall be completed only by the State's Evaluation Committee.

1. **Negotiation Invitation**: Those suppliers identified by the Evaluation Committee to negotiate will be notified and invited to attend negotiations. Suppliers will be notified in writing: (i) the general purpose and scope of the negotiations; (ii) the anticipated schedule for the negotiations; and (iii) the procedures to be followed for negotiations.

2. **Confirmation of Attendance**: Suppliers who have been invited to participate in negotiations must confirm attendance.

3. **Negotiations Round(s)**: One or more rounds of negotiations may be conducted with those suppliers identified by the State's Evaluation Team.

6.6.3. Competitive Range

If the State Entity elects to negotiate pursuant to Section 6.6, the State Entity may either (1) elect to negotiate with all responsive and responsible suppliers, (2) limit negotiations to those suppliers identified within the competitive range, or (3) limit negotiations to the number of suppliers with whom the State Entity may reasonably negotiate as defined below. In the event the State Entity elects to limit negotiations to those suppliers identified within the competitive range, the State Entity will identify the competitive range by (1) ranking suppliers' proposals from highest to lowest based on each supplier's Total Combined Score and (2) then looking for breaks in the scores such that natural groupings of similar scores may be identified. In the event the State Entity determines the number of responsive and responsible suppliers is so great that the State Entity cannot reasonably conduct negotiations (which determination shall be solely at the State Entity's discretion and shall be conclusive), the State Entity may elect to limit negotiations to the top three (3) ranked suppliers as determined by the Total Combined Score.

6.6.4. Negotiation Round Completion

As part of each round of negotiation, the State Entity may or may not engage in verbal discussions with the suppliers. However, whether or not the State Entity engages in verbal discussions, any revisions the supplier elects to make to its response must be submitted in writing via email by the end date and time identified by the Issuing Officer. All revisions received by the due date and time

will be evaluated and re-scored by the Evaluation Team in accordance with the same criteria used to evaluate the initial responses from the suppliers. Revisions which are not received prior to the due date and time cannot be considered; however, any supplier failing to submit timely revisions will not be disqualified from consideration for award based on its final proposal as accepted by the State Entity.

6.7. Selection and Award

The primary objective of this eRFP is to identify a SINGLE source of supply for Mental Health and Dental Services statewide (from a responsive and responsible Supplier receiving the highest Total Combined Score with whom the State is able to reach agreement as to contract terms and conditions). In a combined award, the State's expectation is to receive lower pricing, when compared to pricing offered individually by category.

Separate contract awards may be made to a Supplier to solely provide either Mental or Dental services, if it is determined to be in the best interest of the State. DOAS reserves the right to make single contract award for each category, to a supplier presenting the best overall solution for the category.

DOAS reserves the right to accept or reject any and all quotes, or separable portions, and to waive any minor irregularity, technicality or omission if DOAS determines that doing so will serve the State's best interest. DOAS reserves the right to: (a)request clarifications from Suppliers(s); (b) request resubmissions from all Supplier(s); and (c) take any other action as permitted by law.

6.8. Site Visits and Oral Presentations

The State Entity reserves the right to conduct site visits or to invite suppliers to present their proposal factors/technical solutions to the Evaluation Team. Cost proposals and related cost information must not be discussed during the oral presentation of the supplier's technical solution. Nothing in this section shall prohibit the Negotiation Team from discussing both proposal factors and cost information during the negotiation process defined by Section 6.6 "Negotiations of Proposals and/or Cost Factors".

6.9. Public Award Announcement

The preliminary results of the evaluation will be announced through the public posting of a Notice of Intent to Award. The Notice of Intent to Award ("NOIA") is not notice of an actual contract award; instead, the NOIA is notice of the State Entity's expected contract award(s) pending resolution of the protest process. The NOIA (if any) will identify the apparent successful supplier(s), unsuccessful supplier(s), and the reasons why any unsuccessful suppliers were not selected for contract award. NO SUPPLIER SHOULD ASSUME PERSONAL NOTICE OF THE NOTICE OF INTENT TO AWARD ("NOIA") WILL BE PROVIDED BY THE STATE ENTITY. INSTEAD, ALL SUPPLIERS SHOULD FREQUENTLY CHECK THE GEORGIA PROCUREMENT REGISTRY FOR NOTICE OF THE NOIA.

The Notice of Award ("NOA") is the State Entity's public notice of actual contract award(s). The NOA will be publicly posted to the Georgia Procurement Registry.

7. Contract Terms and Conditions

The contract that the State Entity expects to award as a result of this eRFP will be based upon the eRFP, the successful supplier's final response as accepted by the State Entity and the contract terms and conditions, which terms and conditions can be downloaded from the Sourcing Event. The "successful supplier's final response as accepted by the State Entity" shall mean: the final cost and technical proposals submitted by the awarded supplier and any subsequent revisions to the awarded supplier's cost and technical proposals and the contract terms and conditions due to negotiations, written clarifications or changes made in accordance with the provisions of the eRFP, and any other terms deemed necessary by the State Entity, except that no objection or amendment by the supplier to the eRFP requirements or the contract terms and conditions shall be incorporated by reference into the contract unless the State Entity has explicitly accepted the supplier's objection or amendment in writing.

Please review the State Entity's contract terms and conditions prior to submitting a response to this eRFP. Suppliers should plan on the contract terms and conditions contained in this eRFP being included in any award as a result of this eRFP. Therefore, all costs associated with complying with these requirements should be included in any pricing quoted by the suppliers. The contract terms and conditions may be supplemented or revised before contract execution and are provided to enable suppliers to better evaluate the costs associated with the eRFP and the potential resulting contract.

Exception to Contract

By submitting a proposal, each supplier acknowledges its acceptance of the eRFP specifications and the contract terms and conditions without change except as otherwise expressly stated in the submitted proposal. If a supplier takes exception to a contract provision, the supplier must state the reason for the exception and state the specific contract language it proposes to include in place of the provision. Any exceptions to the contract must be provided as a red-line, markup of the posted contract, with inserted comments specifying the need for changes, and uploaded and submitted as an attachment to the supplier's response. Proposed exceptions must not conflict with or attempt to preempt mandatory requirements specified in the eRFP.

In the event the supplier is selected for potential award, the supplier will be required to enter into discussions with the State Entity to resolve any contractual differences before an award is made. These discussions are to be finalized and all exceptions resolved within the period of time identified in the schedule of events. Failure to resolve any contractual issues will lead to rejection of the supplier. The State Entity reserves the right to proceed to discussions with the next best ranked supplier.

The State Entity reserves the right to modify the contract to be consistent with the apparent successful offer, and to negotiate other modifications with the apparent successful supplier. Exceptions that materially change the terms or the requirements of the eRFP may be deemed non-responsive by the State Entity, in its sole discretion, and rejected. Contract exceptions which grant the supplier an impermissible competitive advantage, as determined by the State Entity, in its sole discretion, will be rejected. If there is any question whether a particular contract exception would be permissible, the supplier is strongly encouraged to inquire via written question submitted to the Issuing Officer prior to the deadline for submitting written questions as defined by the Schedule of Events.

8. List of eRFP Attachments

The following documents make up this eRFP. Please see Section 2.2.2 "eRFP Review" for instructions about how to access the following documents. Any difficulty locating or accessing the following documents should be immediately reported to the Issuing Officer.

A. State Entity eRFP (this document)
B. Scope of Services – Mental Health
C. Scope of Services – Dental Health
D. GDC Criminal Driver's History Consent Form – **Due no later than January 17th, 2018.**
E. Mandatory Response Worksheet from Section
F. Mandatory Scored Response Worksheet – Category 1, Mental Health Services
G. Mandatory Scored Response Worksheet – Category 2, Dental Health Services
H. Cost Worksheet – see tabs for Category 1, Category 2 and Combined Offer
I. State Contract from Section 7 "Contract Terms and Conditions" of this eRFP
J. Standard Operating Procedures- Mental Health
K. Standard Operating Procedures – Dental Health
L. Utilization Data – Mental Health Services
M. Utilization Data – Dental Health Service
N. Supplier's General Information Worksheet from Section 4.2 of this eRFP
O. Tax Compliance Form
P. SPD-SP054 Immigration and Security Form
Q. Questions and Answers Form

R. Reference Sheet
S. DH Equipment Survey and Facility Catchment
T. SOP Cross Walk
U. Current Mental and Dental Health Contract
V. Dental Audit Tool and Peer Review
W. MH Services Providers, Functions, and Ratios
X. MH COMPREHENSIVE AUDIT TOOL

State of Georgia

State Entity: Georgia Department of Corrections
Electronic Request for Proposals ("eRFP")
Event Name: Mental Health and Dental Health Services for Offenders
eRFP (Event) Number: ES-RFP-46700-415

1. Introduction

1.1. Purpose of Procurement

Pursuant to the State Purchasing Act (Official Code of Georgia Annotated §§50-5-50 et seq.), this electronic Request for Proposals ("eRFP") is being issued on behalf of the Georgia Department of Corrections (hereinafter, "the State Entity" or "GDC") to establish a single or multiple award contract with a qualified supplier(s) who will provide either Mental Health Services (Category 1) and/or Dental Services (Category 2) for Offenders as further described in this eRFP.

Category 1: Mental Health Services, Overview

Mental Health Services are provided within thirty-one (31) facilities to approximately 9,000 Offenders with varying levels of mental health diagnoses. Extensive statistical data is available including inmate demographics, educational, psychological, physical, medical information, correctional and criminal history can be accessed following this link:

http://www.dcor.state.ga.us/Research/Monthly_Profile_mental_health_inmates

In addition, the scope of work for mental health services includes staffing and counseling support for two (2) Integrated Treatment Facilities (ITF). An ITF is a nine-month program that actively combines interventions intended to address substance use and mental health disorders with the goal of treating both disorders, related problems, and the whole person more effectively. There is one female facility located in Zebulon and one male facility located in Baxley which was created to treat offenders who have a history of both substance abuse and mental health disorders. The following link offers an overview of the ITF program:

http://www.dcor.state.ga.us/sites/all/files/pdf/Research/Fact_Sheets/Info_Sheets_SubstanceMentalHealthPrograms.pdf

The complete scope of work for Mental Health Services may be referenced in Attachment B

Category 2: Dental Health Services, Overview

The Dental Health delivery system for oral care is provided to each inmate in Georgia. Every inmate has access to the full range of dental services offered at the resident facility or referral facility. Dental health services shall be provided to State of Georgia prison inmates statewide. A successful supplier will provide dental health services to Georgia prison inmates utilizing Georgia licensed and qualified dentists and dental hygienists, and qualified dental assistants. The services will include diagnostic services, urgent care, routine and specialized dental services. The following link provides an overview of the program:

http://www.dcor.state.ga.us/Divisions/InmateServices/healthServices_dental

The complete scope of work for Dental Health Services may be referenced in Attachment C.

Mandatory Site Visit Background Checks Process, submitted by January 17th, 2018:

GDC has coordinated a tour schedule of three (3) correctional facilities and one (1) residential treatment facility for Suppliers interested in submitting proposal in response to this eRFP**. Attendance during each visit is mandatory.**

Any Supplier that does not have a representative present during the date and time arranged by GDC for each site, will be deemed ineligible to provide a proposal for this solicitation. Please submit confirmation of interest in attending with a completed copy of the GDC Criminal Drivers History Consent Form (Attachment D) by sending an email to the Issuing Officer (carrie.steele@doas.ga.gov). In the email, please include the name of the company, the name and title of the representative that will be attending and attach a completed background check agreement for each attendee, by no later than noon, **January 17, 2018.** Confirmation will be provided of clearance or denial of attendees via email, no later than **January 19th, 2018.**

Please be advised that access can only be permitted with State or Federal picture identification. Suppliers will be limited to no more than two representatives during each tour. Each visitor must follow the prisons security guideline such as adhering to policy of no cameras, cell phone, computers or tobacco products. There will be no question and answer period at the facility, as this will be reserved for the mandatory pre-proposal conference. Please see the schedule of events for key dates and times related to the tours.

1.2. eRFP Certification

Pursuant to the provisions of the Official Code of Georgia Annotated §50-5-67(a), the State Entity certifies the use of competitive sealed bidding will not be practicable or advantageous to the State of Georgia in completing the acquisition described in this eRFP. Thus, competitive sealed proposals will be submitted in response to this eRFP. This eRFP is being sourced through an electronic sourcing tool approved by the Department of Administrative Services ("DOAS") and all suppliers' responses must be submitted electronically in accordance with the instructions contained in Section 2 "Instructions to Suppliers" of this eRFP. Electronic competitive sealed proposals will be administered pursuant to the Georgia Electronic Records and Signature Act. Please note electronic competitive sealed proposals meet the sealed proposal requirements of the State of Georgia, an electronic record meets any requirements for writing, and an electronic signature meets any requirements for an original signature.

1.3. Overview of the eRFP Process

The objective of the eRFP is to select a qualified supplier to provide the professional services outlined in this eRFP to the State Entity. This eRFP process will be conducted to gather and evaluate responses from suppliers for potential award. All qualified suppliers are invited to participate by submitting responses, as further defined below. After evaluating all suppliers' responses received prior to the closing date of this eRFP and following negotiations (if any) and resolution of any contract exceptions, the preliminary results of the eRFP process will be publicly announced, including the names of all participating suppliers and the evaluation results. Subject to the protest process, final contract award(s) will be publicly announced thereafter.

NOTE TO SUPPLIERS: The general instructions and provisions of this document have been drafted with the expectation that the State Entity will make multiple awards; however, please refer to Section 6.7 "Selection and Award" of this eRFP for information concerning the State Entity's actual award strategy (single, multiple, split awards, etc.).

1.4. Schedule of Events

The schedule of events set out herein represents the State Entity's best estimate of the schedule that will be followed. Delays to the procurement process may occur which may necessitate adjustments to the proposed schedule. Any changes to the dates up to the closing date of the eRFP will be publicly posted prior to the closing date of this eRFP. After the close of the eRFP, the State Entity reserves the right to adjust the remainder of the proposed dates, including the dates for evaluation, negotiations, award and the contract term on an as needed basis with or without notice.

Description	Date	Time
Release of eRFP	As Published on the Georgia Procurement Registry ("GPR")	N/A
Deadline for submitting GDC Criminal Drivers History Consent Form (Attachment D) and email indicating intent to participate in prison site visits to Carrie.Steele@doas.ga.gov	January 17, 2018	12: 00 p.m.
Confirmation to Suppliers of participants approval/denial via email	January 19th, 2018	5:00 p.m.
STATE PRISON SITE VISIT SCHEDULE **Attendance is: MANDATORY for each visit** Arrendale State Prison: 2023 Gainesville Highway South Alto, GA 30510 (706)776-4700 Georgia Diagnostic and Classification State Prison (GDCP): Highway 36 West Jackson, GA 30233 (770) 504-2000 West Central Prison 1070 County Farm Road Zebulon, GA 30295 (770) 567-0631 Augusta State Medical Prison 3001 Gordon Highway Grovetown, GA 30813 (706) 855-4700	 January 30, 2018 January 31, 2018 January 31, 2018 February 1, 2018	 10:00 a.m. 10:00 a.m. 2:30 p.m. 10:00 a.m.
Bidders/Offerors' Conference Location: **Attendance is: MANDATORY** Augusta State Medical Prison 3001 Gordon Highway Grovetown, GA 30813 (706) 855-4700	As Published on the GPR February 1, 2018	See GPR Following the Site Tour
Deadline for written questions sent via email to the Issuing Officer referenced in Section 1.5.	February 13, 2018	4:00 p.m. ET
Responses to Written Questions	March 6, 2018	5:00 p.m. ET
Deadline for written questions sent via email to the Issuing Officer referenced in Section 1.5.	March 13, 2018	5:00 p.m. ET
Responses to Written Questions	March 22, 2018	5:00 p.m. ET
Proposals Due/Close Date and Time	As Published on the GPR April 10, 2018	See GPR 3:00 p.m. ET
Oral Presentations (if deemed applicable)	1 to 4 Weeks after Closing	TBD
Proposal Evaluation Completed (on or about)	5 to 8 Weeks after Closing	N/A
Finalize Contract Terms (on or about)	9 to 12 Weeks after Closing	N/A

Notice of Intent to Award* [NOIA] (on or about)	12 to 14 Weeks after Closing	N/A
Notice of Award [NOA] (on or about)	10 calendar days after NOIA	N/A

* In the event the estimated value of the contract is less than $100,000, the State Entity reserves the right to proceed directly to contract award without posting a Notice of Intent to Award.

1.5. Official Issuing Officer (Buyer)

Carrie Steele
carrie.steele@doas.ga.gov

The Issuing Officer for this solicitation is listed below. All communication (questions, requests for clarification, status updates, etc.) related to this eRFP must be provided in writing to this individual as further detailed in Section 2.1.2, of this eRFP.

1.6. Definition of Terms

Please review the following terms:
Supplier(s) – companies desiring to do business with the State of Georgia.
State Entity – the governmental entity identified in Section 1.1 "Purpose of Procurement" of this eRFP.

Any special terms or words which are not identified in this State Entity eRFP Document may be identified separately in one or more attachments to the eRFP. Please download, save and carefully review all documents in accordance with the instructions provided in Section 2 "Instructions to Suppliers" of this eRFP.

1.7. Contract Term

The initial term of the contract(s) shall be from the date of award until the end of the State's current fiscal year. The State's fiscal year is from July 1st through June 30th. The State Entity shall possess 9 one (1) year option(s) to renew, which options shall be exercisable at the sole discretion of the State Entity. Renewal(s) will be accomplished through the issuance of a Renewal Amendment. In the event that the contract(s), if any, resulting from the award of this eRFP shall terminate or be likely to terminate prior to the making of an award for a new contract for the identified products and/or services, the State Entity may, with the written consent of the awarded supplier(s), extend the contract(s) for such period of time as may be necessary to permit the State Entity's continued supply of the identified products and/or services. The contract(s) may be amended in writing from time to time by mutual consent of the parties. Unless this eRFP states otherwise, the resulting award of the contract(s) does not guarantee volume or a commitment of funds.

2. Instructions to Suppliers

By submitting a response to the eRFP, the supplier is acknowledging that the supplier:

1. Has read the information and instructions,
2. Agrees to comply with the information and instructions contained herein.

2.1. General Information and Instructions

2.1.1. Team Georgia Marketplace™ Registration System

DOAS requires all companies and/or individuals interested in conducting business with the State of Georgia to register in the State's web-based registration system, through Team Georgia Marketplace™. Registration is free and enables the registering company to gain access to certain information, services and/or materials maintained in Team Georgia Marketplace™ at no charge to the registering company. All registering companies must agree to be bound by the applicable terms and conditions governing the supplier's use of Team Georgia Marketplace™. In the event DOAS elects to offer certain optional or premium services to registered companies on a fee basis, the

registered company will be given the opportunity to either accept or reject the service before incurring any costs and still maintain its registration. Companies may register at https://saofn.state.ga.us/psp/sao/SUPPLIER/ERP/?cmd=login

2.1.2. Restrictions on Communicating with Staff

From the issue date of this eRFP until the Notice of Award is posted (or the eRFP is officially cancelled), suppliers are not allowed to communicate for any reason with any State staff except through the Issuing Officer named herein, as allowed by the Issuing Officer during the Bidders/Offerors' conference (if any), or as provided by existing work agreement(s). Prohibited communication includes all contact or interaction, including but not limited to telephonic communications, emails, faxes, letters, or personal meetings, such as lunch, entertainment, or otherwise. The State Entity reserves the right to reject the response of any supplier violating this provision.

2.1.3. Submitting Questions

All questions concerning this eRFP, including questions posed at the Bidders/Offers conference (if any), must be submitted in writing via email to the Issuing Officer identified in Section 1.5 "Issuing Officer" of this eRFP. No questions other than written will be accepted. No response other than written will be binding upon the State. All suppliers must submit questions by the deadline identified in the Schedule of Events for submitting questions. Suppliers are cautioned that the State Entity may or may not elect to entertain late questions or questions submitted by any other method than as directed by this section. All questions about this eRFP should be submitted in the following format:

Company Name
Question #1 Question, *Citation of relevant section of the eRFP*
Question #2 Question, *Citation of relevant section of the eRFP*

Do not use the comments section of the Sourcing Event to submit questions to the issuing officer.

2.1.4. Attending Bidders/Offerors' Conference

The Bidders/Offerors' Conference or any other information session (if indicated in the schedule of events) will be held at the location referred to in Section 1.4 "Schedule of Events" of this eRFP. Unless indicated otherwise, attendance is not mandatory; although suppliers are strongly encouraged to attend. However, in the event the conference has been identified as mandatory, then a representative of the supplier must attend the conference in its entirety to be considered eligible for contract award. The supplier is strongly encouraged to allow ample travel time to ensure arrival in the conference meeting room prior to the beginning of any mandatory conference. The State Entity reserves the right to consider any representative that failed to sign in or arrives late to be "not in attendance." Therefore, all suppliers are strongly encouraged to arrive early to allow for unexpected travel contingencies.

2.1.5. State's Right to Request Additional Information – Supplier's Responsibility

Prior to contract award, the State Entity must be assured that the selected supplier has all the resources to successfully perform under the contract. This includes, but is not limited to, adequate number of personnel with required skills, availability of appropriate equipment in sufficient quantity to meet the on-going needs of the State Entity, financial resources sufficient to complete performance under the contract, and experience in similar endeavors. If, during the evaluation process, the State Entity is unable to assure itself of the supplier's ability to perform, if awarded, the State Entity has the option of requesting from the supplier any information deemed necessary to determine the supplier's responsibility. If such information is required, the supplier will be so notified and will be permitted a sufficient number of business days to submit the information requested.

2.1.6. Failing to Comply with Submission Instructions

Responses received after the identified due date and time or submitted by any other means than those expressly permitted by the eRFP will not be considered. Suppliers' responses must be complete in all respects, as required in each section of this eRFP.

2.1.7. Rejection of Proposals; State's Right to Waive Immaterial Deviation

The State Entity reserves the right to reject any or all responses, to waive any irregularity or informality in a supplier's response, and to accept or reject any item or combination of items, when to do so would be to the advantage of the State of Georgia. It is also within the right of the State Entity to reject responses **that do not contain all elements and information requested in this eRFP**. A supplier's response will be rejected if the response contains any defect or irregularity and such defect or irregularity constitutes a material deviation from the eRFP requirements, which determination will be made by the State Entity on a case-by-case basis. A minor informality or irregularity is one which is merely a matter of form or some immaterial variation from the exact requirements of the solicitation having no effect or merely a trivial or negligible effect on a Supplier's proposal's total price, quality, quantity, or delivery of the supplies or performance of the contract, and the correction or waiver of which would not be prejudicial to other Suppliers. DOAS maintains discretion to provide a supplier with an opportunity to cure any deficiency resulting from a minor informality or irregularity in a response or waive any such deficiency when it is to the advantage of the State. Such communication or determination shall be in writing. Examples of minor informalities or irregularities include, but are not limited to:

a. Failure of a Supplier to furnish the required information concerning the number of the Supplier's employees or failure to make a representation concerning its size.
b. Failure of a Supplier to furnish cut sheets or product literature
c. Failure of a Supplier to furnish financial statements
d. Failure of a Supplier to furnish references
e. Failure of a Supplier to indicate its contractor's license or other evidence of required licensure, except that a contract must not be awarded to the Supplier unless and until the Supplier is properly licensed under the laws of Georgia.

2.1.8. State's Right to Amend and/or Cancel the eRFP

The State Entity reserves the right to amend this eRFP. Any revisions must be made in writing prior to the eRFP closing date and time. By submitting a response, the supplier shall be deemed to have accepted all terms and agreed to all requirements of the eRFP (including any revisions/additions made in writing prior to the close of the eRFP whether or not such revision occurred prior to the time the supplier submitted its response) unless expressly stated otherwise in the supplier's response. THEREFORE, EACH SUPPLIER IS INDIVIDUALLY RESPONSIBLE FOR REVIEWING THE REVISED eRFP AND MAKING ANY NECESSARY OR APPROPRIATE CHANGES AND/OR ADDITIONS TO THE SUPPLIER'S RESPONSE PRIOR TO THE CLOSE OF THE eRFP. Suppliers are encouraged to frequently check the eRFP for additional information. Finally, the State Entity reserves the right to cancel this eRFP at any time.

2.1.9. Protest Process

Suppliers should familiarize themselves with the procedures set forth in Chapter 6 of the *Georgia Procurement Manual.*

2.1.10. Costs for Preparing Responses

Each supplier's response should be prepared simply and economically, avoiding the use of elaborate promotional materials beyond those sufficient to provide a complete presentation. The cost for developing the response and participating in the procurement process (including the protest process) is the sole responsibility of the supplier. The State will not provide reimbursement for such costs.

2.1.11. ADA Guidelines

The State of Georgia adheres to the guidelines set forth in the Americans with Disabilities Act. Suppliers should contact the Issuing Officer at least one day in advance if they require special arrangements when attending the Bidders/Offerors' Conference (if any). The Georgia Relay Center at 1-800-255-0056 (TDD Only) or 1-800-255-0135 (Voice) will relay messages, in strict confidence, for the speech and hearing impaired.

2.1.12. Public Access to Procurement Records

Solicitation opportunities will be publicly advertised as required by law and the provisions of the Georgia Procurement Manual. Information submitted in response to this solicitation will be processed in accordance with applicable State of Georgia procurement procedures, including O.C.G.A. §50-5-67 and the Georgia Open Records Act. Requests for copies of bids and proposals prior to final award of a contract shall be handled in accordance with the procedures outlined in O.C.G.A. § 50-5-67, the State Purchasing Act, whereas requests for procurement-related documents after final contract award or upon cancellation of a bid without intent to rebid are handled in accordance with the Georgia Open Records Act as provided in O.C.G.A. 50-18-71 et. seq. Proposals and bids, including documents pertaining to the solicitation, become the property of the State and shall be open to public inspection as follows:

2.1.12.1: State Purchasing Act: The State Purchasing Act delays the release of certain procurement records in the event the public disclosure of those records prior to DOAS's public announcements of the results of a solicitation would undermine the public purpose of obtaining the best value for the State such as cost estimates, proposals/bids, evaluation criteria, supplier evaluations, negotiation documents, offers and counter-offers, and certain records revealing preparation for the procurement. Pursuant to O.C.G.A. § 50-5-67, bids and proposals shall be made available for public inspection, upon request, within one business day of DOAS's posting of the Notice of Intent to Award (or the Notice of Award in the event DOAS does not issue the Notice of Intent to Award). Exceptions provided under the Georgia Open Records Act are not applicable to the disclosure requirements under the State Purchasing Act; therefore, all information other than audited financial statements, will be subject to public disclosure upon request, including information marked as "confidential", "proprietary", etc. DOAS is under no obligation to notify Supplier of disclosure of records under the State Purchasing Act.

2.1.12.2 Georgia Open Records Act: After final contract award has been made or after a bid has been cancelled following evaluation, without intent to rebid, requests for access to supplier proposals and/or communications, shall be subject to the disclosure provisions of Georgia's Open Records Act. Pursuant to O.C.G.A. § 50-18-71(a), DOAS must make all public records, including bid proposals, open for personal inspection and copying, except those records which by order of a court of this state or by law are specifically exempted.

2.1.12.2.1 Marking Submissions as "Confidential", "Proprietary", or "Trade Secret: If a Supplier considers any portion of the documents, data, or records submitted in response to this solicitation to be exempt from disclosure under Georgia law, the Supplier must clearly mark each such submission, or portions of the submission, considered to be exempt from disclosure as "Confidential," "Proprietary", or "Trade Secret." All markings must be conspicuous; use color, bold, underlining, or some other method in order to conspicuously distinguish the mark from the other text. Wholesale designation of a response or substantial

parts of a response as “Confidential” will not be accepted by the State. If only portions of a page are subject to some protection, Supplier should not mark the entire page. Even though information submitted by a Supplier may be marked as "confidential", "proprietary", “trade secret” etc., the State will make its own determination regarding what information may or may not be withheld from disclosure.

2.1.12.2.2 Submission of Redacted Copies: If Supplier considers any portion of its bid/proposal to the solicitation to be trade secret or otherwise not subject to public disclosure under Georgia Open Records Act, Supplier must, in addition to the required original documents, provide a separate redacted electronic copy of its bid/proposal, preferably in PDF format, and briefly describe in a separate writing, as to each item redacted, the grounds for claiming exemption from the public records law, including citation to the appropriate exemption form disclosure requirements provided under Georgia law. This redacted copy should be clearly marked “Redacted Copy-Available for Public Review.” In addition, the electronic file name should include the words **“Redacted Copy”** at the **beginning of the file name**. The redacted copy shall be submitted at the same time Supplier submits its bid/proposal and must only exclude or redact those specific portions that are claimed not subject to disclosure. The redacted copy should reflect the same pagination as the original and show the location from which information was redacted. Except for the redacted information, the redacted electronic copy must be identical to the original bid/proposal. The redacted copy will be open to public inspection under the Georgia Open Records Act without further notice to the Supplier. If Supplier fails to submit a redacted copy with its bid/proposal, the State is authorized to produce the Supplier’s bid/proposal with the exception of audited financial statements in answer to any public records request under the Georgia Open Records Act. Even though information submitted by a Supplier may be marked as "confidential", "proprietary", “trade secret” etc., the State will make its own determination regarding what information may or may not be withheld from disclosure. If the State of Georgia deems redacted information to be subject to disclosure under the Georgia Open Records Act, the Supplier will be contacted prior to the release of this information. Please note that the redacted version will be utilized for purposes of responding to requests for records pursuant to the Open Records Act. DOAS will provide access to copies of original bids and proposals in response to requests made pursuant to the State Purchasing Act. The State does not consider pricing information to be confidential or proprietary.

2.1.12.2.3 Trade Secret: In addition, if the Supplier claims that certain information in its bid/proposal may be withheld as trade secret pursuant to O.C.G.A. 50-18-72(a) (34), the Supplier shall include **with its bid/proposal submission, an affidavit indicating the specific information** that the Supplier identifies as trade secret, affirmatively declaring that such information is trade secret. Along with the affidavit, the Supplier shall provide a justification regarding how and why each redaction request constitutes a trade secret pursuant to Georgia Law. Designation of a “trade secret” shall not be binding on the State, but the State will review and consider the designation. If the Supplier does not include an affidavit with its bid/proposal submission, the State is authorized to produce the Supplier’s bid/proposal with the exception of audited financial statements in answer to any public records request under the Georgia Open Records Act. Wholesale designation of a response or substantial parts of a response as “trade secrets” will not be accepted by the State. In general, the State does not consider pricing information to be trade secret.

2.1.13. Registered Lobbyists

By submitting a response to this eRFP, the supplier hereby certifies that the supplier and its lobbyists are in compliance with O.C.G.A. § 21-5-51 et seq.

2.2. Submittal Instructions

Submittal Instructions for eSource

Listed below are key action items related to this eRFP. The Schedule of Events in Section 1.4 identifies the dates and time for these key action items. This portion of the eRFP provides high-level instructions regarding the process for reviewing the eRFP, preparing a response to the eRFP and submitting a response to the eRFP. Suppliers are required to access, print and utilize the training materials identified in Section 2.2.1 of this eRFP to ensure the supplier successfully submits a response to this eRFP.

2.2.1. eRFP Released - eSource

The release of the eRFP is formally communicated through a public announcement posted to the Georgia Procurement Registry, which is accessible online as follows:
http://ssl.doas.state.ga.us/PRSapp/PR_index.jsp

This eRFP is being conducted through eSource, an electronic sourcing tool, which allows suppliers to submit responses online. To be eligible for contract award, the supplier must submit its response to this eRFP through eSource prior to the close date and time of this eRFP. All suppliers MUST carefully review the instructions and training information from the following link for a comprehensive overview of the use and functionality of eSource.
http://doas.ga.gov/Training/Pages/SupplierTraining.aspx

2.2.1. 2.2.2. eRFP Review

The eRFP (or "Sourcing Event") consists of this document, entitled "The State Entity eRFP Document", and any and all information included in the Sourcing Event, as posted online on the GPR, including any and all documents provided by the State Entity as attachments to the Sourcing Event or links contained within the Sourcing Event or its attached documents. Access and review the eRFP by completing the following steps:

1. Go to eSource which is located online at the following link: http://ssl.doas.state.ga.us/PRSapp/PR_index.jsp
2. Search for this eRFP using the identifying information on the first page of this document (State Entity's Name, Title of Event, Event Number, etc.)
3. Once you access the eRFP, select the appropriate access option (Response Now, Request an Immediate Invite, or Register to Respond). Follow the instructions for each option.
4. Once you are able to log on and access the eRFP, you are ready to begin reviewing the eRFP and its attachments. If you are not a regular user of eSource, make sure you review the training materials located in 2.2.1 eSource of this RFP.
5. Locate the section labeled "Documents" in the lower section of the Summary page.
6. Next, by selecting and clicking on each document titled link, the supplier may open and save all of the available documents.
7. The supplier should save attachments to its personal computer to allow the supplier to prepare responses to the attached files. The supplier may choose the "Respond at a later time" button to exit without submitting a response. Then, once the supplier is ready to submit its response, the supplier can log in to this eRFP and upload its response.

Please carefully review all information contained in the Sourcing Event, including all documents available as attachments or available through links. Any difficulty accessing the Sourcing Event or opening provided links or documents should be reported immediately to the Issuing Officer (See Section 1.5) and/or the Help Desk (Section 2.2.8). For additional information regarding the use of eSource, access the online resources provided in Section 2.2.1 "eSource" of this eRFP.

2.2.3. Preparing a Response

When preparing files to be a part of the supplier's electronic response, the supplier must consider the following instructions:

1. Use the provided worksheets to prepare your response. Enter your responses directly into the worksheet. Unless otherwise directed, do not insert "see attached file" (or similar statements) in the worksheet to reference separate documents.
2. Answer each question in sufficient detail for evaluation while using judgment with regards to the length of response.
3. Proofread your response and make sure it is accurate and readily understandable.
4. Label any and all uploaded files using the corresponding section numbers of the eRFP or any other logical name so that the State Entity can easily organize and navigate the supplier's response.
5. Use caution in creating electronic files to be uploaded. If the State Entity is unable to open an electronic file due to a virus or because the file has become corrupted, the supplier's response may be considered incomplete and disqualified from further consideration.
6. Use commonly accepted software programs to create electronic files. The State Entity has the capability of viewing documents submitted in the following format: Microsoft Word or WordPad, Microsoft Excel, portable document format file (PDF), and plain text files with the file extension noted in parentheses (.txt). Unless the eRFP specifically requests the use of another type of software or file format than those listed above, please contact the Issuing Officer prior to utilizing another type of software and/or file format. In the event the State Entity is unable to open an electronic file because the State Entity does not have ready access to the software utilized by the supplier, the supplier's response may be considered incomplete and disqualified from further consideration.

2.2.4. Uploading Forms

Once the supplier is ready to upload electronic files (completed forms or worksheets, product sheets, etc.), please follow the directions within the eRFP to upload these documents in the proper location. Do not upload forms until you are ready to submit your response in the system.

1. The supplier must first access the Sourcing Event in eSource using the instructions provided in Section 2.2.2 "eRFP Review" of this eRFP.
2. The "Response Documents" section of the Sourcing Event provides a place for the supplier to upload all of the documents and worksheets necessary to complete the supplier's response.
3. Once all files are complete, properly labeled and ready to be uploaded, the supplier can then select "Upload Completed Response Documents" button to upload the completed documents. The supplier can upload as many documents as necessary in this section of the Sourcing Event.

1. Once all files are uploaded, the supplier should carefully review its response as noted in Section 2.2.5 prior to submitting the response as described in Section 2.2.6. If the supplier determines the final response is not ready to be submitted, the supplier can select the "Respond at a later time" button to exit eSource without submitting a response. The supplier may then return later and reload its files.

2.2.5. Reviewing the Response Prior to Submission

Each supplier is responsible for ensuring all questions have been answered appropriately and that all necessary documents have been uploaded. Prior to submitting the response, please review the following checklist:

1. Please review and confirm that all questions have been answered appropriately. Please ensure that the correct response has been provided.
2. Please review and confirm that the most competitive response has been provided.
3. Please confirm that all necessary files have been uploaded. All documents uploaded by the supplier may be viewed by accessing the "Response Documents" section of the Sourcing Event.

2.2.6. Submitting the Completed Response

Complete the following steps to submit your response:

1. Once the completed response has been reviewed by the supplier, click the "Respond Now" button at the bottom of the screen of the Sourcing Event within eSource.
2. You will then be given an opportunity to confirm the submission of your response. At this point, you may either click "Cancel" to return to the submission form or click "OK" to finalize your submission. Any information entered by a supplier into eSource but not submitted prior to the submission deadline will not be accepted by the eSource system and will not be considered for award. Only after a supplier selects the "OK" button to finalize submission will the response to the eRFP be sent electronically.
3. On receipt of the supplier's response, the eSource system time stamps the supplier's response, sends a confirmation email to the supplier's email address and displays a receipt confirmation screen message with instructional information to the supplier. If you do not receive a confirmation email, you must promptly contact the Help Desk identified in Section 2.2.8 of this eRFP.
4. Please note that submission is not instantaneous; therefore, each supplier must **allow ample time for the response to be submitted prior to the submission deadline**.

Although a supplier's response has been submitted within eSource, the response will not be released to the State Entity until the closing date and time of the eRFP expires. As a result, the State Entity cannot know whether the supplier's response is correct or complete until after the eRFP has closed. Therefore, please ensure you review your response carefully prior to submission to ensure it is correct and complete.

2.2.7. Reviewing, Revising or Canceling a Submitted Response

After the response has been submitted, the supplier may view and/or revise its response by logging into the eSource Sourcing Event any time prior to the close date and time of the Sourcing Event via the link and user credentials contained in the supplier's emailed eSource invitation for this specific eRFP.

1. REVIEW ONLY. In the event the supplier only wishes to view a submitted response, the supplier may access its submitted response via the link and user credentials of its eSource invitation. Select the links listed in the "Response Documents" section of the Sourcing Event in eSource to access all submitted documents. Once the supplier has finished viewing the response, the supplier may simply exit the screen.

2. REVIEW AND REVISE. In the event the supplier desires to revise a previously submitted response, the supplier must access its submitted response via the link and user credentials of its eSource invite. The supplier must select the "Upload Completed response documents" button in the "Response Documents" section of the Sourcing Event in eSource. The supplier may upload documents, delete previously submitted response documents, and/or modify the supplier's contact information or comments. The supplier must click the "Update Your Response" button to submit all changes. Please permit adequate time to revise and then resubmit the response. Please note submission is not instantaneous and may be affected by several events, such as the supplier temporarily losing a connection to the Internet.

   AS EACH SUPPLIER IS SOLELY RESPONSIBLE FOR RESUBMITTING ITS RESPONSE PRIOR TO THE eRFP END DATE AND TIME TO ENSURE THE RESPONSE MAY BE CONSIDERED BY THE STATE ENTITY, PLEASE USE CAUTION IN DECIDING WHETHER OR NOT TO MAKE REVISIONS. The State will assume no responsibility for a supplier's inability to correct errors or otherwise make revisions to the submitted response or the supplier's inability to resubmit a response prior to the eRFP end date and time.

3. WITHDRAW/CANCEL. In the event the supplier desires to withdraw/cancel a previously submitted response prior to the close date and time of the eSource Sourcing Event. The supplier must access the eSource Sourcing Event and click on the "Complete Delete of Your Response" button. To finalize the withdrawal the supplier must then click "OK" in response to the following prompt: "**You are about to cancel your eSource bid. Is this what you want to do**?" In the event a supplier desires to withdraw its response after the closing date and time, the supplier must promptly submit a request in writing to the Issuing Officer.

2.2.8. Help Desk Support

For technical questions related to the use of eSource, suppliers have access to phone support through the SPD Customer Service Help Desk at 404-657-6000, Monday through Friday 8:00 AM to 5:00 PM excluding State Holidays or any other day state offices are closed such as furlough days or closings in response to inclement weather. Suppliers can also email questions to: ProcurementHelp@doas.ga.gov.

3. General Business Requirements

This section contains general business requirements. By submitting a response, the supplier is certifying its agreement to comply with all of the identified requirements of this section and that all costs for complying with these general business requirements are included in the supplier's submitted pricing.

3.1. Standard Insurance Requirements

If awarded a contract, the supplier shall procure and maintain, until all of its obligations have been discharged (including any warranty periods under the statewide contract have been satisfied), insurance which shall protect the supplier and the State of Georgia (as an additional insured) from any claims for bodily injury, property damage, or personal injury covered by the indemnification obligations set forth in the contract attached to this solicitation throughout the duration of the contract. The supplier shall procure and maintain the insurance policies described below at the supplier's own expense and shall furnish the State Entity an insurance certificate listing the State of Georgia as certificate holder and as an additional insured. The insurance certificate must document that the Commercial General Liability insurance coverage purchased by the supplier includes contractual liability coverage applicable to the contract. In addition, the insurance certificate must provide the following information: the name and address of the insured; name, address, telephone number and signature of the authorized agent; name of the insurance company (authorized to operate in Georgia); a description of coverage in detailed standard terminology (including policy period, policy number, limits of liability, exclusions and endorsements); and an acknowledgment of notice of cancellation to the State Entity.

The supplier is required to maintain the following insurance coverage's during the term of the contract:

1) Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that the supplier qualifies to pay its own workers compensation claims.) In addition, the supplier shall require all subcontractors occupying the premises or performing work under the contract to obtain an insurance certificate showing proof of Workers Compensation Coverage with the following minimum coverage:

Bodily injury by accident - per employee	$100,000;
Bodily injury by disease - per employee	$100,000;
Bodily injury by disease – policy limit	$500,000.

2) Commercial General Liability Policy with the following minimum coverage:

Each Occurrence Limit	$1,000,000
Personal & Advertising Injury Limit	$1,000,000
General Aggregate Limit	$ 2,000,000
Products/Completed Ops. Aggregate Limit	$ 2,000,000

3)	Automobile Liability Combined Single Limit	$1,000,000
4)	Professional Liability (malpractice)	$3,000,000
5)	Fidelity Coverage	$1,000,000
6)	Umbrella Liability	$2,000,000

The Supplier shall add the "State of Georgia, its officers, employees and agents" as an additional insured under the commercial general, Automobile, Fidelity, Umbrella and Professional liability policies.

The foregoing policies shall contain a provision that coverage afforded under the policies will not be canceled, or not renewed or allowed to lapse for any reason until at least thirty (30) days prior written notice has been given to the State Entity. Certificates of Insurance showing such coverage to be in force shall be filed with the State Entity prior to commencement of any work under the contract. The foregoing policies shall be obtained from insurance companies authorized to do business in Georgia and shall be with companies acceptable to the State Entity, which must have a minimum A.M. Best rating of A-. All such coverage shall remain in full force and effect during the term and any renewal or extension thereof.

Within ten (10) business days of the Notice of Intent to Award, the apparent successful Supplier must procure the required insurance and provide the State Entity with two (2) Certificates of Insurance. Certificates must reference the contract number. The supplier's submitted pricing must include the cost of the required insurance. No contract performance shall occur unless and until the required insurance certificates are provided.

3.2. Bonds and/or Letter of Credit

The awarded supplier(s) shall be required to furnish a performance bond to the State Entity for the faithful performance on the contract in an amount no less than 25% of the annual total amount of the contract. The bond shall be issued by a Corporate Surety authorized to do business with the State of Georgia. The performance bond/letter of credit must be submitted to the State Entity within ten (10) calendar days of the date the contract is awarded, but in any event, prior to the beginning of any contract performance by the awarded supplier.

3.3. Proposal Certification

By responding to this solicitation, the supplier understands and agrees to the following:

1. That this electronically submitted proposal constitutes an offer, which when accepted in writing by the State Entity, and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the supplier and the State Entity; and
2. That the supplier guarantees and certifies that all items included in the supplier's response meet or exceed any and all of the solicitation's identified specifications and requirements except as expressly stated otherwise in the supplier's response; and
3. That the response submitted by the supplier shall be valid and held open for a period of **one hundred and twenty (120) days** from the final solicitation closing date and that the supplier's offer may be held open for a lengthier period of time subject to the supplier's consent; and
4. That the supplier's response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and is in all respects fair and without collusion or fraud. Supplier understands and agrees that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards; and
5. That the provisions of the Official Code of Georgia Annotated, Sections 45-10-20 et seq. have not been violated and will not be violated in any respect.

4. eRFP Proposal (Bid) Elements

This section contains the detailed technical requirements and related services for this Sourcing Event. Suppliers are required to download, complete and then upload the Worksheets titled Mandatory Response Worksheet", "Mandatory Scored Requirement Worksheet" "Cost Proposal" and "Additional Scored Response Worksheet" found as attachments in the Sourcing Event. Although many solicitations will contain all of the worksheets noted above, it is possible that a solicitation will not contain all of the worksheets. In the event all four worksheets are not available as downloadable forms to this eRFP, please confirm with the Issuing Officer that all four worksheets are not required.

Unless requested otherwise, all responses should be provided within the worksheets and not as a separately attached document. Except as otherwise indicated, all requested forms and documents must be submitted electronically via the sourcing tool as an uploaded document to the supplier's response. These worksheets together with any and all other documents submitted in response to Section 4 of this eRFP will be considered the supplier's technical proposal.

The State Entity has determined that it is best to define its own needs, desired operating objectives, and desired operating environment. The State Entity will not tailor these needs to fit particular solutions suppliers may have available; rather, the suppliers shall propose to meet the State Entity's needs as defined in this eRFP. All claims shall be subject to demonstration. Suppliers are cautioned that conditional proposals, based upon assumptions, may be deemed non-responsive.

4.1. Technical Proposal Introduction

All of the items described in this section are service levels and/or terms and conditions that the State Entity expects to be satisfied by the selected supplier. Each supplier must indicate its willingness and ability to satisfy these requirements in the appropriate worksheets.

4.2. Supplier General Information

Each supplier must complete all of the requested information in the sourcing event related to Corporate composition and demographics.

4.3. Mandatory Requirements

As specified with each requirement listed in the **Mandatory Response Worksheet**, the supplier must indicate whether its proposal meets the individual requirements by marking either a "YES" or "NO" in the response block provided. A Pass/Fail evaluation will be utilized for all mandatory requirements. Ordinarily, to be considered responsive, responsible and eligible for award, all questions identified as mandatory must be marked "YES" to pass. There may be rare instances in which a response of "NO" is the correct and logical response in order to meet the mandatory requirement (e.g. responding "NO" that the supplier does not possess any conflicts of interest). Otherwise, any mandatory questions marked "NO" will fail the technical requirements and will result in disqualification of the proposal.

DO NOT INCLUDE ANY COST/PRICING INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4.4. Mandatory Scored Response

As specified with each requirement listed in the **Mandatory Scored Response Document**, the supplier must indicate whether it will meet the individual requirement (if any) and provide a supporting narrative in the space provided. To be considered responsive, responsible and eligible for award, any and all requirements identified in the Mandatory Scored Response Document must be met. There may be rare instances in which an item within the Mandatory Scored Response Document does not create an individual requirement which must be met, but, instead, merely requires a response. All requirements labeled "Mandatory Scored" must be met by the supplier. Failure to meet any mandatory scored requirements may result in disqualification of the proposals. The narrative description, along with any required supporting materials, will be evaluated and awarded points in accordance with Section 6 "Proposal Evaluation, Negotiations and Award" of this eRFP.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4.5. Additional Scored Responses

No additional scored responses are requested.

5. Cost Proposal

5.1. Cost Proposal

Each supplier is required to submit a cost proposal as part of its response. The cost proposal will be evaluated and scored in accordance with Section 6 "Proposal Evaluation, Negotiations and Award" of this eRFP. By submitting a response, the supplier agrees that it has read, understood, and will abide by the following instructions/rules:

1. The submitted cost proposal must include all costs of performing pursuant to the resulting contract; and
2. Cost proposals containing a minimum order/ship quantity or dollar value, unless otherwise called for in the eRFP, will be treated as non-responsive and may not be considered for award; and
3. In the event there is discrepancy between the supplier's unit price and extended price, the unit price shall govern;
4. In the event there is a discrepancy between (1) the supplier's pricing as quoted on the eRFP's provided cost worksheet and (2) the supplier's pricing as quoted by the supplier in one or more additional documents, the former shall govern; and
5. The prices quoted and listed in the cost proposal shall be firm throughout the term of the resulting contract, unless otherwise noted in the eRFP or contract.

5.2. Cost Structure and Additional Instructions

The State Entity's intent is to structure the cost format in order to facilitate comparison among all suppliers and foster competition to obtain the best market pricing. Consequently, the State Entity requires that each supplier's cost be in the format outlined below. Additional alternative cost structures will not be considered. Each supplier is cautioned that failure to comply with the instructions listed below, submission of an incomplete offer, or submission of an offer in a different format than the one requested may result in the rejection of the supplier's proposal.

Enter all information directly into the cost sheet(s). Enter numbers on each cost sheet in "number" (two-place decimal), not "currency" or other format unless otherwise stated. That is, omit dollar signs, commas, and any other non-essential symbols. (e.g., $7.90 should be entered as 7.90) Prices must be in US Dollars. Enter "n/a" to indicate not available or "0" if there is no charge. Cells left blank will be interpreted as "no offer".

Download the cost worksheet, complete the worksheet and then upload the worksheet by following the instructions in the third bullet of Section 2.2.4 "Uploading Forms" of this eRFP.

6. Proposal Evaluation, Negotiations and Award

All timely proposals will be evaluated in accordance with the following steps. The objective of the evaluation process is to identify the proposal which represents the best value to the State Entity based on a combination of technical and cost factors. Based on the results of the initial evaluation, the State Entity may or may not elect to negotiate technical and/or cost factors as further described in the eRFP. In the event negotiations of the technical and/or cost factors occur, the revised proposals will be reevaluated in accordance with the provisions of Section 6.4 "Scoring Criteria" of this eRFP. Once the evaluation process has been completed (and any negotiations the State Entity desires to conduct have occurred), the apparent successful supplier(s) will be required to enter into discussions with the State Entity to resolve any exceptions to the State Entity's contract. The State Entity will announce the results of the eRFP as described further in Section 6.9 "Public Award Announcement" of this eRFP.

6.1. Administrative/Preliminary Review

First, the proposals will be reviewed by the Issuing Officer to determine the proposal's compliance with the following requirements:

1. Proposal was submitted by deadline in accordance with Section 2
2. Proposal is complete and contains all required documents. In the event that the Issuing Officer may make a determination of immaterial deviation as specified in the Section 2.1.7
3. Technical Proposal does not include any pricing from the Cost Proposal
4. Supplier is eligible to respond to the solicitation.

6.2. Evaluating Proposal Factors (Section 4)

If the supplier's proposal passes the Administrative/Preliminary Review, the supplier's responses to Section 4 "eRFP Proposal Factors" will be submitted to the Evaluation Team for evaluation.

6.2.1. Review of Mandatory and Mandatory Scored Questions

The Evaluation Team will review each proposal in detail to determine its compliance with mandatory eRFP requirements. Responses to both "Mandatory" and "Mandatory Scored" Questions will be evaluated on a pass/fail basis. If a proposal fails to meet a mandatory and/or mandatory scored eRFP requirement, the State Entity will determine if the deviation is material. A material deviation will be cause for rejection of the proposal. An immaterial deviation will be processed as if no deviation had occurred. All proposals which meet the requirements of the "Mandatory" and "Mandatory Scored" Questions are considered "Responsive Proposals" at this point in time and will be scored in accordance with the point allocation in Section 6.4 "Scoring Criteria" of this eRFP.

6.2.2. Review of Additional Scored Information Questions

For all proposals determined to be "Responsive Proposals", the Evaluation Team will review and score the responses to the Additional Scored Information (if any) in accordance with the point allocation in Section 6.4 "Scoring Criteria" of this eRFP.

The supplier will receive a total technical score at the conclusion of the evaluation of the eRFP Proposal Factors.

6.3. Evaluating Cost Proposal and Total Combined Score

The cost proposals will be reviewed and scored in accordance with Section 6.4 "Scoring Criteria." To expedite the evaluation process, the State Entity reserves the right to analyze the cost proposals independently, but at the same time the Evaluation Team is analyzing the technical proposals, provided neither the cost proposals nor the cost analysis is disclosed to the Evaluation Team until the Evaluation Team completes its initial evaluation and scoring of the eRFP Proposal Factors.

6.3.1. Cost Scoring

DOAS may utilize lowest cost, lowest total cost or total cost of ownership (TCO) to determine the most competitive cost proposal. The cost proposal will receive a score for each category (Mental Health Services and Dental Services) relative to other proposals; however, the cost proposal may also receive a score on an overall basis relative to other proposals. Specifically, in the event that two or more Supplier responses to the eRFP contain pricing for both categories (Mental Health and Dental Services) a single combined total cost score may be determined. In the event the cost proposal is scored overall, DOAS will assign the maximum points for the most competitive proposal at that level. Other proposals will receive a percentage of the weighted points available based on the percentage differential between the most competitive cost proposal (at the designated level) and the specific proposal in question.

6.3.2. Georgia Enterprises for Products and Services (GEPS)

In the event the issuing officer has received a response from GEPS, the issuing officer must factor in a price preference of 8% for purposes of cost evaluation. The price preference of 8% has been approved by DOAS in accordance with the State Use Law set forth at O.C.G.A. 50-5-135 et seq., which is intended to create opportunities for disabled persons employed by community-based rehabilitation programs and training centers that are certified by the State Use Council. To implement the price preference, the issuing officer must lower GEPS' price by 8% when comparing GEPS' price with any other supplier's response. However, in the event GEPS wins the contract award, GEPS must be paid at its actual bid price.

6.3.3. Total Score

The supplier's cost score will be combined with the supplier's technical score by category to determine the supplier's overall score per category. If the supplier proposes both categories, a weighted technical score will be combined with the combined price offer.

6.4 Scoring Criteria

The evaluation is comprised of the following:

Category	Criteria	Points
Cost	1. Cost of services for Category 1, Mental Health 2. Cost of services for Category 2. Dental Health	400 points per category
Technical/Proposal Factors	3."Mandatory" Requirements	Pass/Fail
Technical/Proposal Factors	4."Mandatory Scored" Category 1, Mental Health 5. Mandatory Scored Category 2, Dental Health	600 points per category
Total	N/A	1000 points by category

6.5. Georgia Based Business/Reciprocal Preference Law O.C.G.A. §50-5-60(b)

For the purposes of evaluation only, suppliers resident in the State of Georgia will be granted the same preference over suppliers resident in another state in the same manner, on the same basis, and to the same extent that preference is granted in awarding bids for the same goods or services by such other state to suppliers resident therein over suppliers resident in the State of Georgia. NOTE: For the purposes of this law, the definition of a resident supplier is a supplier who is domiciled in the State of Georgia.

6.6. Negotiations of Proposals and/or Cost Factors

DOAS possesses discretionary authority to conduct one or more rounds of negotiations of technical proposal and/or cost factors as permitted by Georgia law and DOAS' established procurement policy. This section of the eRFP describes DOAS' process for utilizing its discretionary negotiation authority as defined by O.C.G.A. Section 50-5-67(a)(6). No state entity is permitted to conduct negotiations of proposal and/or cost factors without DOAS' supervision unless DOAS has expressly authorized the state entity to conduct negotiations on its own. Although this section addresses DOAS' right to negotiate in accordance with O.C.G.A. §50-5-67(a)(6), DOAS/State Entity reserves the right to conduct any other negotiations authorized by law.

The objective of negotiations is to obtain the supplier's best terms. PLEASE NOTE: NEGOTIATIONS ARE DISCRETIONARY; THEREFORE, THE STATE ENTITY URGES THE SUPPLIER (1) TO SUBMIT ITS BEST RESPONSE AND (2) NOT TO ASSUME THE SUPPLIER WILL BE GRANTED AN OPPORTUNITY TO NEGOTIATE.

6.6.1. Overview of Negotiations

After the Evaluation Team has scored the suppliers' proposals, the State Entity may elect to enter into one or more rounds of negotiations with all responsive and responsible suppliers or only those suppliers identified by the Evaluation Team as being in the competitive range. The competitive range will not be selected arbitrarily and those suppliers included in the competitive range must have highly scored proposals.

After each round of negotiations (if any), the supplier will submit revisions to its proposal factors and/or cost proposal, which revisions will be scored by the Evaluation Team in accordance with the same criteria used to evaluate the initial responses from the suppliers. Suppliers may be removed from further participation in the negotiation process in the event the Evaluation Team determines the supplier cannot be considered responsive and responsible or based on the competitive range as defined in Section 6.6.3 "Competitive Range."

The State Entity reserves the right to proceed to award without further discussions after receipt of the initial proposals, in which case, negotiations and Proposal Revisions will not be required.

6.6.2. Negotiation Instructions

Listed below are the key action items related to negotiations. The State's Negotiation Committee may consist of the State's Evaluation Committee or may be comprised of different people. However, evaluation of proposals or revised proposals shall be completed only by the State's Evaluation Committee.

1. **Negotiation Invitation**: Those suppliers identified by the Evaluation Committee to negotiate will be notified and invited to attend negotiations. Suppliers will be notified in writing: (i) the general purpose and scope of the negotiations; (ii) the anticipated schedule for the negotiations; and (iii) the procedures to be followed for negotiations.

2. **Confirmation of Attendance**: Suppliers who have been invited to participate in negotiations must confirm attendance.

3. **Negotiations Round(s)**: One or more rounds of negotiations may be conducted with those suppliers identified by the State's Evaluation Team.

6.6.3. Competitive Range

If the State Entity elects to negotiate pursuant to Section 6.6, the State Entity may either (1) elect to negotiate with all responsive and responsible suppliers, (2) limit negotiations to those suppliers identified within the competitive range, or (3) limit negotiations to the number of suppliers with whom the State Entity may reasonably negotiate as defined below. In the event the State Entity elects to limit negotiations to those suppliers identified within the competitive range, the State Entity will identify the competitive range by (1) ranking suppliers' proposals from highest to lowest based on each supplier's Total Combined Score and (2) then looking for breaks in the scores such that natural groupings of similar scores may be identified. In the event the State Entity determines the number of responsive and responsible suppliers is so great that the State Entity cannot reasonably conduct negotiations (which determination shall be solely at the State Entity's discretion and shall be conclusive), the State Entity may elect to limit negotiations to the top three (3) ranked suppliers as determined by the Total Combined Score.

6.6.4. Negotiation Round Completion

As part of each round of negotiation, the State Entity may or may not engage in verbal discussions with the suppliers. However, whether or not the State Entity engages in verbal discussions, any revisions the supplier elects to make to its response must be submitted in writing via email by the end date and time identified by the Issuing Officer. All revisions received by the due date and time

will be evaluated and re-scored by the Evaluation Team in accordance with the same criteria used to evaluate the initial responses from the suppliers. Revisions which are not received prior to the due date and time cannot be considered; however, any supplier failing to submit timely revisions will not be disqualified from consideration for award based on its final proposal as accepted by the State Entity.

6.7. Selection and Award

The primary objective of this eRFP is to identify a SINGLE source of supply for Mental Health and Dental Services statewide (from a responsive and responsible Supplier receiving the highest Total Combined Score with whom the State is able to reach agreement as to contract terms and conditions). In a combined award, the State's expectation is to receive lower pricing, when compared to pricing offered individually by category.

Separate contract awards may be made to a Supplier to solely provide either Mental or Dental services, if it is determined to be in the best interest of the State. DOAS reserves the right to make single contract award for each category, to a supplier presenting the best overall solution for the category.

DOAS reserves the right to accept or reject any and all quotes, or separable portions, and to waive any minor irregularity, technicality or omission if DOAS determines that doing so will serve the State's best interest. DOAS reserves the right to: (a)request clarifications from Suppliers(s); (b) request resubmissions from all Supplier(s); and (c) take any other action as permitted by law.

6.8. Site Visits and Oral Presentations

The State Entity reserves the right to conduct site visits or to invite suppliers to present their proposal factors/technical solutions to the Evaluation Team. Cost proposals and related cost information must not be discussed during the oral presentation of the supplier's technical solution. Nothing in this section shall prohibit the Negotiation Team from discussing both proposal factors and cost information during the negotiation process defined by Section 6.6 "Negotiations of Proposals and/or Cost Factors".

6.9. Public Award Announcement

The preliminary results of the evaluation will be announced through the public posting of a Notice of Intent to Award. The Notice of Intent to Award ("NOIA") is not notice of an actual contract award; instead, the NOIA is notice of the State Entity's expected contract award(s) pending resolution of the protest process. The NOIA (if any) will identify the apparent successful supplier(s), unsuccessful supplier(s), and the reasons why any unsuccessful suppliers were not selected for contract award. NO SUPPLIER SHOULD ASSUME PERSONAL NOTICE OF THE NOTICE OF INTENT TO AWARD ("NOIA") WILL BE PROVIDED BY THE STATE ENTITY. INSTEAD, ALL SUPPLIERS SHOULD FREQUENTLY CHECK THE GEORGIA PROCUREMENT REGISTRY FOR NOTICE OF THE NOIA.

The Notice of Award ("NOA") is the State Entity's public notice of actual contract award(s). The NOA will be publicly posted to the Georgia Procurement Registry.

7. Contract Terms and Conditions

The contract that the State Entity expects to award as a result of this eRFP will be based upon the eRFP, the successful supplier's final response as accepted by the State Entity and the contract terms and conditions, which terms and conditions can be downloaded from the Sourcing Event. The "successful supplier's final response as accepted by the State Entity" shall mean: the final cost and technical proposals submitted by the awarded supplier and any subsequent revisions to the awarded supplier's cost and technical proposals and the contract terms and conditions due to negotiations, written clarifications or changes made in accordance with the provisions of the eRFP, and any other terms deemed necessary by the State Entity, except that no objection or amendment by the supplier to the eRFP requirements or the contract terms and conditions shall be incorporated by reference into the contract unless the State Entity has explicitly accepted the supplier's objection or amendment in writing.

Please review the State Entity's contract terms and conditions prior to submitting a response to this eRFP. Suppliers should plan on the contract terms and conditions contained in this eRFP being included in any award as a result of this eRFP. Therefore, all costs associated with complying with these requirements should be included in any pricing quoted by the suppliers. The contract terms and conditions may be supplemented or revised before contract execution and are provided to enable suppliers to better evaluate the costs associated with the eRFP and the potential resulting contract.

Exception to Contract

By submitting a proposal, each supplier acknowledges its acceptance of the eRFP specifications and the contract terms and conditions without change except as otherwise expressly stated in the submitted proposal. If a supplier takes exception to a contract provision, the supplier must state the reason for the exception and state the specific contract language it proposes to include in place of the provision. Any exceptions to the contract must be provided as a red-line, markup of the posted contract, with inserted comments specifying the need for changes, and uploaded and submitted as an attachment to the supplier's response. Proposed exceptions must not conflict with or attempt to preempt mandatory requirements specified in the eRFP.

In the event the supplier is selected for potential award, the supplier will be required to enter into discussions with the State Entity to resolve any contractual differences before an award is made. These discussions are to be finalized and all exceptions resolved within the period of time identified in the schedule of events. Failure to resolve any contractual issues will lead to rejection of the supplier. The State Entity reserves the right to proceed to discussions with the next best ranked supplier.

The State Entity reserves the right to modify the contract to be consistent with the apparent successful offer, and to negotiate other modifications with the apparent successful supplier. Exceptions that materially change the terms or the requirements of the eRFP may be deemed non-responsive by the State Entity, in its sole discretion, and rejected. Contract exceptions which grant the supplier an impermissible competitive advantage, as determined by the State Entity, in its sole discretion, will be rejected. If there is any question whether a particular contract exception would be permissible, the supplier is strongly encouraged to inquire via written question submitted to the Issuing Officer prior to the deadline for submitting written questions as defined by the Schedule of Events.

8. List of eRFP Attachments

The following documents make up this eRFP. Please see Section 2.2.2 "eRFP Review" for instructions about how to access the following documents. Any difficulty locating or accessing the following documents should be immediately reported to the Issuing Officer.

A. State Entity eRFP (this document)
B. Scope of Services – Mental Health
C. Scope of Services – Dental Health
D. GDC Criminal Driver's History Consent Form – **Due no later than January 17th, 2018.**
E. Mandatory Response Worksheet from Section
F. Mandatory Scored Response Worksheet – Category 1, Mental Health Services
G. Mandatory Scored Response Worksheet – Category 2, Dental Health Services
H. Cost Worksheet – see tabs for Category 1, Category 2 and Combined Offer
I. State Contract from Section 7 "Contract Terms and Conditions" of this eRFP
J. Standard Operating Procedures- Mental Health
K. Standard Operating Procedures – Dental Health
L. Utilization Data – Mental Health Services
M. Utilization Data – Dental Health Service
N. Supplier's General Information Worksheet from Section 4.2 of this eRFP
O. Tax Compliance Form
P. SPD-SP054 Immigration and Security Form
Q. Questions and Answers Form

R. Reference Sheet
S. DH Equipment Survey and Facility Catchment
T. SOP Cross Walk
U. Current Mental and Dental Health Contract
V. Dental Audit Tool and Peer Review
W. MH Services Providers, Functions, and Ratios
X. MH COMPREHENSIVE AUDIT TOOL
Y. Mental Health Positions by Facility
Z. Dental Staffing Matrix

Georgia Department of Corrections

Request for Proposal – Mental Health and Dental Health Services for Offenders
Attachment B – Scope of Services, Mental Health

GDC Policies and Standard Operating Procedures:

1. The supplier's personnel shall abide by applicable regulations and directives of the Georgia Department of Corrections (GDC). All proposed services as outlined in this proposal will be delivered in conformance with ALL Departmental Standard Operating Procedures (SOP) for GDC Mental Health (MH), Specialized MH Treatment Units and Integrated Treatment Facilities (ITF) as they may be amended from time to time.

2. The supplier will be required to adhere to policies listed in Captiva (GDC Intranet), unless otherwise noted in a written directive, which may include email communications, from the State MH Director. The requirement for implementation of a policy change will be stated in the directive. The supplier shall be aware that any and all directives from the State MH Director will supersede procedures on Captiva or prior policies. There may be a directive from the GDC Legal Department where the supplier will be responsible to incorporate changes into their procedures.

3. The supplier's onsite employees must meet the same pre-employment standards and standards of conduct as Department employees. (SOP) 104.47-IV014-0001).

4. The supplier must obtain security background investigations on all potential employees prior to hiring. Investigations will include; but not be limited to, a fingerprint check with the state and federal agencies and verification of personal data, to include education and employment experience.

5. The supplier shall have drug tests performed on all employment applicants who will be working in GDC Facilities prior to employment and will perform random drug testing of hired employees who work in GDC Facilities.

6. The supplier shall prepare a random drug testing plan (including timelines/schedules) to include at least five percent (5%) of employees each calendar month. The supplier will submit the schedule and identify the drug screening process and test(s) to be used, to GDC for review and approve. This requirement is due no later than thirty (30) calendar days prior to the Service Commencement Date. The supplier shall retain all records relating to its

employee drug testing. Supplier shall provide quarterly reports and an annual aggregate report of employee drug testing to the Office of Health Services

7. The supplier must agree not to reassign staff members which have been terminated from a facility, to another facility without the written permission from the State MH Director or the Director of Health Services. The supplier further agrees to coordinate with GDC regarding a "no rehire" list.

8. The supplier shall not employ any individual to perform work under the contract who has previously been determined unacceptable for performance under any other GDC Facility, contract, or who has been separated for cause by GDC.

9. The supplier will discontinue the use of any employee for performance of work under the Contract upon written notice from GDC that the individual is not, or is no longer, acceptable for performance under the Contract.

Staff Coverage

1. The supplier shall perform drug tests on all employment applicants who will be working in GDC Facilities prior to employment and will perform random drug testing of hired employees who work in GDC Facilities.

2. Supplier shall fill vacancies within no more than thirty (30) calendar days with personnel meeting the minimum qualifications outlined by GDC. In the event any position remains unfilled for thirty (30) Calendar days, a penalty will be incurred. This penalty shall be based on the number of days vacant beyond the 30th day divided by the current salary for that position. It should be noted that penalties on staff vacancies does not impact penalties with certification requirements.

3. The supplier is required to provide coverage for all positions in the event of leave, training, resignation/termination and all other absences. The supplier shall allow other staff to substitute for absent staff, provided that:

a. The substituting staff's professional qualifications, including certification and licensure meets or exceeds those required of the absent staff; and,
b. In the sole judgment of GDC, the substituting staff's primary duties and responsibilities are adequately fulfilled during the substitution.

Performance Management

1. The supplier will be responsible to conduct an annual audit (financial and programmatic) to report contract compliance with expected levels of service and key performance indicators such as staffing, provisions for MH delivery and financial accounting and reporting aspects. The scope of the audit must be approved in advance and be agreed upon by GDC. The supplier's annual audit scope will be subject to the discretion of GDC. The written audit report to the Office of Health Services within 60 days of the end of the first 12 months period and thereafter within 60 days of the end of the Fiscal year. (June 30)

2. The supplier must report the status of any and all contractual obligations, upon request of GDC.

3. The supplier must facilitate on site monitoring visits from GDC as requested. Any service delivery deficiencies identified during audits, will require corrective action plans and a timeline for improvement that is subject to the discretionary approval of GDC.

Space Allocation, Equipment and Supplies

The supplier shall be furnished with the following items and services by GDC:

1. Space will be allocated within the facilities by GDC for the Supplier's staff.

2. Equipment such as furniture and administrative equipment, including a minimum of one (1) stand-alone personal computer (PC) and a minimum of one (1) compatible printer, will be provided by GDC at each Facility. GDC will be responsible for ongoing maintenance, repair

and replacement of this equipment unless, in GDC's sole judgment, any damage or destruction resulted from the supplier's negligence or abuse; in which case, the supplier will be responsible for repair and replacement. GDC will provide access to one (1) copier per Facility. The supplier will provide all its own copier paper as needed. Each provider, contract employee, who provides direct service will be provided a personal panic alarm for use in the facility.

3. Supplies provided by GDC include standard forms for offenders. The supplier shall provide all other clinical and administrative supplies (including computer software not currently provided by GDC) such as those required to provide the required services.

4. Telecommunications or telephones will be provided by GDC. GDC will provide telephones. GDC will be responsible for ongoing maintenance, repair and replacement of the telephones provided unless, in GDC's sole judgment, any damage or destruction resulted from the supplier's negligence or abuse; in which case the supplier will be responsible for repair and replacement.

5. Utilities and Housekeeping Service will be provided by GDC such as water, trash collection and any related services.

6. Information Technology Computer Equipment, Supplies and Maintenance will be provided by GDC for GDC-owned equipment and existing software. Vendor will provide hardware, software and maintenance for vendor-owned software and hardware.

Transition Plan

1. The incoming supplier shall cooperate with the outgoing supplier to ensure a smooth transition of services. Replacement of outgoing supplier's staff, equipment, supplies, and other resources with those of the incoming supplier, and the scheduling of such replacement, shall be at the mutual agreement of the suppliers under GDC oversight.

2. No aspect of the transition shall have an adverse effect on the delivery of services by

either supplier, excepting cases in which either or both suppliers have previously advised GDC of such probable effect and will proceed in accordance with case-by-case agreements between GDC and both suppliers.

Electronic Health Records (EHR)

1. The supplier shall support GDC in the implementation of Electronic Health Records, through research, recommendations and ultimately, with maintaining Electronic Health Records (EHR).

Mental Health Program Services

The supplier will provide MH services to Georgia offenders in State facilities, which includes psychotropic medication utilization management.

A. Psychiatry Services

As required by GDC's policies and procedures for MH services, Psychiatrists will provide the following services:

1. Medication Management: Psychotropic medication management services will be provided by qualified psychiatric positions in accordance with SOP 508.01. Face-to-face evaluative services for offenders on psychotropic medications will be conducted at such intervals as outlined in the SOP's.

2. Diagnostics/Evaluations/Emergency Evaluations: Psychiatrists will perform routine and emergency evaluations in response to referrals or requests as outlined in relevant SOP's such as 508.15 and 508.19. Psychiatrists will provide services according to the current Diagnostic Statistical Manual (DSM) published by the American Psychiatric Association criteria.

3. Making rounds (Level V Acute Care Units (ACU) and Crisis Stabilization Unit's (CSU): Psychiatrists will make rounds and perform face-to-face clinical services to patients in level V crisis stabilization units, acute care units and observation cells in accordance with Georgia Department of Corrections SOP's.

4. Meeting Attendance/Participation: (SOP 508.08) Psychiatrists will attend and actively participate in clinical and administrative meetings (i. e., Treatment team, hospitalization planning, Continuous Quality Improvement, MH staff meetings and community meetings) as outlined in the SOP's and as may be additionally required by GDC.

5. Consultation: Psychiatrists will be available and receptive to facility MH and administrative staff for consultation. The Continuous Quality Improvement process will include facility input as to the receptivity and availability of psychiatrists for consultation.

6. Charting/Documentation: Psychiatrists will legibly document according to the department's policies and procedures, utilizing GDCs forms and protocols for documentation or EHR.

7. Twenty-four (24) Hour Availability: The supplier will provide 24-hour psychiatry coverage and availability through an on-call protocol. Psychiatrists will be responsive to calls (based on current GDC SOP requirements) from their assigned area at their assigned time on a 24-hour basis. Secondary or backup coverage will be provided through an on-call rotation of regional psychiatrists.

8. Clinical Recommendations: Psychiatrists will provide written clinical recommendations and findings as requested and assist in the referral and transfer of offenders to alternative facilities as required. Psychiatrists will openly communicate clinical information and hold

dialogue with MH personnel at receiving facilities, as requested, regarding reasons for transfer to CSU or ACU and clinical status.

9. Clinical Supervision: Psychiatrists will be available on a regularly scheduled basis to perform clinical supervision and/or consultation services to MH nurses.

10. Staff In-Service/Training: Psychiatrists will participate in training and educational in-service programs for facility staff and allied health professionals on a regular basis or as requested by GDC.

11. Participation in Continuous Quality Improvement (CQI) and Utilization Review (UR) programs: Psychiatrists will participate in GDC's CQI and UR Programs.

12. Unique Services: Psychiatrists will provide clinical services unique to the mission of the facilities, corrections and the MH program.

B. Psychology Services

As required by the Georgia Department of Corrections' policies and procedures for MH services, Psychologists will provide the following services:

1. Individual/Group Psychotherapy: Psychologists will provide individual and group psychotherapy services to offenders referred for such services or identified through the comprehensive treatment plan.

2. Clinical Program Oversight and Program Development: Psychologists will provide program oversight to all MH offenders and develop programs and groups. Clinical Directors (a Psychologist) are responsible for developing and ensuring implementation of MH programs to address clinical issues identified on offenders' comprehensive treatment

plans. MH units will have therapeutic programs which mental illnesses as defined by the current DSM.

3. Diagnostics/Evaluations/Psychological Testing: Psychologists will provide evaluative and diagnostic services to referred offenders. Psychologists will complete written psychological evaluations in a timely fashion according to Departmental policy. Psychologists or behavior specialists will administer and score psychological tests. Psychologists will interpret the test results.

4. Clinical Consultation and Training: Psychologists will be available on a regularly scheduled basis as part of their routine services to facilities and perform clinical consultation to institutional MH staff counselors, behavior specialists, activity therapists, MH nurses, multi-functional correctional officers, interns, students, etc. The Clinical Director, along with the (MH Unit Manager will ensure all licensed staff performs within the parameters and scope of their duties.) *See Appendix

5. Supervision: Psychologists will provide clinical supervision to all unlicensed MH counselors and consultation to activity therapists and licensed staff as needed.

6. Meeting Attendance/Participation: Psychologists will attend and actively participate in clinical and administrative meetings as outlined in the SOPs and as may be additionally required by GDC.

7. Clinical Recommendations: Psychologists will provide written recommendations and findings as requested and assist in the referral and transfer of offenders to alternative facilities. Psychologists will communicate with MH personnel at the receiving facilities regarding reasons for transfer and clinical status of offenders being transferred.

8. Staff Case Conference/In-Service/Training: Psychologists will participate in education/in-service programs for facilities staff and allied health professionals on a regular basis or as otherwise requested. Along with the MH Unit Manager, the Clinical Director will ensure training addresses clinical deficiencies and other areas of clinical concern found in the Continuous Quality Improvement (CQI) studies and supervision/observations.

9. Charting/Documentation: Psychologists and Mental Health Unit Managers will collect data and provide timely interpretation of monthly statistical reports as may be requested by GDC.

10. Participation in CQI and UR Programs: Psychologists will participate in GDC's Continuous Quality Improvement and Utilization Review programs. The Clinical Director will be responsible for reviewing all CQI studies and, along with the MH Unit Manager, develop a corrective action plan to address clinical/programming concerns/deficiencies found in the CQI studies, or other data collection activity. The Clinical Director and the Unit Manager will conduct a second CQI within 6-months to ensure that corrective action plan address the problem(s) adequately.

11. Unique Services: Psychologists will provide clinical services unique to the missions of the facilities, corrections, and the MH program.

C. Mental Health Unit Managers (MH Unit Manager)

As required by GDC's policies and procedures for MH services, the MH Unit Managers will provide the following services:

1. Plans and directs the operations and administration of the MH unit: Under authority of the Deputy Warden of Care and Treatment, the MH Unit Manager plans, directs and assumes responsibility for administration and operation of the MH program. The MH Unit Manager will coordinate with appropriate staff to ensure that business and administrative

services and support needs of the program are met using appropriate channels of communication (appropriate reporting authority as per the organizational charts). The MH Unit Manager will create and maintain a high-performance environment characterized by positive leadership and strong team orientation.

2. Monitor MH program and services: MH Unit Managers will continually observe and monitor the care and treatment activities and staff to ensure proper delivery of programs and services to the offenders (such as CQI), in accordance with the GDC's policies and procedures. (Supplier will have their internal system of quality assurance and the scenario will capture the strategy). The MH Unit Manager appropriately assigns work to employees based on pertinent factors such as staff ability, available resources, workload, and security requirements.

3. Supervises and manages MH staff assigned to the program: MH Unit Managers will ensure that employees are aware and understand performance standards associated with job responsibilities. They will properly complete and process performance reports for assigned staff. They will appropriately review, recommend and/or initiate disciplinary/adverse actions according to applicable policies and procedures. The MH Unit Managers will, along with the Clinical Directors, ensure that all licensed staff performs within the parameters and scope of their license.

4. Staff in-service and training: MH Unit Managers will ensure that MH staff receive necessary training and maintain appropriate certifications, licensure, etc. in accordance with established requirements and guidelines. They will maintain appropriate logs and files as outlined in the GDC's SOP's.

5. Data Collection: MH Unit Managers will collect data and provide interpretation for monthly statistical reports as requested by GDC.

6. Meeting Attendance/Participation: MH Unit Managers will attend the Warden's meeting and participate on committees as required.

7. CQI/UR Programs: MH Unit Managers will oversee quality improvement program and participate in self-audits. MH Unit Managers will ensure that deficiencies and problems found are properly reported and documented and that appropriate corrective action is taken to address them as per GDC SOP's.

D. Mental Health Counseling Services (MH Counselors)

As required by the GDC's policies and procedures for MH services, counselors will provide the following services:

1. Conduct psychological screening and testing, and develop individual treatment plans: Counselors will review offender's records and conduct psychological assessments for initial MH classification of needs. MH Counselors will develop treatment plans and make well prepared recommendations to the Treatment Team.

2. Conduct individual and group counseling sessions to meet identified needs of the MH offender population: MH Counselors will hold individual sessions with those on assigned caseloads on a regular basis. MH Counselors will hold group counseling sessions as stipulated in the treatment plans and use appropriate consultation or supervision to work on desired outcomes. MH Counselors will document individual and group counseling sessions within established time frames and according to GDC SOPs.

3. Provide appropriate interventions (evidence-based and/or best practice) in crisis situations: MH Counselors will provide appropriate interventions and emergency counseling sessions as needed. MH Counselors will de-escalate disruptive, hostile, or crisis situations by using appropriate therapeutic techniques/interventions. MH Counselors will consult with

psychiatry, psychology, nursing, medical, security, and others as applicable to gather information.

4. Provide case management services to assigned caseload: MH Counselors will assist with making appropriate referrals (if a Multifunctional officer is not available) to community services to ensure continuity of care when offenders are discharged. MH Counselors will serve as advocates to offenders as needed for disciplinary due process hearings

5. Serve as duty officer: MH Counselors will serve as a MH duty officer for related mental health concerns on a rotating basis and may serve as backup to the MH Unit Manager in their absence. While serving as duty officer or backup to the MH Unit Manager, the MH Counselor will be available by phone and call/report to the facility after hours and on weekends, in accordance with facility policy and procedures (local operating procedures (LOP)) or as directed by the Warden or designee.

6. Staff In-Service and Training: Counselors will attend annual Health Information Portability & Accountability Act (HIPAA) training. MH Counselors will participate in two (2) hours per month of MH in-service training, one (1) per month of Case Consultation, annual Ethics and annual Suicide Awareness training. MH Counselors will actively participate in consultation/trainings to develop skills and address clinical deficiencies.

7. Maintain a consistent, high quality, customer focus first when conducting business and providing services to the public: MH Counselors will treat customers with respect, courtesy, and tact. MH Counselors will approve offenders' work schedules, activities or other needs that may arise after hours. MH Counselors will maintain logs and reports as necessary to ensure security and smooth operation of the unit. MH Counselors will interact with all levels of State government in a way that promotes respect, encourages cooperation, and contributes to excellent performance.

8. Participate as a member of the MH team: Counselors will participate in Continuous Quality Improvement activities and attend weekly MH staff meetings.

9. Unique Services: MH Counselors will provide clinical services unique to the missions of the facilities, corrections, and the MH program.

E. Medication Clinic Coordinator

As required by the GDC's SOP for MH services, the Medication Clinic Coordinators will provide the following services:

1. Perform routine clerical processing of documents and transactions according to prescribed procedure: The Medication Clinic Coordinators will prepare the clinic with appropriate supplies including forms, desk chairs, etc. They will fill out information on medication clinic forms as directed. They will coordinate scheduling and notification of offenders and security to ensure patients are available when staff is available.

2. Maintain record-keeping for reference manuals: The Medication Clinic Coordinators will maintain accurate appointment schedules, producing daily callout lists that include the type of appointment and other information as requested. They will coordinate with the Unit Manager to ensure that counselors, officers, and nurses are working and contributing to the clinic effectively and efficiently.

3. Coordinate and assist as appropriate in triaging who is to be seen in the clinic: The Medication Clinic Coordinator will collaborate with the physicians, nurses, security officers, and counselors to ensure required labs are up to date and results available to the clinicians. They will ensure sure medication clinic records are available for clinic appointments and review when needed for ACU, CSU and MH observation cells.

4. Conduct routine and special studies of medication clinic productivity and effectiveness: The Medication Clinic Coordinator will keep the MH Unit Manager informed of all Continuous Quality Improvement studies and will work with the MH Unit Manager and Health Service Administrators to address deficiencies. They will prepare the shadow files, related callouts, and reports as well as facilitate clinic contacts. They will utilize EHR when available.

F. Activity Therapists (AT)

As required by the GDC's SOPs for MH services, the Activity Therapist will:

1. Conduct activity therapy assessments: Activity Therapists will conduct individual assessments according to established guidelines. They will interview clients and treatment staff to determine offender needs. They will utilize the Activity Therapist assessment form.

2. Supervise, monitor, and document: Activity Therapists will ensure that there is appropriate equipment, supplies, and materials for scheduled activities. They will conduct activities using current and acceptable therapeutic techniques.

3. In Supportive Living Unit (SLU), each Activity Therapist will provide no less than three hours of therapeutic activities per day for MH level III and level IV offenders.

4. Meeting attendance/participation: Activity Therapists will participate in treatment team meetings, staff meetings and training, as well as Continuous Quality Improvement activities as required by SOP.

5. Staff in-service/training: Activity Therapists will participate in education/in-service programs for the facility staff and allied health professionals on a regular basis or as otherwise required by SOP.

6. Documentation: Activity Therapists (AT) will complete monthly notes on all activity therapy participants using the DAP (Data, Assessment, Plan) format. Group rosters and group attendance data will be maintained. Activity therapy assessments will be completed within 30 days on all Level III and IV offenders placed on the MH caseload. If a Level III or IV offender transfers to a facility without an Activity Therapist assessment, the Activity Therapist will complete an AT assessment within 30 days of arrival. The assessment will be reviewed and updated annually with the treatment plan.

7. Supervision: Activity Therapists will receive a minimum of one hour of consultation a month from a Psychologist.

8. Unique services: Activity Therapists will provide clinical services unique to the missions of facilities, corrections, and the MH program (i.e., juveniles, medical, the under-death sentence (UDS) population, the special management unit and Specialized Mental Health Treatment Units (SMHTU)).

G. Clerical Support

As required by GDC's policies and procedures, MH clerks will:

1. Maintain record-keeping and filing systems and/or reference manuals/materials: MH Clerks appropriately classifies, sorts, files, transfers, and/or retrieves correspondence, articles, records and other documents as required.

2. Copies and/or distribute letters, memos, reports, and other documents and materials: MH Clerks prepares and distributes documents to appropriate parties according to established policies, procedures, time frames, or as instructed. MH Clerks operates and maintains the copy machine and associated equipment ensuring appropriate supplies are maintained.

3. Enters data from forms, records, and reports into the computer: MH Clerks enter data for purposes of maintaining databases. They may use computer software for performing routine clerical assignments.

4. Maintains calendars and schedules appointments, meetings, and conferences: MH Clerks support will establish and maintain a well- organized calendar system for the assigned work unit or program area. They schedule appointments according to instructions from staff.

5. Staff in-service/training: MH Clerks support will participate in educational/in-service programs for facilities staff and allied health professionals on a regular basis.

H. Staff Management

1. The supplier shall provide adequate capacity for intake and a high-quality level of care for Offender identified for services by adhering to minimum staff to offender ratio requirements. As necessary, GDC may adjust the ratios and increase or reduce the staff requirements per position and/or per facility.

Minimum Staff to Offender Ratios

STAFF TITLES:	Minimum number of Staff as per ratios (FTE's)
Psychiatrist	1 FTE per 200 MH Offenders
Psychologist	1 FTE per 200 MH Offenders
MH Counselor	1 FTE per 75 Level II MH Offenders 1 FTE per 50 Level III MH Offenders 1 FTE per 20 Level IV MH Offenders * In addition to the above, Close Security Prisons: 1 FTE per 60 Level II MH Offenders 1 FTE per 40 Level III MH Offenders 1 FTE per 20 Level IV MH Offenders

	(Valdosta, Baldwin, Hays, Diagnostic Facilities, Georgia State Prison) require an additional 2 FTE MH Counselors at each facility. **In addition to the above, GDCP requires an additional 4 FTE MH Counselors for Intake.
Crisis Stabilization and Acute Care Units	1 FTE per 15 MH Offenders
Special Mental Health Treatment Units	1 FTE per 20 MH Offenders
Activity Therapist and Supportive Living Units (SLU)	1 FTE per 150 MH Offenders
Medication Clinic Coordinator	1 FTE per facility
Clerical Staff	1 - 3 FTE (per facility depending on the MH caseload Size - 1:250 MH Offenders)

2. The supplier agrees that once employees are released from GDC's facilities, they will not be reassigned to another facility without the written permission from the State MH Director or the Director of Health Services. The supplier further agrees to coordinate with GDC regarding a no rehire list.

I. Pharmacy and Therapeutics Committee/Medication Utilization Review

1. The supplier will appoint a physician to serve as a voting member of the Pharmacy and Therapeutics Committee. The supplier will utilize this opportunity to assist GDC and Augusta University Department of Corrections Adult Health (AU) with policy and procedure development for the use of psychotropic medications and the ongoing review of GDC's formulary.

2. The supplier will also provide psychotropic medication utilization and management services as an integral component of the overall program. The supplier will also monitor any formulary exceptions and counsel Psychiatrists whose prescription practices are outliers. Additionally, the supplier will establish medical leadership and pharmacological consultation services to review psychotropic medication utilization.

J. Staffing Plan

The success of the MH delivery system is largely dependent on the quality, competence, character and performance of the clinical and administrative staff involved in the delivery of services. The supplier will rapidly recruit, train, activate and subsequently retain a staff of qualified professionals to implement a wide-scale MH services program. The supplier will be accountable to the client's organizational structure as described in SOP 508.01, Organization and Administration.

K. Staff Composition

The program will be implemented by a staff of qualified clinical (Psychiatrists, Psychologists, and Master's degree professionals, Activity Therapists) and administrative professionals geographically located throughout the state. The program will establish leadership as well as core clinical staff positions in sufficient numbers in each region to fill the service and outcome requirements of GDC.

L. Recruitment/Credentialing

1. The supplier will utilize recruitment and credentialing processes to identify those professionals capable of meeting the demands of an on-site MH services program in facilities and corrections. All applicants and credentials will be made available to GDC and

the supplier will relinquish to GDC all rights and authority to refuse and/or terminate applicants whose credentials are insufficient to GDC or whose service to GDC is unsatisfactory.

2. The supplier will perform the following functions as it relates to the credentialing of program professionals:

- Procure and verify copies of the following as they apply: professional state license(s), academic diplomas, internship certifications, residency certification, board certification, curriculum vitae, drug enforcement agency (DEA) certification, and other certifications presented by applicants.
- Request and contact references provided.
- Verify previous experience/employment.
- Conduct criminal background checks.

M. Program Director

1. The supplier will establish a position for a full-time Program Director with overall responsibility for this program. The Program Director will reside in an area that is in reasonable proximity to GDC Headquarters (State Offices South-Tift College, Forsyth, Georgia) and be based out of the supplier's area office to facilitate consultation and service coordination with GDC's Director of MH and other state officials as may be necessary.

2. The preferred qualifications for this position will include at a minimum a Bachelor's degree in human services or related field, at least five years program management experience in healthcare and total working knowledge of the correctional environment. The Program Manager will be required to possess full understanding of GDC's SOPs and be charged with delivering a statewide consistent level of service, serving as the main point of

contact for the State on issues related to the program. The supplier shall not hire or retain a Program Director whose credentials are insufficient or whose service is unsatisfactory.

N. Psychiatrists

The supplier will recruit and retain only Georgia licensed physicians who are board eligible or board certified in psychiatry. Psychiatrists with experience and training in correctional psychiatry are preferred. A psychiatrist will be named by the vendor to serve as the psychiatric leader and shall be responsible for all clinical oversight related to mental health programing services. This leader will be expected to participate and attend meetings as required by the GDC in order to facilitate effective communication and ongoing operations with the GDC State Mental Health Director.

O. Psychologists

The supplier will recruit and retain only Georgia licensed clinical psychologists. Psychologists with experience and training in correctional psychology are preferred. A psychologist will be named by the vendor to serve as the psychology leader and shall be responsible for providing leadership to the vendors, psychologist, mental health counselors and others as is relates to all mental health programs. This leader will be expected to participate and attend all meetings as required by the GDC in order to facilitate, effective communications, program execution, training, compliance and ongoing operations with the GDC Chief Psychologist and GDC State Mental Health Director.

P. Management Plan

Key to success of the program is the productivity of the clinical staffing and the overall satisfaction of the facilities in which the services are delivered.

1. Leadership: The supplier will establish program leadership through a designated Program Director supported by designated Clinical Directors (licensed psychologists) all with experience and expertise in delivering specialty MH services in the correctional environment.

2. Expectations/Productivity Standards: Service expectations will be clearly defined in writing and communicated to each applicant. Productivity standards will be based on reasonable service volumes taking into consideration the unique security issues of delivering MH services in the correctional environment.

3. Scheduling: Clinical service visits by professional staff will be scheduled in advance and published as required by GDC. Professionals will be designated to each facility to maintain consistency of service and continuity of care. The supplier will work with each facility to establish regularly scheduled days and times for routine visits for professionals to provide services to referred offenders.

4. Communication: The quality, frequency and content of the communication with field professionals are recognized to be an integral component to the success of any on-site health services system. The supplier will implement a program of ongoing, planned, effective communication with field professionals to ensure the program's objectives are understood by professionals and ultimately attained.

Q. Peer Review

1. The supplier values the importance of the peer review process as an essential component of Continuous Quality Improvement. The following guidelines are to enable staff to provide consistent evaluation of peers.

2. Peer review will be completed using the supplier's peer review tool.

3. Completion of the peer review process will be documented by the reviewer's completion of the peer review verification form and submission of the peer-reviewed tool.

4. Reviewer and reviewee should discuss peer-reviewed findings. This is intended to facilitate a productive exchange of ideas between peers and both must sign the Peer Review Verification Form.

5. If peer review reveals minor deficits, reasonable solutions and corrective actions will be identified and discussed by the reviewer and the reviewee.

6. Upon completion and resolution at this level of peer review, review findings will be forwarded to the Program Director's office. The peer-review tools will be placed in a locked confidential file in accordance with current American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC) peer review standards.

7. Copies of the Peer Review Verification Form will be maintained in the supplier's Continuous Quality Improvement file to confirm completion of the peer review process.

8. When the peer review process has been completed a copy of the verification form will be maintained by the credentialing file and audited annually.

R. Tele-Mental Health

As required by GDC's policies and procedures for telemedicine services, the supplier will:

1. Interface, when needed, with Augusta University Department of Correctional Medicine Adult Health (AU) to expand the use of current and future telemedicine sites to include psychiatric medication management for select MH offenders.

2. This coordination will include but is not limited to training and participating in the preparation of shadow files per SOP 507.04.12 (VH17-0003), training and providing clinical coverage, training and providing shadow file maintenance. The utilization of EHR will occur when available.

3. The supplier will procure the tele-MH equipment, as needed.

4. The supplier will identify the needs for equipment as technology advances and work with the Georgia Department of Corrections Information Technology (IT) program to bring these options into operational use.

5. This program will allow Georgia Department of Corrections to provide additional services to a percentage of the MH caseload throughout the State in remote and emergency circumstances as directed by GDC.

S. Performance Management

1. The supplier will be responsible to conduct an annual audit (financial and programmatic) to self-report contract compliance with expected levels of service and key performance indicators such as staffing, provisions for MH delivery and financial accounting and reporting aspects. The scope of the audit must be approved in advance and be agreed upon by GDC. The written audit report shall be presented to the Office of Health Services within 60 days of the first 12 months of the agreement and thereafter within 60 days of each Fiscal year (June 30). The supplier's annual audit scope will be subject to the discretion of GDC.

Upon request of GDC, the supplier must report the status of all contractual obligations.

2. The supplier must facilitate on site monitoring visits from GDC as requested.
Any service delivery deficiencies identified during audits, will require corrective action plans and a timeline for improvement that is subject to the discretionary approval of GDC.

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Request for Proposal – Mental Health and Dental Health Services for Offenders
Attachment B – Scope of Services, Mental Health

Specialized Mental Health Treatment Unit (SMHTU) Services

The Supplier shall conform by Standard Operating Procedures associated with the Specialized MH Treatment Unit Program and its associated directives included in the SOP 508.23.

T. Program Services for SMHTUs

The supplier agrees to provide the following services for offenders with mental illness and behavioral challenges:

a. A screening assessment to determine best treatment unit based on need

b. An individualized treatment plan

c. On-going monitoring of MH symptoms

d. Illness management

e. Cognitive Behavioral Treatment (CBT) programs

f. Trauma-focused treatment

g. Psycho-educational and therapy groups

h. Skill- building (i.e., coping strategies)

i. Problem-solving approaches

j. Psychopharmacologic Interventions

k. Sleep hygiene

l. Re-entry plan, which includes a possible placement in the SMHTU Transition Unit

U. Therapeutic Community Approach for SMHTUs

1. The supplier agrees to develop a therapeutic approach where participants are provided flexibility, little confrontation, affirmations for achievement, non- intense methodology, a short duration of group sessions (no longer than 60 minutes), individualized treatment, and some progressive sanctions and alternative sanctions.

2. The supplier must develop and distribute SMHTU Orientation material to each offender that addresses the expectations of each unique SMHTU.

V. Employment Standards for SMHTUs

The supplier will manage employment standards and a staffing plan according to GDC's minimum requirements. The success of the SMHTU program delivery system is largely dependent on the quality, competence, character and performance of the clinical and administrative staff involved in the delivery of services. The supplier will recruit, train, and subsequently retain qualified professionals to manage the SMHTU program with accountability to the MH Unit Manager and Clinical Director.

W. Psychiatry Services for SMHTUs

As required by GDC's policies and procedures for MH services, psychiatrist will provide the following services:

1. Medication Management: Psychotropic medication management services will be provided by qualified psychiatric positions in accordance with SOP 508.01 and SOP 508.24. Face-to-face evaluative services for offenders on psychotropic medications will be conducted at such intervals as outlined in the MH SOP's. Orders made through tele-psychiatry over the phone will be signed within 24 hours.

2. Diagnostics/Evaluations/Emergency Evaluations: Psychiatrists will perform routine and emergency evaluations in response to referrals or requests as outlined in SOP 508.01, SOP 508.15 and SOP 508.24. Psychiatrists will provide face to face services according to current DSM (Diagnostic Statistical Manual) criteria.

3. Meeting Attendance/Participation: Psychiatrists will attend and actively participate in clinical and administrative meetings (i.e., Treatment, hospitalization planning, Continuous Quality Improvement, staff meetings and community meetings) as outlined in the SOP's and as may be additionally required by GDC.

4. Consultation: Psychiatrists will be available and receptive to facility MH and administrative staff for consultation. The Continuous Quality Improvement process will include facility input as to the receptivity and availability of psychiatrists for consultation.

5. Charting/Documentation: Psychiatrists will legibly document according to GDC's policies and procedures, utilizing GDCs forms and protocols for documentation or the Electronic Health Record when available.

6. Twenty-four (24) Hour Availability: The supplier will provide 24-hour psychiatry coverage and availability through an on-call protocol. Psychiatrists will be responsive to calls from their assigned area at their assigned time on a 24-hour basis. Secondary or backup coverage will be provided through an on-call rotation of regional psychiatrists.

7. Clinical Recommendations: Psychiatrists will provide written clinical recommendations and findings as requested and assist in the referral of offenders to alternative facilities as required. Psychiatrists will openly communicate clinical information to MH personnel at receiving facilities, as requested, regarding reasons for transfer to a Crisis Stabilization Unit or Acute Care Unit and clinical status.

8. Clinical Supervision: Psychiatrists will be available on a regularly scheduled basis to perform clinical supervision and/or consultation services to MH nurses.

9. Staff In-Service/Training: Psychiatrists will participate in training and educational in-service programs for facility staff and allied health professionals on a regular basis or as requested by GDC.

10. Participation in Continuous Quality Improvement and Utilization Review Programs: Psychiatrists will participate in GDC's Continuous Quality Improvement (CQI) and Utilization Review (UR) programs.

11. Unique Services: Psychiatrists will provide clinical services unique to the mission of the facilities, corrections, and the SMHTU program.

X. Psychological Services for SMHTUs

As required by GDC's policies and procedures for MH services, psychologists will provide the following services:

1. Individual/Group Psychotherapy: Psychologists will provide individual and group psychotherapy services to offenders referred for such services or identified through the comprehensive treatment plan. Psychologist will also provide consultation services to GDC SMHTU staff providing individual and group therapy as needed per staff's privileging stipulations and/or as may be requested by the GDC.

2. Clinical Program Oversight and Program Development: Psychologists will provide program oversight to all offenders and develop programs and groups. Clinical Directors are responsible for developing and ensuring implementation of needed programs to address clinical issues identified on the offenders' comprehensive treatment plans. SMHTUs will have therapeutic programs which address mental illness based on the current DSM criteria.

3. Diagnostics/Evaluations/Psychological Testing: Psychologists will provide evaluative and diagnostic services to referred offenders according to Diagnostic and Statistical Manual criteria. Psychologists will complete written psychological evaluations in a timely fashion according to GDC policy. Psychologists or behavior specialists will administer and score psychological tests. Psychologists will interpret the test results.

4. Clinical Consultation and Training: Psychologists will be available on a regularly scheduled basis as part of their routine services to facilities and perform clinical consultation to the SMHTU staff counselors, nurses, security staff, etc. The Clinical Director, along with the MH Unit Manager will ensure all licensed staff performs within the parameters and scope of their duties.

5. Supervision: Psychologists will provide clinical supervision to all unlicensed SMHTU counselors and to licensed staff as needed.

6. Meeting Attendance/Participation: Psychologists will attend and actively participate in clinical and administrative meetings as outlined in the SOPs and as may be additionally required by GDC.

7. Clinical Recommendations: Psychologists will provide written recommendations and findings as requested and assist in the referral and transfer of offenders to alternative facilities. Psychologists will hold dialogue with MH personnel at the receiving facilities regarding reasons for transfer and clinical status of offenders being transferred.

8. Staff In-Service/Training: Psychologists will participate in education/in-service programs for facilities staff and allied health professionals on a regular basis or as otherwise requested. Along with the MH Director, the Clinical Director will ensure training addresses clinical

deficiencies and other areas of clinical concern found in the Continuous Quality Improvement studies and supervision/consultation/observations.

9. Charting/Documentation: Psychologists and MH Directors will collect data and provide interpretation of monthly statistical reports as may be requested by GDC.

10. Participation in Continuous Quality Improvement (CQI) and Utilization Review (UR) Programs specific to the SMHTU: Psychologists will participate in GDC's Continuous Quality Improvement and Utilization Review programs. The Clinical Director will be responsible for reviewing all CQI studies and, along with the MH Director, develop a corrective action plan to address clinical/programming concerns/deficiencies found in the CQI studies, or other data collection activity. The Clinical Director and the MH Director will conduct a second CQI within six months to ensure that corrective action address the problem(s) adequately.

11. Unique Services: Psychologists will provide clinical services unique to the missions of the facilities and the SMHTU programs.

Y. Counseling Services for SMHTUs

As required by the GDC's policies and procedures for SMHTU program(s) and services, counselors will provide the following services:

1. The SMHTU Counselors will be licensed through the Georgia Secretary of State's Composite Board as a licensed clinical social worker (LCSW), a licensed marriage family therapist (LMFT), or a licensed professional counselor (LPC), and have experience working with the Seriously Mentally Ill.

2. Partially licensed counselors who are licensed master social worker (LMSW) or licensed associate professional counselor (LAPC) will be expected to receive supervision and work to obtain their license as a clinical social worker or professional counselor.

3. They will conduct psychological screening and testing, and develop individual treatment plans. Counselors will review offender's records and conduct assessments for initial classification of treatment needs. They will develop treatment plans and make well prepared recommendations to the treatment team.

4. They will conduct individual and group counseling sessions to meet identified behavioral and MH needs of the SMHTU offender population. Counselors will hold individual sessions with those on assigned caseloads on a regular basis. They will hold group counseling sessions as stipulated in the treatment plans and use appropriate consultation and/or supervision to work on desired outcomes. Counselors will document individual and group counseling sessions within established time frames and according to Departmental policies and procedures.

5. They will provide appropriate interventions in crisis situations, appropriate interventions and emergency counseling sessions as needed. They will de-escalate disruptive, or crisis situations by using appropriate therapeutic techniques/interventions. They will consult with psychiatry, nursing, medical, security, and others as applicable to gather information.

6. SMHTU Counselors will serve as MH duty officer for related mental health concerns on the same rotating basis as other MH Counselors and may serve as backup to the MH Director in their absence. While serving as duty officer or backup to the MH Director, they will be available by phone and call/report to the facility after hours and on weekends, in accordance with facility policy and procedures or as directed by the Warden or designee.

7. At a minimum, SMHTU Counselors as all MH Counselors will attend Basic MH Training, and annual HIPAA training. They will participate in two hours per month of MH in-service training, one hour per month of MH case conference training, and will actively participate in consultation/trainings to develop skills and address clinical deficiencies.

8. They will maintain a consistent, high quality, customer focus first when conducting business and providing services to the offenders. SMHTU Counselors will treat offenders with respect, courtesy, and tact. They will interact with all levels of State government in a way that promotes respect, encourages cooperation, and contributes to excellent performance.

9. They will participate as a member of the SMHTU Treatment team. Counselors will participate in Continuous Quality Improvement activities and attend weekly multi-disciplinary staff meetings.

10. Counselors will provide clinical services unique to the missions of the facilities and the SMHTU program.

Z. Activity Therapy Services for SMHTUs

As required by the GDC's policies and procedures for SMHTU program(s) and services, Activity Therapists will provide the following services:

1. They will conduct activity therapy screening and develop individual treatment plans. Activity Therapists will review offender's records and conduct assessments for initial classification of treatment needs. They will develop treatment plans and make well prepared recommendations to the treatment team.

2. They will conduct individual and group activity therapy sessions to meet identified behavioral and MH needs of the SMHTU offender population. Activity therapists will hold individual sessions with those on assigned caseloads on a regular basis. They will hold group counseling sessions as stipulated in the treatment plans and use appropriate consultation and/or supervision to work on desired outcomes. Activity Therapists will document

individual and group counseling sessions within established time frames and according to GDC SOP's.

3. They will provide appropriate interventions in crisis situations. Activity Therapists will de-escalate disruptive, or crisis situations by using appropriate therapeutic techniques/interventions. They will consult with psychology, psychiatry, nursing, medical, security, and others as applicable to gather information.

4. At a minimum, Activity Therapists will attend Basic MH Training, and annual HIPAA training. They will participate in two hours per month of MH in-service training, one hour per month of MH case conference training, and will actively participate in consultation/trainings to develop skills and address clinical deficiencies.

5. They will maintain a consistent, high quality, customer focus first when conducting business and providing services to the offenders. SMHTU Activity Therapists will treat offenders with respect, courtesy, and tact. They will interact with all levels of State government in a way that promotes respect, encourages cooperation, and contributes to excellent performance.

6. They will participate as a member of the SMHTU Treatment team. Activity Therapists will participate in Continuous Quality Improvement activities and attend weekly multi-disciplinary staff meetings.

7. Activity Therapists will provide clinical services unique to the missions of the facilities and the SMHTU program.

AA. SMHTU Program Manual



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1. The supplier shall develop a SMHTU program manual that includes all program materials. The purpose is to have the majority of program materials in one manual, which will act as a manual for treatment and a training guide. The supplier shall present the SMHTU Program Manual to GDC for review and approval no later than ninety (90) calendar days after the Service Commencement Date. The supplier, at its own expense, will provide a copy of the approved SMHTU Program Manual to each facility housing an SMHTU and GDC OHS-MH (Central Office). This SMHTU Program Manual and its contents shall become property of GDC.

BB. Mode of Delivery (SMHTU)

The supplier mode of delivery shall be intensive specialized programming to include process group format and psycho-educational format:

1. Process group format – allows for the practicing of appropriate skills, and confronting of inappropriate behavior patterns. Process groups focus primarily on interpersonal interactions within the group setting. During this process, the offenders may reveal information about themselves on a deeper level. The curative factors introduced by Irvin Yalom are more prevalent within this setting.

2. Psycho-educational format – Primarily didactic, in which information is introduced and guided by the facilitator (counselor). The facilitator uses the prepared curriculum to guide instruction. Offenders are involved in experiential activities such as role or sole plays which allow them to learn by doing and learning opportunities through peer exchange in which participants share ideas, experiences and information.

3. Activity Therapy Groups-both individual and group therapies to promote prosocial skills, recreational leisure activities and other activity-related programming.

4. Individual Therapy-Provided by Activity Therapist, MH Counselors and/or Psychologist as needed and determined by the treatment team.

5. Meaningful contacts-A minimum of two (2) meaningful contacts will be documented per month. These entries shall reflect on-going progress with treatment plan, progress and treatment, to include both positive and negative events. Each contact should be documented in DAP (Data, Assessment, Plan) format.

6. Assignments - Detailed relevant assignments, both written and experiential.

7. Instructional aids - Use of relevant, appropriate, and topical videos, audio tapes, and films can serve as helpful adjunctive approaches to staff-led discussions and process groups. (If the supplier elects to utilize multi-media materials, all such materials will be at supplier's cost and must be approved by GDC prior to use in the Program.)

CC. Active Roles for SMHTU Program Participants

SMHTU Program participants should have an active role in their treatment. Offenders should be given responsibility for certain aspects of Treatment planning.

DD. Continuous Program Monitoring (SMHTU)

Continuous monitoring of the Program shall be performed by both the supplier and by GDC personnel. This monitoring will focus on process evaluation and outcome evaluation, and will incorporate feedback mechanisms whereby issues of Program design, implementation, and outcome can be addressed through appropriate modification of programming. This measurement and monitoring of offenders should occur at all levels of treatment and aftercare, so as to provide information and feedback regarding Program elements and participant outcomes. This aspect of the Program is essential and critical to its success, and as such should be considered an integral component of Program design. Suggested elements for this aspect of the Program include assessments- the use of standardized, valid assessment tools at pre- and post- treatment, as well as follow-up intervals.

EE. Ownership (SMHTU)

All products from this Contract will become the property of GDC.

FF. SMHTU Program Screening and Intake Process (SMHTU)

The Office of Health Services, Mental Health division will make all decisions as to eligibility and enrollment of offenders in the SMHTU programs.

GG. Program Clinical Files (SMHTU)

The supplier shall establish subsequent documents and maintain clinical files, which will be stored and secured behind 2 locked doors in locked metal file cabinets within the Mental Health office area. The files will be maintained in accordance with GDC SOPs. All participant files and information contained therein are the property of GDC.

HH. Additional Program Requirements (SMHTU)

The GDC requires the supplier to develop a form on each participant that summarizes SMHTU highlights. It may include information such as entry date, exit date, reason for entry and exit, release method (parole, transfer, etc.), level completion dates (proposed and actual), disciplinary infractions and the sanctions imposed (including both minor violations that result in SMHTU Program sanctions and major disciplinary reports that must go into SCRIBE). This type of information will be completed for all removals from the SMHTU Program as well as for graduates.

II. Performance Measures (SMHTU)

1. The supplier must be responsible for developing performance measures that are acceptable to GDC and that provide Department management with an assessment of the accomplishments of the SMHTU Program. Reports to GDC management will be generated and submitted to GDC on a regular basis. The supplier shall provide and incorporate the following elements:

- Program Purpose
- Program Goals
- Desired Results
- Results Measures (pre & post-tests)
- Program Data
- Actual Results
- Comparative Analysis Report

2. The supplier must generate management reports tracking these measures. The supplier's Proposal shall support and demonstrate the ways in which its services will meet Program goals and how it will measure achievement of these goals. GDC is interested in both quantitative and qualitative measures of the Program's performance. The performance measures will be congruent with the goals listed below:

- To increase each participant's level of knowledge of the behaviors that resulted in their placement in the SMHTU and MH symptoms and to reduce anti-social thinking, criminal behavior patterns, and the negative effects of their behavior. Pre- and post-tests will be administered for all offenders at entry and prior to completion of program.

- Empower participants through education in the SMHTU to achieve positive behaviors and skills.

- Provide treatment services that address MH and dysfunctional behavior of each offender.
- Hire and maintain competent and dedicated clinical staff to provide treatment services.

- Provide SMHTU offenders with a continuum of care plan for post-release treatment once discharged from the SMHTU.

- To decrease the average number and severity of Disciplinary Reports received by SMHTU offenders, as compared to their pre-SMHTU Program behavior, over the course of the Program.

3. The supplier will develop a management plan to successfully track and measure the productivity of the clinical staff.

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Attachment B – Scope of Services, Mental Health

Integrated Treatment Facilities (ITF) Program Services

The Supplier shall conform by Standard Operating Procedures associated with the Residential Substance Abuse Treatment Programs (RSAT) and its associated directives included in the Policy (VB03-0003) and the Substance Abuse aftercare standard Operating Procedures.

A. Program Services for ITFs

1. The supplier agrees to provide the following services for offenders with co-occurring disorders:

a. A screening, assessment to include Risk- Need- Responsivity (RNR model)

b. An individualized treatment plan (based on the criminogenic risk and behavioral health needs framework)

c. On-going monitoring of MH symptoms

d. Illness management

e. Criminogenic risk-focused cognitive behavioral treatment (CBT) programs

f. Trauma-focused treatment

g. Psycho-educational and therapy groups

h. CBT; cognitive restructuring; dual-diagnosis; skill-building (i.e., coping strategies)

i. Motivational Enhancement Therapy

j. Relapse Prevention

k. Medicated Assisted Therapies

l. Psychopharmacologic Interventions

m. Problem-solving approaches

n. Dual recovery mutual self-help recovery

o. Mood Disorders

p. Sleep hygiene

q. Peer and community based groups

r. Re-entry plan, which includes a Wellness Recovery Action Plan (WRAP)

B. Therapeutic Community Approach for ITFs

1. The supplier agrees to develop a Therapeutic Community (TC) approach where participants are provided flexibility, little confrontation, affirmations for achievement, non-intense methodology, a short duration of group sessions (no longer than 60 minutes), individualized treatment, and some progressive sanctions and alternatives sanctions.

2. The supplier must develop and distribute a Therapeutic Community Handbook to each offender that addresses the aforementioned.

C. Employment Standards for ITFs

The supplier will manage employment standards and a staffing plan according to GDC's requirements. The success of the Integrated Treatment program delivery system is largely dependent on the quality, competence, character and performance of the clinical and administrative staff involved in the delivery of services. The supplier will recruit, train, and subsequently retain qualified professionals to manage the ITF program with accountable to the client hierarchy as described in **SOP Integrated Treatment Programs.**

D. Psychiatry Services for ITFs

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As required by GDC's policies and procedures for MH services, psychiatrist will provide the following services:

1. Medication Management: Psychotropic medication management services will be provided by qualified psychiatric positions in accordance with SOP 508.01. Face-to-face evaluative services for probationers on psychotropic medications will be conducted at such intervals as outlined in the SOP's for MH either in person or via tele-psychiatry. Orders made through tele-psychiatry over the phone will be signed within 24 hours.

2. Diagnostics/Evaluations/Emergency Evaluations: Psychiatrists will perform routine and emergency evaluations in response to referrals or requests as outlined in SOP 508.15 and other related SOPs. Psychiatrists will provide face to face or tele-psychiatry services according to current DSM criteria.

3. Meeting Attendance/Participation: Psychiatrists will attend and actively participate in clinical and administrative meetings, i. e., Treatment, hospitalization planning, Continuous Quality Improvement, ITF staff meetings and community meetings) as outlined in the SOP's and as may be additionally required by GDC.

4. Consultation: Psychiatrists will be available and receptive to facility MH and administrative staff for consultation. The Continuous Quality Improvement process will include facility input as to the receptivity and availability of psychiatrists for consultation.

5. Charting/Documentation: Psychiatrists will legibly document according to GDC's policies and procedures, utilizing GDCs forms and protocols for documentation.

6. Twenty-four (24) Hour Availability: The supplier will provide 24-hour psychiatry coverage and availability through an on call protocol. Psychiatrists will be responsive to calls from their assigned area at their assigned time on a 24-hour basis. Secondary or backup coverage will be provided through an on-call rotation of regional psychiatrists.

7. Clinical Recommendations: Psychiatrists will provide written clinical recommendations and findings as requested and assist in the referral and transfer of probationers to alternative facilities as required. Psychiatrists will openly communicate clinical information and hold dialogue with MH personnel at receiving facilities, as requested, regarding reasons for transfer to Crisis Stabilization Unit or Acute Care Unit and clinical status.

8. Clinical Supervision: Psychiatrists will be physically available on a regularly scheduled basis, to perform clinical supervision and/or consultation services to MH nurses.

9. Staff In-Service/Training: Psychiatrists will participate in training and educational in-service programs for facility staff and allied health professionals on a regular basis or as requested by GDC.

10. Participation in Continuous Quality Improvement and Utilization Review Programs: Psychiatrists will participate in GDC's Continuous Quality Improvement (CQI) and Utilization Review (UR) programs.

11. Unique Services: Psychiatrists will provide clinical services unique to the mission of the facilities, community corrections, and the ITF program.

E. Psychological Services for ITFs

As required by GDC's policies and procedures for MH services, psychologists will provide the following services:

1. Individual/Group Psychotherapy: Psychologists will provide individual and group psychotherapy services to offenders referred for such services or identified through the comprehensive treatment plan. Psychologist will also provide consultation services to GDC

Integrated Treatment staff providing individual and group therapy as needed per staff's privileging stipulations and/or as may be requested by the GDC.

2. Clinical Program Oversight and Program Development: Psychologists will provide program oversight to all Probationers and develop programs and groups. Clinical Directors are responsible for developing and ensuring implementation of needed programs to address clinical issues identified on the probationers' comprehensive treatment plans. The ITFs will have therapeutic programs which address mental disorders based on the current DSM criteria.

3. Diagnostics/Evaluations/Psychological Testing: Psychologists will provide evaluative and diagnostic services to referred offenders according to Diagnostic and Statistical Manual criteria. Psychologist will complete written psychological evaluations in a timely fashion according to GDC policy. Psychologists or behavior specialists will administer and score psychological tests. Psychologist will interpret the test results.

4. Clinical Consultation and Training: Psychologists will be available on a regularly scheduled basis as part of their routine services to facilities and perform clinical consultation to the Integrated Treatment staff counselors, nurses, security staff, etc. The Clinical Director, along with the Program Director will ensure all licensed staff performs within the parameters and scope of their duties.

5. Clinical Supervision: Psychologists will provide clinical supervision to all unlicensed Integrated Treatment counselors and to licensed staff as needed.

6. Meeting Attendance/Participation: Psychologists will attend and actively participate in clinical and administrative meetings as outlined in the SOPs and as may be additionally required by GDC.

7. Clinical Recommendations: Psychologists will provide written recommendations and findings as requested and assist in the referral and transfer of offenders to alternative facilities. Psychologist will communicate with MH personnel at the receiving facilities regarding reasons for transfer and clinical status of offenders being transferred.

8. Staff In-Service/Training: Psychologists will participate in education/in-service programs for facilities staff and allied health professionals on a regular basis or as otherwise requested. Along with the Program Unit Manager, the Clinical Director will ensure training addresses clinical deficiencies and other areas of clinical concern found in the Continuous Quality Improvement studies and supervision/consultation/observations.

9. Charting/Documentation: Psychologists and Program Unit Manager will collect data and provide interpretation of monthly statistical reports as may be requested by GDC.

10. Participation in Continuous Quality Improvement (CQI) and Utilization Review (UR) Programs: Psychologists will participate in GDC's Continuous Quality Improvement and Utilization Review programs. The Clinical Director will be responsible for reviewing all CQI studies and, along with the Program Unit Manager, develop a corrective action plan to address clinical/programming concerns/deficiencies found in the CQI studies, or other data collection activity. The Clinical Director and the Program Unit Manager will conduct a second CQI within six months to ensure that corrective action address the problem(s) adequately.

11. Unique Services: Psychologists will provide clinical services unique to the missions of the facilities, community corrections, and the ITF program.

F. Program Unit Managers for ITF's

As required by GDC's SOPs for MH services, the Program Director will provide the following services:

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1. Plans and directs the operations and administration of the ITF program: Under authority of the Superintendent, plans, directs and assumes responsibility for administration and operation of the Integrated Treatment program. They will coordinate with appropriate staff to ensure that business and administrative services and support needs of the program are met using appropriate channels of communication. They will create and maintain a high-performance environment characterized by positive leadership and strong team orientation.

2. Monitor MH and Substance Abuse care of the Integrated Treatment program and services: Program Unit Managers will continually observe and monitor the care and treatment activities and staff to ensure proper delivery of programs and services to the probationers, in accordance with the GDC's policies and procedures. Appropriately assigns work to employees based on pertinent factors such as staff ability, available resources, workload, and security requirements.

3. Supervises and manages staff assigned to the program: Program Unit Managers will ensure that employees are aware and understand performance standards associated with job responsibilities. They will properly complete and process performance reports for assigned staff. They will appropriately review, recommend and/or initiate disciplinary/adverse actions according to applicable policies and procedures.

4. Staff in-service and training: Program Unit Manager will ensure that staff receive necessary training and maintain appropriate certifications, licensure, etc. in accordance with established requirements and guidelines. They will maintain appropriate logs and files as outlined in the GDC's SOPs.

5. Data Collection: Program Unit Manager will collect data and provide interpretation for monthly statistical reports as requested by GDC.

6. Meeting Attendance/Participation: Program Unit Manager will attend the Superintendents meeting and participate on committees as required.

7. CQI/UR Programs: Program Unit Managers will oversee quality improvement program and participate in self-audits. They ensure that deficiencies and problems found are properly reported and documented. Appropriate corrective action will be taken to address deficiencies as per GDC SOPs.

8. The Program Unit Manager will complete a monthly status report on all offenders and send it to the Chief Probation Officer from the referring circuit.

9. The Program Unit Manager will provide GDC a monthly report by the 5th of each month. The report must include the following, but not limited to:

- Admissions
- Diagnosis
- Drug of Choice
- The number of successful completions
- The number of unsuccessful completions
- Drug testing outcomes
- County of Conviction
- Phase progression
- Phase set backs
- Number of Disciplinary Reports

- Learning Experiences
- A list of all participants in the program broken down by race
- The number of ACU/CSU placements
- Number of Self Injuries
- Number of Assaults
- Number on medication
- Other data as requested

10. Weekly Reports: The Program Unit Manager must provide GDC with a weekly report. The weekly report must include but not limited to:

- Average daily beds occupied
- Number in each Phase
- The daily average of vacant beds
- Staff vacancies
- Staff listings
- Number of substance abuse screenings completed
- Number of MH screenings completed
- Other data as requested.

G. Counseling Services for ITFs

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As required by the GDC's SOPs for Co-occurring services, counselors will provide the following services. The supplier will comply with Georgia law regarding hiring of all certified, licensed and unlicensed staff.

1. Counselors will be licensed or licensed eligible through the Georgia Secretary of State's Composite Board as a licensed clinical social worker (LCSW), a licensed master social worker (LMSW), a licensed marriage family therapist (LMFT), a licensed professional counselor (LPC), a licensed associate professional counselor (LAPC), and have experience with MH and substance abuse.

2. Counselors must be Certified Alcohol and Drug Counselors (CADC), through the Alcohol and Drug Abuse Certification Board (ADACB-GA) or Georgia Addiction Counselor Association (GACA) or International Certification and Reciprocity Consortium (ICRC) or eligible to obtain certification within one (1) year of hire date.

3. The number of weekly hours of service elements will follow ASAM (American Society of Addiction Medicine) level of care for residential services.

4. Counselors will review offender's records and conduct co-occurring assessments for initial classification of needs. They will develop treatment plans and make well prepared recommendations to the treatment team.

5. Conduct individual and group counseling sessions to meet identified co-occurring needs of the integrated offender population: Counselors will hold individual sessions with those on assigned caseloads on a regular basis. They will hold group counseling sessions as stipulated in the treatment plans and use appropriate supervision to work on desired outcomes. Counselors will document individual and group counseling sessions within established time frames and according to GDC SOPs.

6. Provide appropriate interventions in crisis situations: Counselors will provide appropriate interventions and emergency counseling sessions as needed. They will de-escalate disruptive, or crisis situations by using appropriate therapeutic techniques/interventions. They will consult with psychiatry, nursing, medical, security, and others as applicable to gather information.

7. Serve as duty officer: Counselors will serve as duty officer on a rotating basis and may serve as backup to the Program Unit Manager in their absence. While serving as duty officer or backup to the Program Unit Manager, they will be available by phone and call/report to the facility after hours and on weekends, in accordance with facility policy and procedures or as directed by the Superintendent or designee.

8. Training/In-service: At a minimum, Counselors will attend Basic MH Training, and annual HIPAA training. They will participate in two hours per month of MH in-service training, substance abuse training, and will actively participate in consultation/trainings to develop skills and address clinical deficiencies.

9. Maintain a consistent, high quality, customer focus first when conducting business and providing services to the public: Counselors will treat customers with respect, courtesy, and tact. They will interact with all levels of State government in a way that promotes respect, encourages cooperation, and contributes to excellent performance.

10. Participate as a member of the Integrated Treatment team: Counselors will participate in Continuous Quality Improvement activities and attend weekly integrated staff meetings.

11. Counselors will provide clinical services unique to the missions of the facilities, community corrections, and the Integrated Treatment program.

H. Medication Clinic Coordinator for ITFs

As required by GDC's SOPs for MH services, the Medication Clinic Coordinators will provide the following services:

1. Perform routine clerical processing of documents and transactions according to prescribed procedure: The Medication Clinic Coordinators will prepare the clinic with appropriate supplies including forms, desks chairs, etc. They will fill out information on medication clinic forms as directed. They will coordinate scheduling and notifying offenders and security to ensure patients are available when staff is available.

2. Maintain record-keeping for reference manuals: The Medication Clinic Coordinators will maintain accurate appointment schedules, producing daily callout lists that include the type of appointment and other information as requested. They will coordinate with the Program Unit Manager and the Nursing Staff to ensure that counselors, officers, and nurses are working and contributing to the clinic effectively and efficiently.

3. Coordinate and assist as appropriate in triaging who is to be seen in the clinic: This will include collaboration with the physicians, nurses, security officers, and counselors. They will make sure required labs are up to date and results available to the clinicians. They will make sure medication clinic records are available for clinic appointments and review when needed for MH observation cells.

4. Conduct routine and special studies of medication clinic productivity and effectiveness: The Medication Clinic Coordinators will keep the Program Unit Manager informed of all Continuous Quality Improvement studies and will work with Program Director and Medical Staff to address deficiencies. They will prepare the shadow files, related callouts, and reports as well as facilitate clinic contacts.

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I. Clerical Support for ITFs

As required by the GDC's SOPs, Integrated Treatment clerks will:

1. Maintain record-keeping and filing systems and/or reference manuals/materials: Clerical support appropriately classifies, sorts, files, transfers, and/or retrieves correspondence, articles, records and other documents as required.

2. Copies and/or distribute letters, memos, reports, and other documents and materials: Clerical support prepares and distributes documents to appropriate parties according to established policies, procedures, time frames, or as instructed. Clerical support operates and maintains the copy machine and associated equipment ensuring appropriate supplies are maintained.

3. Enters data from forms, records, and reports into the computer: Clerical support enters data for purposes of maintaining databases. They may use computer software for performing routine clerical assignments.

4. Maintains calendars and schedules appointments, meetings, and conferences: Clerical support will establish and maintain a well - organized calendar system for the assigned work unit or program area. They schedule appointments according to instructions from staff.

5. Staff in-service/training: Clerical support will participate in educational/in-service programs for facilities staff and allied health professionals on a regular basis.

J. Staffing Model for ITFs

1. The Supplier shall meet the counselor to offender ratio of 1:25, following a staffing pattern for each ITF program to be operated under the terms of this Request for Proposal (RFP). The Supplier shall provide a staffing pattern for each ITF program to be operated under the terms of this RFP, using the format given below:

Location	Position Title
West Central ITF	Clinical Director/Psychologist

	Program Director
	Psychiatrist
	Master's Level Counselor/CADC/CAC
	Clerical
	Medication Clinic Coordinator
Appling ITF	Clinical Director/Psychologist
	Program Unit Manager
	Psychiatrist
	Master's Level Counselor/CADC/CAC
	Clerical
	Medication Clinic Coordinator

2. The supplier shall hire and manage staff members qualified to deliver integrated services to the offender population. The supplier will provide staffs that meet GDC's minimum Georgia licensing qualifications for psychiatrists, psychologists, counselors and/ or Certified Addiction Counselors (CAC) and Certified Masters Addiction Counselors (MAC) as outlined.

3. The Program Unit Manager minimum qualifications for this include a degree in human services or a similarly related field, at least five years program management experience in healthcare and overall working knowledge of the correctional environment. The Program Unit Manager will be expected to possess full understanding of GDC's SOPs and be charged with

delivering a consistent level of service statewide, serving as the main point of contact for the State on issues related to the program. The supplier shall not hire or retain a Program Unit Manager whose credentials are insufficient or whose service has been documented as unsatisfactory.

4. The supplier will not hire former incarcerated offenders, parolees or probationers to perform any work on-site at a GDC facility, nor be allowed to access the files of offenders currently serving sentences in GDC custody.

5. The program will be implemented by qualified staff to deliver integrated services to the offender population.

6. The supplier will have a strategy to recruit credentialed professionals, identifying professionals capable of meeting the demands of an on-site integrated treatment services in each ITF. All employees' credentials will be made available to the GDC. GDC will retain all rights and authority to refuse and/or terminate applicants whose credentials are insufficient to meet GDC standards or whose service to the GDC is unsatisfactory. At minimum, the supplier will perform the following functions as it relates to hiring professionals:

- Obtain and verify copies of professional state license(s), academic diplomas, internship certifications, curriculum vitae, drug enforcement agency (DEA), certification, and other certifications presented by applicants, as they apply to the position.
- Request and contact references provided and verify previous experience/employment.

- Conduct criminal background investigations on all potential employees prior to hiring. Background investigations will include, but not limited to, a fingerprint check with the state and federal agencies and verification of personal data, to include education and employment experience.

K. ITF Participant Handbook

1. The supplier shall develop a Participant Handbook to describe the Program rules, regulations and expectations, and shall present it to GDC for review and approval no later than thirty calendar (30) days prior to the Service Commencement Date. The supplier, at its own expense, shall provide a copy of the approved handbook to each new Program participant. The handbook will be used in participant orientation and throughout the Program. Program structure, content, rules, and expectations will be included in the Treatment Agreement that each offender signs during orientation. The ITF Participant Handbook will become property of GDC.

L. Facility Staff Program Awareness (ITF)

1. The supplier shall be responsible for making Facility staff, including administrators, counselors, and correctional officers, aware of the Programs to the extent necessary for them to work effectively with them. This will differ significantly based upon the degree of interaction between various personnel and the Program staff, participants, and administrators

M. ITF Participant Workbook (ITF)

1. The supplier shall develop a participant workbook that incorporates handouts, homework, skill steps, etc. The purpose is to have the majority of handouts and skill steps in one workbook, which will act as a journal of treatment and as a participant's journal of progress. It will also aid as a study guide for phase movement. The supplier shall present the workbook to GDC for review and approval no later than thirty (30) calendar days prior to the Service Commencement Date. The supplier, at its own expense, will provide a copy of the approved workbook to each new Program participant. This workbook(s) shall become property of the offender for their personal use. The master copy, and any revisions, will become the property of GDC.

N. Mode of Delivery (ITF)

The supplier mode of delivery shall be an intensive process group format and psycho-educational format including:

1. Process group format – allows for the practicing of appropriate skills, and confronting of inappropriate behavior patterns. Process groups focus primarily on interpersonal interactions within the group setting. During this process the offenders may reveal information about themselves on a deeper level. The curative factors introduced by Irvin Yalom are more prevalent within this setting.

2. Psycho-educational format – Primarily didactic, in which information is introduced and guided by the facilitator (counselor). The facilitator uses the prepared curriculum to guide instruction. Offenders are involved in experiential activities such as role or sole plays which allow them to learn by doing and learning opportunities through peer exchange in which participants share ideas, experiences and information.

3. Activity Therapy Groups – both individual and group therapies to promote prosocial skills, recreational leisure activities and other activity-related programming.

4. Individual Therapy – Provided by Activity Therapists, MH Counselors and/or Psychologists as needed and determined by the treatment team.

5. Meaningful contacts-A minimum of two (2) meaningful counselor contacts will be documented per month. These entries shall reflect on-going progress with treatment plan, progress and treatment, to include both positive and negative events. Each contact should be documented in DAP (Data, Assessment, Plan) format.

7. Assignments - Detailed relevant assignments, both written and experiential.

8. Instructional Aids- Use of relevant, appropriate, and topical videos, audio tapes, and films can serve as helpful adjunctive approaches to staff-led discussions and process groups. (If the supplier elects to utilize multi-media materials, all such materials will be at supplier's cost and must be approved by GDC prior to use in the Program.)

O. Active Roles for Program Participants (ITF)

ITF Program participants should have an active role in their treatment communities. While it is not necessary to allow for the high levels of participant management often seen in traditional therapeutic communities, participants should be given responsibility for certain aspects of ITF Program function. This can be done in such a way that participants have responsibility for, but not authority over, selected areas of the ITF Program. Assuming responsibility in this manner typically assists in ITF Program management and provides participants with experiences in the healthy exercise of responsibility. One way in which this has been done with success is through peer specialists (volunteer or coordinated through outside agencies) or facilitators. ITF Program participants whose progress and performance is notable to the point where they can assume responsibility for certain aspects of Program function, is desired.

P. 12-Step and Double Trouble Participation (ITF)

Participation in 12-step groups shall be a part of the curriculum throughout the course of the Program. The supplier will provide 12-step and Double Trouble groups at both Program sites.

Q. Continuous Program Monitoring (ITF)

Continuous monitoring of the Program shall be performed by both the supplier and by GDC personnel. This monitoring will focus on process evaluation and outcome evaluation, and will incorporate feedback mechanisms whereby issues of Program design, implementation, and outcome can be addressed through appropriate modification of programming. This measurement and monitoring of participants should occur at all phases of treatment and aftercare, to provide information and feedback regarding Program elements and participant outcomes. This aspect of the Program is essential and critical to its success, and as such should be considered an integral component of Program design. Suggested elements for this aspect of the Program include; the use of standardized, valid assessment tools at pre- and post-treatment, as well as follow-up intervals. Examples of such instruments are the Addiction Severity Index (ASI) and the Level of Service Inventory-Revised (LSI-R).

R. Drug Testing Participants (ITF)

Drug testing is an integral component within the Program and will be conducted in all phases of the Program. Drug testing will be done by GDC at least monthly for 10% of Program participants at each site. GDC will provide drug-testing supplies. Security will follow the appropriate GDC SOPs for chain of custody and will do actual collection of the specimen. The supplier will cooperate with GDC security to ensure that testing takes place and that the test results are recorded as part of the data collection and tracking system.

*Special Note to the Vendor:

Augusta State Medical Prison- Acute Hospital Exclusion

Augusta State Medical Prison (ASMP) is the Department of Corrections Unique (Acute Care Hospital) Medical Prison. ASMP has a facility capacity of 1,326 beds of which 130 are designated in the ASMP hospital building of the campus facility. The hospital has a bed capacity of 75 beds for medical/surgical acute care, dialysis and acute psychiatry care including a crisis stabilization unit, acute stabilization unit, and dialysis. The hospital does offer numerous chronic care clinics including a unique psychiatric clinic. For the purpose of this request for proposal (RFP) the ASMP (acute care hospital) and its current psychiatric programs and services are excluded from this RFP. However, mental health program and services for the remaining ASMP population are within the scope of the RFP.

Request for change of scope/program modification: The Georgia Department of Corrections does retain the right to modify the scope of services across its facilities from time to time. GDC will notify in vendor, in writing, of the desired change of scope, level of care or other programming requirement. The vendor will respond in writing to the scope change request describing the operational effect, cost and impact of such change. Upon mutual agreement between the vendor and GDC, a time and date for scope implementation will be determined.

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Comprehensive Requirements for MH Programs & ITF's

1. The supplier must agree to obtain prior approval from the GDC prior to implementing program elements.

2. The selected Supplier must meet with designated GDC representatives in Forsyth, Georgia upon award of the contract and at regular intervals as required by GDC.

3. Supplier must allow GDC access to the supplier's senior staff and staff assigned to the program 24 hours a day, 7 days a week.

4. Supplier shall be available to meet with representatives of GDC MH and Risk Reduction Staff within four (4) hours' notice. If the supplier is not able to meet in person in Forsyth, Georgia, the supplier should be able to promptly respond to any request of the GDC via electronic mail or telephone.

5. Supplier shall provide written monthly activity reports. The reports must be provided to GDC by the fifth of each month or upon request by GDC. The report must be a detailed breakdown of the monthly invoice, elaborating, as a minimum, the names and titles of those working on the account, time expended, and activities performed

6. The supplier shall have a fully staffed business location within proximity to the Georgia Department of Corrections, Forsyth, Georgia office.

A. Program Recruitment, Retention, and Professional Enhancement

The supplier shall provide its recruitment and retention plan to meet the requirements of this scope of work. Information may include, but need not be limited to:

1. Recruitment: Include, as applicable, methods of advertising job opportunities, screening and evaluation process, pre-placement training, starting salaries without fringe benefits for all staff listed by job titles, including differentiation between certified and non-certified personnel, and salary incentives toward certification.

2. Retention: Include, as applicable, fringe benefits, vacation and leave policy, financial incentives, and policy on pay raises/promotions, retirement plan.

3. Professional Enhancement: Include, but not limited to, training manuals, policies and procedures for training or otherwise assisting employees toward licensure and certification, for those who will receive licensure or certification within one year of hire.

B. Reporting

1. Prior to execution of a Contract, and prior to the beginning of each contract year, the supplier shall provide an annualized rate per position to include all compensations and fringe benefits. Fringe must be separate from annual salary. This information will be used by GDC as needed.

2. Supplier shall provide monthly time reports in conjunction with payroll information summarizing by position the total hours worked, the total hours required by the staffing pattern, and the variance between hours worked and hours required. Reports shall be made on all personnel including independent suppliers and sub-contractors. Time reports showing daily, weekly, monthly and/or annual hours for each Program shall be kept by the supplier at the Program site to be available for GDC's review.

3. Progress Reports: The supplier will complete a monthly status report on all offenders and send it to the Chief Probation Officer from the referring circuit.

4. Monthly Reports: The supplier will provide GDC a monthly report by the 5th of each month by facility and aggregated year. The report must include the following, but not limited to:

- Admissions
- Diagnosis
- Drug of Choice
- The number of successful completions
- The number of unsuccessful completions
- Drug testing outcomes
- County of Conviction
- Phase progression
- Phase set backs
- Number of Disciplinary Reports
- Learning Experiences
- A list of all participants in the program broken down by race
- The number of ACU/CSU placements
- Number of Self Injuries
- Number of Assaults
- Number on medication
- Other data as requested

5. Weekly Reports: The supplier must provide GDC with a weekly report. The weekly report must include but not limited to:

- Average daily beds occupied

- Number of participants in each Phase; MH Treatment
- The daily average of vacant beds
- Staff vacancies
- Staff listings
- Number of substance abuse screenings completed
- Number of MH screenings completed
- Other data as requested.

C. Confidentiality

1. The supplier and its employees will have direct access to incarcerated offenders, probationers and to confidential information.

2. The supplier shall establish a confidentiality policy in accordance with Federal Regulations and Georgia law that identify how confidentiality will be assured and maintained and identify any exception in accordance with Departmental SOPs and Federal Regulations, 42 CFR Part 2 (http://lula.law.cornell.edu/cfr/cfr.php?title=42&type=part&value=2), which cover confidentiality of alcohol and drug abuse patient records. In addition, supplier will follow state regulations as they relate to the confidentiality of mental health records.

D. Ownership

1. All products from this Contract will become the property of Georgia Department of Corrections.

Job Titles Listed in SOW

Activity Therapist: a person providing therapeutic recreation, a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being

Certified Addiction Counselor: assist individuals who have addictions or addictive tendencies toward things such as alcohol, drugs, gambling and food.

Clerical: provide support with clerical duties to include but not be limited to coordinating meetings, taking minutes, and answering outside/inside phone calls

Clinical Director: a licensed Psychologist/Psychiatrist approved by the Warden, MH/MR Unit Manager and Statewide MH/MR Program Supervisor or designee to provide clinical direction and oversight to the facility's MH/MR program.

Duty Officer: a mental health professional that handles emergency calls after hours as needed. Provides support for staff not trained in mental health. May need to secure emergency crisis housing for offenders in crisis.

Licensed Counselor: professionals that have completed a master's degree, and completed a test to obtain license from the state licensing board. This staff will not require clinical supervision from a psychologist or psychiatrist.

Medication Clinic Coordinator: a staff member that schedules psychiatry appointments for offenders to have medications reviewed, continued or changed.

Mental Health Clerks: a staff member that provides clerical support. Duties are set by the Mental Health Unit Manager.

Mental Health Unit Managers: a professional hired to oversee the management of a mental health staff and insure the daily operation. Duties may include but not be limited to coordinating staff schedules, duties and caseload assignments.

Mental Health Nurses: appointed position of a nurse that has specialized in mental health and cares for people of all ages experiencing mental illness or mental distress, such as schizophrenia, schizoaffective disorder, bipolar disorder, psychosis, depression, anxiety, dementia, and many more.

Program Director: administer and supervise, help to implement specific programs, such as substance abuse, trauma support, coping strategy programs, usually under the umbrella of a parent organization.

Psychiatrist: a medical practitioner specializing in the diagnosis and treatment of mental illness

Psychologist: a professional specialty concerned with diagnosing and treating diseases of the brain, emotional disturbance, and behavior problems. Psychologists can only use talk therapy as treatment; you must see a psychiatrist or other medical doctor to be treated with medication.

Unlicensed Counselors: professionals that have completed a master's degree, but have not completed a test to obtain license from the state licensing board. This staff will require clinical supervision from a psychologist or psychiatrist.

SMHTU Counselor: a qualified mental health counselor that serves in a specialized living unit. Responsible for developing and facilitating groups directed to that specific offender population.

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Attachment C – Scope of Work, Dental Services

Historical Summary/Overview

The Georgia Department of Corrections (GDC) provides comprehensive health services for all offenders and incarcerated probationers at all state facilities. The GDC currently houses approximately 55,000 individuals within 33 state prisons, 4 private prisons, 13 transitional centers, 16 probation centers and 1 parole revocation center. The four (4) private prisons represent about 7,000 offenders are not served under this RFP. The state prisons all have full service medical staffing to provide for the physical, dental and mental health care of their populations in addition to providing care for residents of the surrounding transitional centers, probation centers and parole revocation centers, according to the classification level of each facility. Oral care by licensed dentists and hygienists is available to every offender, with access to the full range of dental services offered at the resident facility or referral facility, as defined by GDC Standard Operating Procedures.

GDC Policies and Standard Operating Procedures:

1. The supplier's personnel shall abide by applicable regulations and directives of the Georgia Department of Corrections (GDC). All proposed Dental Services as outlined in this proposal will be delivered in conformance with ALL Departmental Standard Operating Procedures (SOP) for GDC as they may be amended from time to time.

2. The supplier will be required to adhere to policies listed in Captiva (GDC Intranet), unless otherwise noted in a written directive, which may include email communications, from the State Dental Director. The requirement for implementation of a policy change will be stated in the directive. The supplier shall be aware that any and all directives from the State Dental Director will supersede procedures on Captiva or prior policies. There may be a directive from the GDC Legal Department where the supplier will be responsible to incorporate changes into their procedures.

3. The supplier's onsite employees must meet the same pre-employment standards and standards of conduct as Department employees. (SOP) 104.47-IV014-0001).

4. The supplier must obtain security background investigations on all potential employees prior to hiring. Investigations will include; but not be limited to, a fingerprint check with the state and federal agencies and verification of personal data, to include education and employment experience.

5. The supplier shall have drug tests performed on all employment applicants who will be working in GDC Facilities prior to employment and will perform random drug testing of hired employees who work in GDC Facilities.

6. The supplier shall prepare a random drug testing plan (including timelines/schedules) to include at least five percent (5%) of employees each calendar month. The supplier will submit the schedule and identify the drug screening process and test(s) to be used, to GDC for review and approve. This requirement is due no later than thirty (30) calendar days prior to the Service Commencement Date. The supplier shall retain all records relating to its employee drug testing. Supplier shall provide quarterly reports and an annual aggregate report of employee drug testing to the Office of Health Services

7. The supplier must agree not to reassign staff members which have been terminated from a facility, to another facility without the written permission from the State MH Director or the Director of Health Services. The supplier further agrees to coordinate with GDC regarding a "no rehire" list.

8. The supplier shall not employ any individual to perform work under the contract who has previously been determined unacceptable for performance under any other GDC Facility, contract, or who has been separated for cause by GDC.

9. The supplier will discontinue the use of any employee for performance of work under the Contract upon written notice from GDC that the individual is not, or is no longer, acceptable for performance under the Contract.

Staff Coverage

1. The supplier shall perform drug tests on all employment applicants who will be working in GDC Facilities prior to employment and will perform random drug testing of hired employees who work in GDC Facilities.

2. Supplier shall fill vacancies within no more than thirty (30) calendar days with personnel meeting the minimum qualifications outlined by GDC. In the event any position remains unfilled for thirty (30) Calendar days, a penalty will be incurred. This penalty shall be based on the number of days vacant beyond the 30th day divided by the current salary for that

position. It should be noted that penalties on staff vacancies does not impact penalties with certification requirements.

3. The supplier is required to provide coverage for all positions in the event of leave, training, resignation/termination and all other absences. The supplier shall allow other staff to substitute for absent staff, provided that:

a. The substituting staff's professional qualifications, including certification and licensure meets or exceeds those required of the absent staff; and

b. In the sole judgment of GDC, the substituting staff's primary duties and responsibilities are adequately fulfilled during the substitution.

Performance Management

1. The supplier will be responsible to conduct an annual audit (financial and programmatic) to report contract compliance with expected levels of service and key performance indicators such as staffing, provisions for MH delivery and financial accounting and reporting aspects. The scope of the audit must be approved in advance and be agreed upon by GDC. The supplier's annual audit scope will be subject to the discretion of GDC. The written audit report to the Office of Health Services within 60 days of the end of the first 12 months' period and thereafter within 60 days of the end of the Fiscal year. (June 30)

2. The supplier must report the status of any and all contractual obligations, upon request of GDC.

3. The supplier must facilitate on site monitoring visits from GDC as requested. Any service delivery deficiencies identified during audits, will require corrective action plans and a timeline for improvement that is subject to the discretionary approval of GDC.

Space Allocation, Equipment and Supplies

The supplier shall be furnished with the following items and services by GDC:

1. Space will be allocated within the facilities by GDC for the Supplier's staff.

2. Equipment such as furniture and administrative equipment, including a minimum of one (1) stand-alone personal computer (PC) and a minimum of one (1) compatible printer, will be provided by GDC at each Facility. GDC will be responsible for ongoing maintenance, repair and replacement of this equipment unless, in GDC's sole judgment, any damage or destruction resulted from the supplier's negligence or abuse; in which case, the supplier will be responsible for repair and replacement. GDC will provide access to one (1) copier per Facility. The supplier will provide all its own copier paper as needed. Each provider, contract employee, who provides direct service will be provided a personal panic alarm for use in the facility.

3. Supplies provided by GDC include standard forms for offenders. The supplier shall provide all other clinical and administrative supplies (including computer software not currently provided by GDC) such as those required to provide the required services.

4. Telecommunications or telephones will be provided by GDC. GDC will provide telephones. GDC will be responsible for ongoing maintenance, repair and replacement of the telephones provided unless, in GDC's sole judgment, any damage or destruction resulted from the supplier's negligence or abuse; in which case the supplier will be responsible for repair and replacement.

5. Utilities and Housekeeping Service will be provided by GDC such as water, trash collection and any related services.

6. Information Technology Computer Equipment, Supplies and Maintenance will be provided by GDC for GDC-owned equipment and existing software. Vendor will provide hardware, software and maintenance for vendor-owned software and hardware.

7. Panic Alarm: Each provider, contract employee, who provides direct service will be provided a personal panic alarm for use in the facility.

Transition Plan

1. The incoming supplier shall cooperate with the outgoing supplier to ensure a smooth transition of services. Replacement of outgoing supplier's staff, equipment, supplies, and other resources with those of the incoming supplier, and the scheduling of such replacement, shall be at the mutual agreement of the suppliers under GDC oversight.

2. No aspect of the transition shall have an adverse effect on the delivery of services by either supplier, excepting cases in which either or both suppliers have previously advised GDC of such probable effect and will proceed in accordance with case-by-case agreements between GDC and both suppliers.

Electronic Dental Health Record (DHR)

1. The supplier shall provide and maintain an electronic dental health record. The content of the DHR will remain the property of GDC and be transferred upon any termination of services. Reports will be made to GDC from DHR upon authorized requests.

Program Service

Vendor will provide dental health services to Georgia Department of Correction inmates utilizing Georgia licensed and qualified dentists and dental hygienists, and qualified dental assistants. The definition of qualified is determined by the rules, codes and guidelines of the Georgia Board of Dentistry. GDC will identify a GDC employed Statewide Dental Director to provide oversight to the vendor regarding dental service.

Dental Services (Dentist)

All Dental care and services to be provided to the inmate population of the Georgia Department of Corrections shall be in accordance with standards applicable to similar practices in the state of Georgia. As required by the department's policies and procedures for dental services (see Georgia Department of Corrections Standard Operating Procedures), the Dentist will provide the following services:

- Diagnostic Services: procedures necessary to provide information to establish diagnosis and treatment plan.
  a) Dental screening: an evaluation to rule out any acute dental problems requiring immediate treatment.
  b) Dental examination: an examination to include a review of the inmate's medical history, dental history, charting of existing restorations, missing teeth and dental pathology, a hard and soft tissue evaluation including oral cancer screening and oral hygiene instruction.
  c) Radiographs deemed necessary to adequately evaluate and treat the patient.

- Urgent care: treatment for severe pain, infection or any other condition where, in the dentist's opinion, the delay of care would be deleterious to the inmate's health. The Dentist

must arrange for timely referral to a local emergency room if necessary or to Augusta State Medical Prison for cases of facial fractures, severe infections or other emergency conditions. Access to urgent care is available through the institution's sick call policy during normal business hours or by an established after-hours emergency policy (Refer to Standard Operating Procedures VH66-0001 and VH67-0002).

- Routine Dental Services: All routine dental treatment will be provided on a time available basis and will include the full range of services specified in the department's Standard Operating Procedures for routine dental services including:
  a) Comprehensive examination
  b) Treatment Planning
  c) Periodontal treatment including prophylaxis, scaling, root planning, and closed curettage
  d) Operative treatment that may include amalgams, composites and temporary restorations
  e) Oral surgery
  f) Prosthetic treatment limited to full dentures or a full denture in conjunction with a non-cast removable partial denture necessary to balance the occlusion.

- Specialized Dental Services: Dentists will complete and submit a Georgia Department of Corrections Consultation Request form (PI-2007A) for approval and scheduling of patients at Augusta State Medical Prison (or other facility if indicated) for services including complex oral surgery cases, facial fractures, oral maxillofacial pathology, or patients with a severely compromised medical history.

- Excluded Services: Fixed prosthodontic (crowns and bridges), orthodontic and endodontic treatments are not available in Georgia Department of Corrections (unless approved by State Dental Director in very unusual circumstances). Dental implants, ridge augmentation and cosmetic surgery are not approved services.

- Documentation and Statistics: All procedures are to be documented in the appropriate sections of the inmate's health record. Additionally, all patient requests for treatment and all procedures are to be logged in and documented in a vendor provided electronic tracking system. The system must have the capability to manage requests for dental services, categorize by discipline of dentistry, incorporate lapse time for requests, document treatment rendered with notes as needed, electronically transfer all information entered between facilities as inmates are reassigned, generate a range of continuously updated composite and individual reports on all dental activity for each offender in each facility,

allowing GDC management, health service directors and state dental directors to access at any time.

- Infection Control: All dental personnel will read and be familiar with the dental guidelines contained in the Georgia Department of Corrections, Offices of Health Services infection control manual. Dentists are responsible for ensuring that all dental personnel adhere to universal precautions including at least the following:
  a) The use of masks, gloves, protective eyewear and gowns, and radiation badges
  b) Proper hand washing before and after direct patient care
  c) Proper sharps disposal
  d) Autoclaving of all instruments used for patient treatment
  e) Weekly spore testing of autoclave, maintaining proper documentation
  f) Proper labeling of specimens, smears, etc. for transport

- Continuing Education/In-Service/Training: All dentists will maintain continuing education required for Georgia licensure renewal. Continuing education requirement for Georgia Board of Dentistry licensure renewal also satisfies the Medical Association of Georgia's requirement. All dentists must include a course addressing safe opioid prescribing as part of their continuing education requirements and register with Georgia's Prescription Drug Monitoring Program, maintaining compliance with DEA controlled substance registration requirements. Documentation of Continuing education will be submitted to the facility Health Services Administrator. Dentists will attend in-service training and staff meetings as required for ACA certification up to 40 hours per year by the assigned institution's Healthcare Authority. Dentists will be expected to attend annual or bi-annual Statewide Dental Meetings/workshops.
-
- Oversight by Health Services Administrator and Deputy Warden of Care and Treatment: The site Dental Director will work in conjunction with the site Health Services Administrator (HSA) and Deputy Warden of Care and Treatment to resolve issues and insure that established missions and necessary tasks are accomplished. The HSA will maintain "oversight" responsibilities for both Dental and MH Services to include all duties and obligations as defined by current National Commission on Correctional Health Care (NCCHC) Standards applicable to the HSA/Responsible Health Authority, and as audited during Medical Association of Georgia Surveys, ACA surveys, OHS surveys and others as may be defined.

- Participation in Peer Review and CQI Process: All dentists will participate in the peer review process annually. The peer review process shall be established by the Vendor and approved

by GDC. GDC approved Peer Review Tool will be maintained by the vendor in accordance with NCCHC standards. Dentists will participate in Continuous Quality Improvement programs as directed by GDC Health Authority at each site.

Dental Hygienist

- Routine Dental Hygiene Services: Dental Hygiene and periodontal services will be provided as prescribed by a licensed dentist and specified in the department's Standard Operation Procedures. Services include:
  a) Routine prophylaxis
  b) Scaling and root planning
  c) Closed flap curettage
  d) Oral hygiene and nutrition instruction

- Assist in Diagnostic Services: Dental Hygienist will take and develop dental x-rays as prescribed by a dentist and evaluate patients to assist in triage and scheduling for treatment.

- Assist the Dentist if necessary: In the event of the absence of an assistant or in a clinical emergency, the hygienist may be requested to assist the dentist.

- Documentation and Statistics: All procedures are to be documented in the appropriate sections of the inmate's health record. Additionally, all patient requests for treatment and all procedures are to be logged in and documented in the Correctional Dental Software System. Dental Hygiene statistics to be reported with Dentists Monthly Dental Health Statistics Reports which are submitted for entry into the Georgia Department of Corrections SCRIBE system by the fifth of each month for the previous month's activity. Dental Health Statistic reports will be submitted by the 10th day of each month for the preceding month (See Dental Dashboard for required statistics to be maintained).

- Infection Control: All dental personnel will read and be familiar with the dental guidelines contained in the Georgia Department of Corrections, Offices of Health Services infection control manual. All dental personnel are expected to adhere to universal precautions and infection control practices listed above.

- Continuing Education/In-Service/Training: All hygienists will maintain continuing education required for Georgia licensure renewal. Continuing education requirement for Georgia Board of Dentistry licensure renewal also satisfies the Medical Association of Georgia's requirement. Documentation of Continuing education will be submitted to the facility

Health Services Administrator. Hygienists will attend required in-service training and staff meetings as deemed appropriate by the Dental Director or the assigned institution's Healthcare Authority. Hygienists will attend annual or bi-annual Statewide Dental Meetings/workshops which include auxiliary staff.

- [Dental Hygienist will attend in-service training and staff meetings as required for ACA certification up to 40 hours per year by the assigned institution's Healthcare Authority.]

Dental Assistant

- Chairside Dental Assisting: Assistants will be expected to competently assist the dentist in all dental procedures rendered according to Georgia Department of Corrections Standard Operating Procedures.

- X-ray: Assistants must be trained and certified to take, develop, and mount dental radiographs as prescribed by the dentist.

- Clinic Duties and responsibilities: Assistants will perform indicated laboratory procedures, maintain the clinic, equipment, and supplies as outlined by Georgia Department of Corrections Dental Assistant job description.

- Documentation and recordkeeping: Assistants will help to maintain patient records and necessary records for audit compliance for the Dental Clinic. Correctional Dental Software will be utilized to track inmate requests for dental services.

- Scheduling: Assistants will maintain an appropriate clinic schedule under the direction of the dentist, ensuring necessary entry into SCRIBE for inmate call-outs.

- Infection Control: All dental personnel will read and be familiar with the dental guidelines contained in the Georgia Department of Corrections, Offices of Health Services infection control manual. All dental personnel are expected to adhere to universal precautions and infection control practices listed above.

In-Service/Training: Dental Assistants will attend in-service training and staff meetings as required for ACA certification up to 40 hours per year by the assigned institution's Healthcare Authority. Assistants are expected to attend Statewide Dental Meetings/workshops which include auxiliary staff as they are reasonably able.



Georgia Department of Corrections
Request for Proposal – Mental Health and Dental Health Services for Offenders
Attachment C – Scope of Work, Dental Services

Recruitment and Credentialing: Vendor will utilize a recruitment and credentialing process to identify those professionals capable of meeting the demands of dental practice in a correctional setting. All applications and credentials will be made available to the Department and the Department will maintain all rights to refuse and/or terminate applicants whose credentials are insufficient to the Department or whose service to the Department is unsatisfactory. The vendor will perform the following functions as it relates to the credentialing of dental professionals:

- Procure and verify copies of the following as they apply: professional's state license(s), Academic diplomas, curriculum vitae, board certification, Drug Enforcement Agency certification and other certifications presented by applicants.
- Request to make contact with references provided
- Verify previous experience/employment
- Conduct criminal background checks

Ability to cover multiple institutions: Dentists, hygienists and assistants are expected to be able to provide services for more than one facility, traveling to multiple institutions in their geographic area as indicated by inmate population distribution. Dental Service coverage for institutions temporarily without a Dentist will be designated by the vendor in concurrence with the Georgia Department of Corrections State Dental Director.

Confidentiality

1. The supplier and its employees will have direct access to incarcerated offenders, probationers and to confidential information.

2. The supplier shall establish a confidentiality policy in accordance with Federal Regulations and Georgia law that identify how confidentiality will be assured and maintained and identify any exception in accordance with Departmental SOPs and Federal Regulations, 42 CFR Part 2 (http://lula.law.cornell.edu/cfr/cfr.php?title=42&type=part&value=2), which cover confidentiality of alcohol and drug abuse patient records. In addition, supplier will follow state regulations as they relate to the confidentiality of dental health records.

Ownership

1. All products from this Contract will become the property of Georgia Department of Corrections.

GEORGIA DEPARTMENT OF CORRECTIONS
CRIMINAL/DRIVER HISTORY CONSENT FORM

PLEASE PRINT

I hereby authorize the Georgia Department of Corrections to receive all criminal history information pertaining to me **anytime** during the course of my employment with the Department. I understand that convictions revealed from these background investigations may impact by certification with P.O. S.T. and my employment with the Department.
Reason (Check one below)
___ Criminal Justice Employment – Civilian Personnel OR ___ Criminal Justice Employment POST Certified Employee OR ___ POST Investigator
Supervisor(if current employee):
Signature:
Position Applied For:

Please Enter Your Personal Information below

Last Name		First Name	
Middle Name		Suffix	
Social Security #		Re-enter SSN#	
Date of Birth		Weight	
Sex		Race	
Eye Color		Hair Color	
Height		Place of Birth	
Country of Citizenship		D.L. State & #	

Address Information

Address		Address 2	
City		Apt	
County		Zip	
Address State		Email	
Phone #			

**********PLEASE CHECK ONE OF THE BOXES BELOW**********

One of the following must be checked:

☐ This authorization is valid for 90/180/___ (circle one) days from date of signature.

☐ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

REGISTRATION DATE: _____ REGISTRATION ID _____

Retention Schedule: Retain for two years in hiring/selection packet; if hired, retain permanently in local official personnel file.

Mental and Dental Health Services - Mandatory Questions

These questions are Pass/Fail. To be considered responsive, responsible and eligible for award, you must answer all questions in this section with a "YES" to pass.

Any questions you answer with a "NO" will fail the technical requirements and results in disqualification of the proposal.

By answering "Yes," you indicate that you meet the individual requirements in the response block provided. ONLY upload documents if there is a Yes in the "Upload Attachs with Additional Information?" column, to provide additional information about specific questions. Documents not requested in this column will not be evaluated.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

Question #	Questions per Proposal Factors/Categories	Response by Offeror. Only Yes or No Answers	Upload Attchts with Additional Information?	Attachment File Name
	Mandatory Questions			
1	The supplier 's experience must include: Provide three (3) references of contract administrators of contracts of comparable size and scope for mental health services, dental health services, or both. A minimum of one (1) State contract with a primary scope of service to provide mental health services and/or dental health services in correctional facilities must be included as a reference. The referenced contract(s) must have been for no less than five (5) consecutive years. Attachment R - Reference Sheets must be used. Confirm that experience can be verified with references provided in Attachment R to meet this requirement.		Yes	
2	Performance Bond: The supplier must support the contract with a performance bond of no less than 25%of the contract annual contract total, as per the quoted amount included in the cost proposal. Confirm that the requirement for a performance bond will be met.		No	
3	Policy: The supplier's personnel must abide by applicable regulations and directives of the Department. All proposed services as outlined in this proposal will be delivered in conformance with ALL Departmental standard operating procedures for GDC. Confirm that the requirement to comply to ALL policies will be met.		No	
4	Licensing: The supplier will recruit and retain only Georgia licensed providers. The supplier must provide a copy of the licenses to be filed at the facility. Confirm that copies of counselors' Georgia licenses will be provided.		No	

5	Audit: The supplier must participate in financial and programmatic audit activities, immediately upon request by GDC. To comply with this requirement, the supplier must meet any documentation request within no more than ten (10) days from the date of the request. A failure to comply with these terms may result in a financial penalty. Confirm agreement to comply with this requirement.		No	
6	Audit: The supplier will be responsible to conduct an annual audit (financial and programmatic)to report contract compliance with expected levels of service and key performance indicators such as staffing, provisions for mental health delivery and financial accounting and reporting aspects. The scope of the audit must be approved in advance and be agreed upon by GDC. The supplier's annual audit scope will be subject to the discretion of GDC. Confirm agreement to comply with this requirement.		No	
7	Compliance: The contract requires that any complaint or other action filed/taken with /by the Secretary of State's office will immediately be reported in writing to GDC's Statewide MH Director. Confirm that this requirement will be met.		No	
8	Electronic Health Records: The supplier must agree to support GDC requirements for Electronic Health Records. Confirm agreement to comply with this requirement.		No	
9	Contract Exceptions: Any exceptions to the contract must be uploaded and submitted as an attachment to the supplier's response. Proposed exceptions must not conflict with or attempt to preempt mandatory requirements specified in the eRFP. Confirm that this requirement will be met.		No	

Mental and Dental Health Services

eRFP (Event) Number: ES-RFP-46700-415

Attachment F - Mandatory Scored Questions Mental Health Services

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Supplier must answer all questions within this document. Please use this **Mandatory Scored Response Document**, to enter your response directly beneath each question. Answers, along with any required supporting materials, will be evaluated and awarded points in accordance with eRFP, Section 6, Proposal Evaluation and Award.

1. General: Approach to Mental Health Services

The Supplier may provide a narrative overview of the company's capability and vision for meeting the provisions for mental health services for offenders in Georgia, in accordance to GDC's requirements outlined within the scope of work.

Please describe applicable accreditations received (i.e. American Correctional Association, National Conference on Correctional Healthcare, Commission on Accreditation of Rehabilitation Facilities. etc.), Describe current and proposed certification levels of the intending to support contract services.

<Response>

2. Experience and Capabilities in Correctional Facilities

Describe applicable experience and performance by providing a summary listing all contracts with States, within the last 10 years, having a primary scope of service to provide mental health services statewide for the State's offender population.

The summary for each contract must include a point of contact for the State, the start and end date of the contract, summarized scope of work, population size, maximum annual contract value, key staff assignments, ratios for offenders to counselors and offender to psychiatrist/psychologist.

For each contract, identify ALL corrective actions, request(s) to cure, applied performance guarantees and/or liquidated damages assessed and paid, with the dates and description of occurrences and remedy. Include the disposition as either active, terminated or not renewed while contract options were available or expired. Include any contracts that have been voluntarily terminated or not renewed by the supplier while contract options remained.

The supplier's past performance may result in the proposal being deemed as "non-responsible" if an extensive history of non-performance is determined.

<Response>

3. ITF Experience

Describe applicable experience and performance providing residential substance abuse treatment by listing all contracts for the last 5 years. Specify any services that included treatment for co-occurring disorders. The summary for each contract must include a point of contact for the location, start and end date, summarized scope of work, facility description, maximum annual contract value, key staff assignments, ratios for client to counselors and client to psychiatrist/psychologist. For each contract, identify ALL corrective actions, request(s) to cure, applied performance guarantees and/or liquidated damages assessed and paid, with the dates and description of occurrences and remedy. Include the disposition as either active, terminated or not renewed while contract options were available or expired. Include any contracts that have been voluntarily terminated or not renewed by the supplier while contract options remained. The supplier's past performance may result in the proposal being deemed as "non-responsible" if an extensive history of non-performance is determined.

<Response>

4. Approach to Staffing at Facilities

Provide an individual staffing plan for each facility. The staffing plan should demonstrate an understanding of the scope of work based on the institution’s specific demographics. Include the staff to offender ratio. In a narrative, describe who with what qualifications will be responsible for each job by providing the minimum qualifications required to be met for each position. Describe the staffing model as it relates to proposed service delivery. Describe how the level of care to the offender is impacted when staffing falls below 95%. What is the minimum level of staffing, in terms of percentage, that the Supplier deem that its staffing to offender ratio is insufficient to operate effectively?

Describe any sub contractual or joint venture relationships that will be associated with the performance of the contract. Describe responsibilities proposed and the reporting structure. How will compliance with the contract be managed?

<Response>

5. Capabilities for Maintaining Staffing Levels

Identify which of the references can validate the Suppliers capabilities for maintaining staffing levels of at least 95% at each facility, for more than 12 consecutive months as a prime contractor responsible for mental health services for a State requiring a similar scope to the State of Georgia's. Describe how the Supplier will address vacancies to avoid staffing levels below 95%.

<Response>

6. Implementation Plan and Timeline

Provide an implementation plan with a timeline of no more than 60 days. Include a description of the Suppliers methodology for implementing contract services when an existing supplier is in place. Describe what the Supplier believes to be the most effective roll-out and deployment strategy, including any recommendations regarding implementing/deploying services in separate areas or in a phased roll-out (e.g., by County) and a high-level timeline. If proposing a multi-phased strategy) include a description of the proposed phases and the approach to providing continuity of care. Propose the length of time for each of the implementation activities. Describe key staff roles and responsibilities and assumptions of the role of its staff, the State, and the outgoing provider.

<Response>

7. Close Out Plan

Describe the Suppliers methodology for transitioning contract services in no more than 60 days, at the end of the contract period. Provide a sample transition plan outlining pivotal steps in the process to ensure that services are not disrupted. Propose the length of time for transition activities. Describe key staff roles and responsibilities assumptions of the role of the State, and the incoming provider.

<Response>

8. Medication Management

The supplier will monitor formulary exceptions and counsel psychiatrist whose prescription practices are outliers. Provide any relevant experience with this responsibility. The supplier may provide leadership to act as a voting member of the pharmacy and therapeutics committee and will assist the Department with policy and procedure development for the use of psychotropic medications and the ongoing review of the Department's formulary. Describe experience with medication management for psychiatry services. Specifically, site experience managing psychotropic drug treatments with prescriptions that must be renewed, changed or discontinued before the order expires.

Describe the approach to providing services in accordance with MH SOP 508.01.

<Response>

9. Psychologist Diagnostics/Evaluation/Emergency Evaluation

How will you provide services to meet the requirements of MH Evaluations as per SOP 508.15.

<Response>

10. Approach to Tele-psychiatry

How does the company approach using tele-psychiatry service? In doing so, how does the company ensure continuity of care, how are notes maintained. Describe equipment that is determined to be necessary to perform the services of the contract. Describe arrangements in place for obtaining equipment and other materials required.

<Response>

11. Managing CSU Rounds

Psychiatrist will make rounds in the CSU within 24 hours of an offender being admitted on weekends and holidays and within 24 hours of a restraint order. Provide a sample schedule. How will the company ensure that visits are made within the timeframe identified? What is the system of verification/validation of this requirement?

<Response>

12. Managing Clinician Meeting

When an offender returns from CSU or ACU back to ITF, or any facility without a CSU or ACU they must be seen by a masters level clinician within 24 hrs. of arrival. A financial penalty of $1000 will be assessed for each occurrence of non-compliance. How will the company ensure that visits are made within the timeframe identified? What is the system of verification/validation of this requirement?

<Response>

13. Managing Crisis Stabilization

When an offender is released from a Crisis Stabilization Unit, offenders must be seen by a Mental Health provider within no more than 48 hours. If the meeting occurs more than 72 hours, a financial penalty of $1000 per day will be assessed. Describe how this requirement will be managed and validated.

<Response>

14. Managing Releases from Stabilization Units

When an offender is released from a Crisis Stabilization Unit (CSU) or Acute Care Unit (ACU), and it is a clinically relevant admission, the offender must be added to the mental health caseload (if not on the MH caseload prior to admission into the CSU or ACU). Once on the caseload, the offender must reside at a facility with MH services. If the offender is not added to the caseload within 24 hours, a financial penalty of $1000 per day will be assessed. Describe how this requirement will be managed and validated."

<Response>

15. Statement of Work

The Vendor must provide a Statement of Work that details the work to be performed consistent with the requested SOW and requirements detailed in the RFP for the System. The narrative for the Statement of Work must include a detailed description of each Project deliverable. The Statement of Work must also clearly define the scope of the Project and provide assumptions on which the Work Plan and Statement of Work were developed. The Vendor must NOT include any pricing or pricing assumptions in this section.

For each Deliverable, the Vendor must provide the following information:

- Deliverable Description – Provide an overview of the Deliverable
- Vendor Responsibilities – Provide a clear and concise narrative of Vendor responsibilities to perform the work for this Deliverable
- GDC Responsibilities – Provide a clear and concise narrative of what the Vendor expects from GDC to perform the work for this Deliverable
- Reference – Indicate the policy, section, page and /or paragraph where referenced

<Response>

Mental and Dental Health Services

eRFP (Event) Number: ES-RFP-46700-415

Attachment G - Mandatory Scored Questions Dental Health Services

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Supplier must answer all questions within this document. Please use this **Mandatory Scored Response Document**, to enter your response directly beneath each question. Answers, along with any required supporting materials, will be evaluated and awarded points in accordance with eRFP, Section 6, Proposal Evaluation and Award.

1. General: Approach to Dental Services

The Supplier may provide a narrative overview of the company's capability and vision for meeting the provisions for dental services statewide for offenders in Georgia, in accordance to GDC's requirements outlined within the scope of work.

Please describe applicable accreditations received (i.e. American Correctional Association, National Conference on Correctional Healthcare, Commission on Accreditation of Rehabilitation Facilities. etc.), Describe current and proposed certification levels of the intending to support contract services.

<Response>

2. Experience and Capabilities in Correctional Facilities

Describe applicable experience and performance by providing a summary listing all contracts for the last 10 years with a primary scope of service required dental services within a state or public prison.

The summary for each contract must include a point of contact for the location, start and end date, summarized scope of work, population size, maximum annual contract value, key staff assignments, ratios for offenders to dental staff.

For each contract, identify ALL corrective actions, request(s) to cure, applied performance guarantees and/or liquidated damages assessed and paid, with the dates and description of occurrences and remedy. Include the disposition as either active, terminated or not renewed while contract options were available or expired. Include any contracts that have been voluntarily terminated or not renewed by the supplier while contract options remained.

The supplier's past performance may result in the proposal being deemed as "non-responsible" if an extensive history of non-performance is determined.

<Response>

3. Approach to Staffing at Facilities

Provide a staffing plan outlining who with what qualifications will be responsible for each job. The proposed services, staff and supplies must be fully identified. Minimum qualification requirements must be met for each position demonstrating an understanding of the scope of work based on the institution specific demographics. Describe how the level of care to the offender is impacted when staffing falls below 95%. What is the minimum level of staffing, in terms of percentage, that the Supplier deem that its staffing to offender ratio is insufficient to operate effectively?

Describe any sub contractual or joint venture relationships that will be associated with the performance of the contract. Describe responsibilities proposed and the reporting structure. How will compliance with the contract be managed?

<Response>

4. Capabilities for Maintaining Staffing Levels

Identify which of the references can validate the Suppliers capabilities for maintaining staffing levels of at least 95% at each facility, for more than 12 consecutive months as a prime contractor responsible for mental health services with a similar size and scope to GDC's. Describe how the Supplier will address vacancies to avoid staffing levels below 95%.

<Response>

5. Implementation Plan and Timeline

Provide an implementation plan with a timeline of no more than 60 days, including a description of the Suppliers methodology for implementing contract services when an existing supplier is in place. Describe what the Supplier believes to be the most effective roll-out and deployment strategy, including any recommendations regarding implementing/deploying services in separate areas or in a phased roll-out (e.g., by County) and a high-level timeline. If proposing a multi-phased strategy) include a description of the proposed phases and the approach to providing continuity of care. Propose the length of time for each of the implementation activities. Describe key staff roles and responsibilities and assumptions of the role of its staff, the State, and the outgoing provider.

The following questions are a guide not an exhausted list to limit your description:

a. How will you provide dental services statewide?

b. What are your plans for staff coverage in the event of a sudden staffing vacancy? Provide a specific example of a sudden dental staff vacancy, and how you have provided coverage.

c. How would you anticipate covering vacancies due to vacation or extended illness?

d. Detail your recruitment program.

e. Describe the plan to address excessive patient waiting times.

f. Detail the orientation plan to be provided for on-site staff.

g. What is your current utilization of dental hygienists?

h. Detail your organization's program for training of dentists whose clinical skills are not sufficient for correctional dentistry (e.g., a dentist who is not comfortable performing difficult extractions or removing retained roots).

I. Provide a detailed explanation of your organization's plan for monitoring of staff production (for both dentists and hygienists). How does Supplier achieve increased staff production when it is found to be inadequate?

j. Give a specific example of how Supplier identified and removed a dentist who was found to be providing substandard care.

<Response>

6. Close Out Plan Details

Describe the Suppliers methodology for transitioning contract services in no more than 60 days, at the end of the contract period. Provide a sample transition plan outlining pivotal steps in the process to ensure that services are not disrupted. Propose the length of time for transition activities. Describe key staff roles and responsibilities assumptions of the role of the State, and the incoming provider.

<Response>

7. Assurance to provided Credentialed Staff

Describe the company's approach to recruitment and credentialing staff. The company must have a process and policy including terminating staff that fail to meet requirements mandated by the State.

<Response>

8. Program Director Role and Responsibilities

Describe the qualifications required for the Program Director by the company, over and beyond the State's requirements. How will performance be managed?

<Response>

9. Managing Audit Requirements

Describe the approach for providing documentation in accordance to the established timeframes and in accordance with Departmental policies and procedures.

Supplier will be responsible to conduct an annual audit to report contract compliance with requirements to include, but not be limited to staffing, provisions for dental health delivery and financial audits. All audit requirements are subject to the discretion of GDC. What tools do you have in place to guarantee clean audits?

<Response>

10. Documentation of Services

What type of oversite documentation will be maintained by the vendor, what format, information must be maintained at least 5 years. How is the data used to manage their program? Is the data maintained helpful to the vendor for managing the program?

<Response>

11. Training and Quality Improvements

Provide information on how you provide continuous training, audits and quality improvement for your staff. The supplier, contractor's staff and or subcontractors will follow GDC Continuous Improvement (CQI) programs. Please provide detailed explanation on how you will achieve this.

<Response>

12. Software Capabilities

Describe the concurrent operability features and capabilities of the Suppliers software to manage scheduling and documentation of services. Include a description of the reports that are available and the configurability options. Please include screen shots and confirm if the software will accept an upload to capture inmate population details from each facility. Confirm if the software can be presented in an in person demonstration.

<Response>

13. System Security and Service Level Agreements

The Supplier must provide a sample of their system security plan that explains the approach to managing software security and provide a service level agreement to confirm the Supplier's commitment to the software's availability, the systems responsiveness and expectations for system recovery during outages.

It will include an overview of the risk scenarios and the approach to known risk threats and known vulnerabilities. It will provide the security architecture, processes and controls to meet State and Federal standards (including Federal Information Security Management Act (FISMA) and National Institute of Standards and Technology (NIST) SP 800-18). Also, this deliverable must demonstrate understanding and compliance with the State of Georgia's Enterprise IT Policies, Standards and Guidelines described in the PS-08-005 — Enterprise Information Security Charter: https://gta.georgia.gov/psg/article/enterprise-information-security-charter .

At a minimum, the plan should provide the technical approach to address and satisfy the following:

- Client Segmentation

- System security and data sensitivity classification
- Intrusion management
- Monitoring and reporting
- Hosting Services
- Remote access
- Encryption
- Integration with Statewide active directory services for authentication and Oracle IAM
- Interface security
- Security test procedures
- Managing network security devices
- Security patch management
- Secure communications over the Internet
- Detailed diagrams depicting all security-related devices and any subsystems and their relationships with other systems for which they provide controls
- Security controls for Supplier and GDC
- The details of Security, Privacy and Consent Management Plan
- Approach to administering access, particularly administration access
- User roles and security permissions

<Response>

14. Statement of Work

The Vendor must provide a Statement of Work that details the work to be performed consistent with the requested SOW and requirements detailed in the RFP for the System. The narrative for the Statement of Work must include a detailed description of each Project deliverable. The Statement of Work must also clearly define the scope of the Project and provide assumptions on which the Work Plan and Statement of Work were developed. The Vendor must NOT include any pricing or pricing assumptions in this section.

For each Deliverable, the Vendor must provide the following information:

- Deliverable Description – Provide an overview of the Deliverable
- Vendor Responsibilities – Provide a clear and concise narrative of Vendor responsibilities to perform the work for this Deliverable
- GDC Responsibilities – Provide a clear and concise narrative of what the Vendor expects from GDC to perform the work for this Deliverable
- Reference – Indicate the policy, section, page and /or paragraph where referenced

<Response>

State of Georgia

State Entity: Georgia Department of Corrections

Electronic Request for Proposals ("eRFP")

Event Name: Mental Health and Dental Health Services for Offenders

eRFP (Event) Number: ES-RFP-46700-415

Instructions:

The State's intent is to structure the cost format in order to facilitate comparison among all suppliers and foster competition to obtain the best pricing for:
Category 1-Mental Health Services, and
Category 2-Dental Health Services.

Suppliers must provide total fixed pricing for at least 1 of the 2 categories of service and may submit pricing for both categories to be evaluated separately. The Supplier's cost must be in the format outlined in the Cost Proposal Workbook. If only 1 category is selected, please enter NO BID on the worksheets that are to be

Mental Health - Total Cost:

This worksheet will calculate totals using the data entered on the Mental Health Worksheet. Do Not Change or Edit.

Mental Health Worksheet :

The price for personnel and operational expenses for a 10 year period will be considered the total evaluated score for Category 1 - Mental Health Services. Pricing is based on personnel and operational costs entered in total amounts per facility per month. The cost proposal will be evaluated and scored in addition to an evaluation of consistency with the staffing plan proposed in the technical response and for compliance to policy required for inmate to staff ratios.

Personnel Expenses - The costs are to assume staffing levels at no less than 95% for each facility. The Supplier must account for a dedicated staff to provide ongoing operational support appropriate for a contract of this size and complexity. The Supplier should assume cost of living and other increases will be included in the costs proposed.

Operational Expenses - The Supplier should assume Expenses such as licensing, reporting, audits, professional development, equipment, supplies, communications, data compilation, analysis, software, technology, etc. must be outlined in the operational plan included in the technical proposal.

Mental Health Cost Assumptions:

60 Days Implementation- Costs proposed must include the staff positions that will assume responsibility for implementation activities associated with the approach proposed in the technical response. The Supplier must account for operational start up activities appropriate for a contract of this size and complexity. The Supplier should assume a timeline of no more than 60 days. These cost will be factored into the evaluation process; but, will not be included in the estimated total cost score.

60 Days Close Out- Costs proposed must include the staff positions that will assume responsibility for close out activities and transition to an alternative source for services. Supplier must account for staffing, operational and data transition. The Supplier should assume a timeline of no more than 60 days. These cost will be factored into the evaluation process; but, will not be included in the estimated total cost score.

State of Georgia

State Entity: Georgia Department of Corrections

Electronic Request for Proposals ("eRFP")

Event Name: Mental Health and Dental Health Services for Offenders

eRFP (Event) Number: ES-RFP-46700-415

Instructions:

The State's intent is to structure the cost format in order to facilitate comparison among all suppliers and foster competition to obtain the best pricing for:
Category 1-Mental Health Services, and
Category 2-Dental Health Services.

Suppliers must provide total fixed pricing for at least 1 of the 2 categories of service and may submit pricing for both categories to be evaluated separately. The Supplier's cost must be in the format outlined in the Cost Proposal Workbook. If only 1 category is selected, please enter NO BID on the worksheets that are to be

Dental Services - Total Cost:

This worksheet will calculate totals using the data entered on the Dental Services Worksheet. Do Not Change or Edit.

Dental Cost Worksheet:

The price for personnel and operational expenses for a 10 year period will be considered the total evaluated score for Category 2 - Dental Services. Pricing is based on personnel and operational costs entered in total amounts per facility per month. The cost proposal will be evaluated and scored in addition to an evaluation of consistency with the staffing plan proposed in the technical response and for compliance to policy required for inmate to staff ratios.

Personnel Expenses - The costs are to assume staffing levels at no less than 95% for each facility. The Supplier must account for a dedicated staff to provide ongoing operational support appropriate for a contract of this size and complexity. The Supplier should assume cost of living and other increases will be included in the costs proposed.

Operational Expenses - The Supplier should assume Expenses such as licensing, reporting, audits, professional development, equipment, supplies, communications,

Dental Cost Assumptions:

60 Days Implementation - Costs proposed must include the staff positions that will assume responsibility for implementation activities associated with the approach proposed in the technical response. The Supplier must account for operational start up activities appropriate for a contract of this size and complexity. The Supplier should assume a timeline of no more than 60 days. These cost will be factored into the evaluation process; but, will not be included in the estimated total cost score.

60 Days Close Out -Costs proposed must include the staff positions that will assume responsibility for close out activities and transition to an alternative source for services. Supplier must account for staffing, operational and data transition. The Supplier should assume a timeline of no more than 60 days. These cost will be factored into the evaluation process; but, will not be included in the estimated total cost score.

State of Georgia

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Electronic Request for Proposals ("eRFP")

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Category 2-Dental Health Services.

Suppliers must provide total fixed pricing for at least 1 of the 2 categories of service and may submit pricing for both categories to be evaluated separately. The Supplier's cost must be in the format outlined in the Cost Proposal Workbook. If only 1 category is selected, please enter NO BID on the worksheets that are to be

State of Georgia
State Entity Standard Contract Form

Solicitation Title	Solicitation Number	Contract Number

1. This Contract is entered into between the State Entity and the Contractor named below:

State Entity's Name

(hereafter called State Entity)

Contractor's Name

(hereafter called Contractor)

2. Contract to Begin:	Date of Completion:	Renewals:

3. Performance Bond, if any:	Other Bonds, if any:

4. Maximum Amount of this Contract:	Total Financial Obligation of the State Entity for the First Fiscal Year:	Total Financial Obligation of the State Entity for each Renewal Period if Renewed:

5. Authorized Person to Receive Contract Notices for State Entity:	Authorized Person to Receive Contract Notices for Contractor:

6. The parties agree to comply with the terms and conditions of the following attachments which are by this reference made a part of the Contract:

Attachment 1: **State Entity Contract Terms and Conditions for Services**
Attachment 2: **Solicitation (referenced above)**
Attachment 3: **Contractor's Final Response**

IN WITNESS WHEREOF, this Contract has been executed by the parties hereto.

7.

Contractor

Contractor's Name *(If other than an individual, state whether a corporation, partnership, etc.)*

By *(Authorized Signature)*	Date Signed

Printed Name and Title of Person Signing

Address

8.

State Entity

State Entity Name

By *(Authorized Signature)*	Date Signed

Printed Name and Title of Person Signing

Address

STATE OF GEORGIA
AGENCY STANDARD CONTRACT
Attachment 1
Contract Terms and Conditions for Services

A. DEFINITIONS AND GENERAL INFORMATION

1. Definitions. The following words shall be defined as set forth below:

(i) **"Contractor"** means the provider(s) of the Services under the Contract.

(ii) **"Purchase Instrument"** means the documentation issued by the State Entity to the Contractor for a purchase of Services in accordance with the terms and conditions of the Contract. The Purchase Instrument should reference the Contract and may include an identification of the Services to be purchased, the time and location such Services will be utilized, and any other requirements deemed necessary by the State Entity.

(iii) **"Response", "Contractor's Response" or "Final Response"** means the Contractor's submitted response to the RFX, including any modifications or clarifications accepted by the State Entity.

(iv) **"RFX"** means the Request for Proposal, Request for Bid, or other solicitation document (and any amendments or addenda thereto) specifically identified in the State Entity Standard Contract Form that was issued to solicit the Services that are subject to the Contract.

(v) **"Services"** means the services and deliverables as provided in the RFX and as further described by the Response and the Contract.

(vi) **"State"** means the State of Georgia, the State Entity, and any other authorized state entities issuing Purchase Instruments against the Contract.

(vii) **"State Entity"** means the State of Georgia entity identified in the State Entity Standard Contract Form to contract with the Contractor for the Services identified in the Contract.

(viii) **"State Entity Standard Contract"** or **"Contract"** means the agreement between the State Entity and the Contractor as defined by the State Entity Standard Contract Form and its incorporated documents.

(ix) **"State Entity Standard Contract Form"** means the document that contains basic information about the Contract and incorporates by reference the applicable Contract Terms and Conditions, the RFX, Contractor's Response to the RFX, the final pricing documentation for Services and any mutually agreed clarifications, modifications, additions and deletions resulting from final contract negotiations. No objection or amendment by a Contractor to the RFX requirements or the Contract shall be incorporated by reference into this Contract unless the State Entity has accepted the Contractor's objection or amendment in writing. The State Entity Standard Contract Form is defined separately and referred to separately throughout the State Entity Standard Contract as a means of identifying the location of certain information. For example, the initial term of the Contract is defined by the dates in the State Entity Standard Contract Form.

2. **Priority of Contract Provisions**. Any pre-printed contract terms and conditions included on Contractor's forms or invoices shall be null and void.

3. **Reporting Requirements.** Contractor shall provide all reports required by the RFX. In addition, unless otherwise provided in the RFX, Contractor shall keep a record of the purchases made pursuant to the Contract and shall submit a quarterly written report to the State Entity.

B. DURATION OF CONTRACT

1. **Contract Term.** The Contract between the State Entity and the Contractor shall begin and end on the dates specified in the State Entity Standard Contract Form unless terminated earlier in accordance with the applicable terms and conditions. Pursuant to O.C.G.A. Section 50-5-64, this Contract shall not be deemed to create a debt of the State for the payment of any sum beyond the fiscal year of execution or, in the event of a renewal, beyond the fiscal year of such renewal.

2. **Contract Renewal.** The State Entity shall have the option, in its sole discretion, to renew the Contract for additional terms as defined in the State Entity Standard Contract Form on a year-to-year basis by giving the Contractor written notice of the renewal decision at least sixty (60) days prior to the expiration of the initial term or renewal term. Renewal will depend upon the best interests of the State, funding, and Contractor's performance. Renewal will be accomplished through the issuance of a Notice of Award Amendment. Upon the State Entity's election, in its sole discretion, to renew any part of this Contract, Contractor shall remain obligated to perform in strict accordance with this Contract unless otherwise agreed by the State Entity and the Contractor.

3. **Contract Extension.** In the event that this Contract shall terminate or be likely to terminate prior to the making of an award for a new contract for the Services, the State Entity may, with the written consent of Contractor, extend this Contract for such period as may be necessary to afford the State a continuous supply of the Services.

C. DESCRIPTION OF SERVICES

1. **Specifications in Bidding Documents.** All Services shall be provided in accordance with the specifications contained in the RFX, the terms of the Contract, and as further described in Contractor's Response.

2. **Product Shipment and Delivery.** All products, if any, shall be shipped F.O.B. destination. Destination shall be the location(s) specified in the RFX or any provided Purchase Instrument. All items shall be at the Contractor's risk until they have been delivered and accepted by the receiving entity. All items shall be subject to inspection on delivery. Hidden damage will remain the responsibility of the Contractor to remedy without cost to the State Entity, regardless of when the hidden damage is discovered.

3. **Non-Exclusive Rights.** The Contract is not exclusive. The State Entity reserves the right to select other contractors to provide services similar to the Services described in the Contract during the term of the Contract.

4. **No Minimums Guaranteed.** The Contract does not guarantee any minimum level of purchases or use of Services.

D. COMPENSATION

1. **Pricing and Payment.** The Contractor will be paid for Services provided pursuant to the Contract in accordance with the RFX and final pricing documents as incorporated into the State Entity Standard Contract Form and the terms of the Contract. Unless clearly stated otherwise in the Contract, all prices are firm and fixed and are not subject to variation. Prices include, but are not limited to freight, insurance, fuel surcharges and customs duties.

2. **Billings.** If applicable, and unless the RFX provides otherwise, the Contractor shall submit, on a regular basis, an invoice for the Services supplied to the State Entity under the Contract at the billing address specified in the Purchase Instrument or Contract. The invoice shall comply with all applicable rules concerning payment of such claims. The State Entity shall pay all approved invoices in arrears and in accordance with applicable provisions of State law.

   Unless otherwise agreed in writing by the State Entity and the Contractor, the Contractor shall not be entitled to receive any other payment or compensation from the State Entity for Services provided by or on behalf of the Contractor under the Contract. The Contractor shall be solely responsible for paying all costs, expenses and charges it incurs in connection with its performance under the Contract.

3. **Delay of Payment Due to Contractor's Failure.** If the State Entity in good faith determines that the Contractor has failed to perform or deliver Services as required by the Contract, the Contractor shall not be entitled to any compensation under the Contract until such Service is performed or delivered. In this event, the State Entity may withhold that portion of the Contractor's compensation which represents payment for Services that were not performed or delivered. To the extent that the Contractor's failure to perform or deliver in a timely manner causes the State Entity to incur costs, the State Entity may deduct the amount of such incurred costs from any amounts payable to Contractor. The State Entity's authority to deduct such incurred costs shall not in any way affect the State Entity's authority to terminate the Contract.

4. **Set-Off Against Sums Owed by the Contractor.** In the event that the Contractor owes the State Entity and/or the State any sum under the terms of the Contract, pursuant to any judgment, or pursuant to any law, the State Entity and/or the State may set off the sum owed against any sum owed by the State Entity to the Contractor in the State Entity's sole discretion.

E. TERMINATION

1. **Immediate Termination.** Pursuant to O.C.G.A. Section 50-5-64, this Contract will terminate immediately and absolutely if the State Entity determines that adequate funds are de-appropriated such that the State Entity cannot fulfill its obligations under the Contract, which determination is at the State Entity's sole discretion and shall be conclusive. Further, the State Entity may terminate the Contract for any one or more of the following reasons effective immediately without advance notice:

   (i) In the event the Contractor is required to be certified or licensed as a condition precedent to providing the Services, the revocation or loss of such license or certification may result in immediate termination of the Contract effective as of the date on which the license or certification is no longer in effect;

   (ii) The State Entity determines that the actions, or failure to act, of the Contractor, its agents, employees or subcontractors have caused, or reasonably could cause, life, health or safety to be jeopardized;

   (iii) The Contractor fails to comply with confidentiality laws or provisions; and/or

(iv) The Contractor furnished any statement, representation or certification in connection with the Contract or the bidding process which is materially false, deceptive, incorrect or incomplete.

2. Termination for Cause. The occurrence of any one or more of the following events shall constitute cause for the State Entity to declare the Contractor in default of its obligations under the Contract:

(i) The Contractor fails to deliver or has delivered nonconforming Services or fails to perform, to the State Entity's satisfaction, any material requirement of the Contract or is in violation of a material provision of the Contract, including, but without limitation, the express warranties made by the Contractor;

(ii) The State Entity determines that satisfactory performance of the Contract is substantially endangered or that a default is likely to occur;

(iii) The Contractor fails to make substantial and timely progress toward performance of the Contract;

(iv) The Contractor becomes subject to any bankruptcy or insolvency proceeding under federal or state law to the extent allowed by applicable federal or state law including bankruptcy laws; the Contractor terminates or suspends its business; or the State Entity reasonably believes that the Contractor has become insolvent or unable to pay its obligations as they accrue consistent with applicable federal or state law;

(v) The Contractor has failed to comply with applicable federal, state and local laws, rules, ordinances, regulations and orders when performing within the scope of the Contract;

(vi) The Contractor has engaged in conduct that has or may expose the State Entity or the State to liability, as determined in the State Entity's sole discretion; or

(vii) The Contractor has infringed any patent, trademark, copyright, trade dress or any other intellectual property rights of the State Entity, the State, or a third party.

3. Notice of Default. If there is a default event caused by the Contractor, the State Entity shall provide written notice to the Contractor requesting that the breach or noncompliance be remedied within the period of time specified in the State Entity's written notice to the Contractor. If the breach or noncompliance is not remedied within the period of time specified in the written notice, the State Entity may:

(i) Immediately terminate the Contract without additional written notice; and/or

(ii) Procure substitute services from another source and charge the difference between the Contract and the substitute contract to the defaulting Contractor; and/or,

(iii) Enforce the terms and conditions of the Contract and seek any legal or equitable remedies.

4. Termination Upon Notice. Following thirty (30) days' written notice, the State Entity may terminate the Contract in whole or in part without the payment of any penalty or incurring any further obligation to the Contractor. Following termination upon notice, the Contractor shall be

entitled to compensation, upon submission of invoices and proper proof of claim, for Services provided under the Contract to the State Entity up to and including the date of termination.

5. **Termination Due to Change in Law.** The State Entity shall have the right to terminate this Contract without penalty by giving thirty (30) days' written notice to the Contractor as a result of any of the following:

   (i) The State Entity's authorization to operate is withdrawn or there is a material alteration in the programs administered by the State Entity; and/or

   (ii) The State Entity's duties are substantially modified.

6. **Payment Limitation in Event of Termination.** In the event of termination of the Contract for any reason by the State Entity, the State Entity shall pay only those amounts, if any, due and owing to the Contractor for the Services actually rendered up to the date specified in the notice of termination for which the State Entity is obligated to pay pursuant to the Contract or Purchase Instrument. Payment will be made only upon submission of invoices and proper proof of the Contractor's claim. This provision in no way limits the remedies available to the State Entity under the Contract in the event of termination. The State shall not be liable for any costs incurred by the Contractor in its performance of the Contract, including, but not limited to, startup costs, overhead or other costs associated with the performance of the Contract.

7. **The Contractor's Termination Duties.** Upon receipt of notice of termination or upon request of the State Entity, the Contractor shall:

   (i) Cease work under the Contract and take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report within thirty (30) days of the date of notice of termination, describing the status of all work under the Contract, including, without limitation, results accomplished, conclusions resulting therefrom, and any other matters the State Entity may require;

   (ii) Immediately cease using and return to the State Entity, any personal property or materials, whether tangible or intangible, provided by the State Entity to the Contractor;

   (iii) Comply with the State Entity's instructions for the timely transfer of any active files and work product produced by the Contractor under the Contract;

   (iv) Cooperate in good faith with the State Entity and its employees, agents and contractors during the transition period between the notification of termination and the substitution of any replacement contractor(s); and

   (v) Immediately return to the State Entity any payments made by the State Entity for Services that were not delivered or rendered by the Contractor.

F. CONFIDENTIAL INFORMATION

1. **Access to Confidential Data.** The Contractor's employees, agents and subcontractors may have access to confidential data maintained by the State to the extent necessary to carry out the Contractor's responsibilities under the Contract. The Contractor shall presume that all information received pursuant to the Contract is confidential unless otherwise designated by the State. If it is reasonably likely the Contractor will have access to the State's confidential information, then:

   (i) The Contractor shall provide to the State a written description of the Contractor's policies and procedures to safeguard confidential information;

   (ii) Policies of confidentiality shall address, as appropriate, information conveyed in verbal, written, and electronic formats;

   (iii) The Contractor must designate one individual who shall remain the responsible authority in charge of all data collected, used, or disseminated by the Contractor in connection with the performance of the Contract; and

   (iv) The Contractor shall provide adequate supervision and training to its agents, employees and subcontractors to ensure compliance with the terms of the Contract.

   The private or confidential data shall remain the property of the State at all times. Some Services performed for the State Entity may require the Contractor to sign a nondisclosure agreement. Contractor understands and agrees that refusal or failure to sign such a nondisclosure agreement, if required, may result in termination of the Contract.

2. **No Dissemination of Confidential Data.** No confidential data collected, maintained, or used in the course of performance of the Contract shall be disseminated except as authorized by law and with the written consent of the State, either during the period of the Contract or thereafter. Any data supplied to or created by the Contractor shall be considered the property of the State. The Contractor must return any and all data collected, maintained, created or used in the course of the performance of the Contract, in whatever form it is maintained, promptly at the request of the State.

3. **Subpoena.** In the event that a subpoena or other legal process is served upon the Contractor for records containing confidential information, the Contractor shall promptly notify the State and cooperate with the State in any lawful effort to protect the confidential information.

4. **Reporting of Unauthorized Disclosure.** The Contractor shall immediately report to the State any unauthorized disclosure of confidential information.

5. **Survives Termination.** The Contractor's confidentiality obligation under the Contract shall survive termination of the Contract.

G. INDEMNIFICATION

1. **Contractor's Indemnification Obligation.** The Contractor agrees to indemnify and hold harmless the State and State officers, employees, agents, and volunteers (collectively, "Indemnified Parties") from any and all costs, expenses, losses, claims, damages, liabilities, settlements and judgments, including reasonable value of the time spent by the Attorney General's Office, related to or arising from:

(i) Any breach of the Contract;

(ii) Any negligent, intentional or wrongful act or omission of the Contractor or any employee, agent or subcontractor utilized or employed by the Contractor;

(iii) Any failure of Services to comply with applicable specifications, warranties, and certifications under the Contract;

(iv) The negligence or fault of the Contractor in design, testing, development, manufacture, or otherwise with respect to the Services provided under the Contract;

(v) Claims, demands, or lawsuits that, with respect to the goods (if any) or any parts thereof, allege product liability, strict product liability, or any variation thereof;

(vi) The Contractor's performance or attempted performance of the Contract, including any employee, agent or subcontractor utilized or employed by the Contractor;

(vii) Any failure by the Contractor to comply with the "Compliance with the Law" provision of the Contract;

(viii) Any failure by the Contractor to make all reports, payments and withholdings required by federal and state law with respect to social security, employee income and other taxes, fees or costs required by the Contractor to conduct business in the State of Georgia or the United States;

(ix) Any infringement of any copyright, trademark, patent, trade dress, or other intellectual property right; or

(x) Any failure by the Contractor to adhere to the confidentiality provisions of the Contract.

2. Duty to Reimburse State Tort Claims Fund. To the extent such damage or loss as covered by this indemnification is covered by the State of Georgia Tort Claims Fund ("the Fund"), the Contractor (and its insurers) agrees to reimburse the Fund. To the full extent permitted by the Constitution and the laws of the State and the terms of the Fund, the Contractor and its insurers waive any right of subrogation against the State, the Indemnified Parties, and the Fund and insurers participating thereunder, to the full extent of this indemnification.

3. Litigation and Settlements. The Contractor shall, at its own expense, be entitled to and shall have the duty to participate in the defense of any suit against the Indemnified Parties. No settlement or compromise of any claim, loss or damage entered into by the Indemnified Parties shall be binding upon Contractor unless approved in writing by Contractor. No settlement or compromise of any claim, loss or damage entered into by Contractor shall be binding upon the Indemnified Parties unless approved in writing by the Indemnified Parties.

4. Patent/Copyright Infringement Indemnification. Contractor shall, at its own expense, be entitled to and shall have the duty to participate in the defense of any suit instituted against the State and indemnify the State against any award of damages and costs made against the State by a final judgment of a court of last resort in such suit insofar as the same is based on any claim that any of the Services constitutes an infringement of any United States Letters Patent or copyright, provided the State gives the Contractor immediate notice in writing of the institution of such suit, permits Contractor to fully participate in the defense of the same, and gives Contractor all available information, assistance and authority to enable Contractor to do so. Subject to approval of the Attorney General of the State of Georgia, the State Entity shall

tender defense of any such action to Contractor upon request by Contractor. Contractor shall not be liable for any award of judgment against the State reached by compromise or settlement unless Contractor accepts the compromise or settlement. Contractor shall have the right to enter into negotiations for and the right to effect settlement or compromise of any such action, but no such settlement shall be binding upon the State unless approved by the State.

In case any of the Services is in any suit held to constitute infringement and its use is enjoined, Contractor shall, at its option and expense:

(i) Procure for the State the right to continue using the Services;

(ii) Replace or modify the same so that it becomes non-infringing; or

(iii) Remove the same and cancel any future charges pertaining thereto.

Contractor, however, shall have no liability to the State if any such patent, or copyright infringement or claim thereof is based upon or arises out of:

(i) Compliance with designs, plans or specifications furnished by or on behalf of the State Entity as to the Services;

(ii) Use of the Services in combination with apparatus or devices not supplied by Contractor;

(iii) Use of the Services in a manner for which the same was neither designed nor contemplated; or

(iv) The claimed infringement of any patent or copyright in which the State Entity or any affiliate or subsidiary of the State Entity has any direct interest by license or otherwise.

5. Survives Termination. The indemnification obligation of the Contractor shall survive termination of the Contract.

H. INSURANCE

Contractor shall provide all insurance as required by the RFX.

I. BONDS

The Contractor shall provide all required bonds in accordance with the terms of the RFX and as stated in the State Entity Standard Contract Form.

J. WARRANTIES

1. **Construction of Warranties Expressed in the Contract with Warranties Implied by Law.** All warranties made by the Contractor and/or subcontractors in all provisions of the Contract and the Contractor's Response, whether or not the Contract specifically denominates the Contractor's and/or subcontractors' promise as a warranty or whether the warranty is created only by the Contractor's affirmation or promise, or is created by a description of the Services to be provided, or by provision of samples to the State shall not be construed as limiting or negating any warranty provided by law, including without limitation, warranties which arise through course of dealing or usage of trade, the warranty of merchantability, and the warranty of fitness for a particular purpose. The warranties expressed in the Contract are intended to modify the warranties implied by law only to the extent that they expand the warranties applicable to the Services provided by the Contractor. The provisions of this section apply during the term of the Contract and any extensions or renewals thereof.

2. **Warranty – Nonconforming Services and Goods.** All Services and any goods delivered by Contractor to the State Entity shall be free from any defects in design, material, or workmanship. If any Services or goods offered by the Contractor are found to be defective in material or workmanship, or do not conform to Contractor's warranty, the State Entity shall have the option of returning, repairing, or replacing the defective Services or goods at Contractor's expense. Payment for Services and any goods shall not constitute acceptance. Acceptance by the State Entity shall not relieve the Contractor of its warranty or any other obligation under the Contract.

3. **Compliance with Federal Safety Acts.** Contractor warrants and guarantees to the State that the Services provided under the Contract are in compliance with Sections 5 and 12 of the Federal Trade Commission Act; the Fair Packaging and Labeling Act; the Federal Food, Drug, and Cosmetic Act; the Consumer Product Safety Act; the Federal Environmental Pesticide Control Act; the Federal Hazardous Substances Act; the Fair Labor Standards Act; the Wool Products Labeling Act; the Flammable Fabrics Act; the Occupational Safety and Health Act; the Office of Management and Budget A-110 Appendix A; and the Anti-Kickback Act of 1986.

4. **Originality and Title to Concepts, Materials, and Goods Produced.** Contractor represents and warrants that all the concepts, materials, goods and Services produced, or provided to the State pursuant to the terms of the Contract shall be wholly original with the Contractor or that the Contractor has secured all applicable interests, rights, licenses, permits or other intellectual property rights in such concepts, materials and works. The Contractor represents and warrants that the concepts, materials, goods and Services and the State's use of same and the exercise by the State of the rights granted by the Contract shall not infringe upon any other work, other than material provided by the Contract to the Contractor to be used as a basis for such materials, or violate the rights of publicity or privacy of, or constitute a libel or slander against, any person, firm or corporation and that the concepts, materials and works will not infringe upon the copyright, trademark, trade name, trade dress patent, literary, dramatic, statutory, common law or any other rights of any person, firm or corporation or other entity. The Contractor represents and warrants that it is the owner of or otherwise has the right to use and distribute the goods and Services contemplated by the Contract.

5. **Conformity with Contractual Requirements.** The Contractor represents and warrants that the Services provided in accordance with the Contract will appear and operate in conformance with the terms and conditions of the Contract.

6. **Authority to Enter into Contract.** The Contractor represents and warrants that it has full authority to enter into the Contract and that it has not granted and will not grant any right or

interest to any person or entity that might derogate, encumber or interfere with the rights granted to the State and the State Entity.

7. **Obligations Owed to Third Parties.** The Contractor represents and warrants that all obligations owed to third parties with respect to the activities contemplated to be undertaken by the Contractor pursuant to the Contract are or will be fully satisfied by the Contractor so that the State and the State Entity will not have any obligations with respect thereto.

8. **Title to Property.** The Contractor represents and warrants that title to any property assigned, conveyed or licensed to the State is good and that transfer of title or license to the State is rightful and that all property shall be delivered free of any security interest or other lien or encumbrance. Title to any supplies, materials, or equipment shall remain in the Contractor until fully paid for by the State Entity. Except as otherwise expressly authorized by the State Entity, all materials produced by Contractor personnel in performance of Services, including but not limited to software, charts, graphs, diagrams, video tapes and other project documentation shall be deemed to be work made for hire and shall be the property of the State of Georgia.

9. **Industry Standards.** The Contractor represents and expressly warrants that all aspects of the Services provided or used by it shall at a minimum conform to the standards in the Contractor's industry. This requirement shall be in addition to any express warranties, representations, and specifications included in the Contract, which shall take precedence.

10. **Contractor's Personnel and Staffing.** Contractor warrants that all persons assigned to perform Services under this Contract are either lawful employees of Contractor or lawful employees of a subcontractor authorized by the State Entity as specified in the RFX. All persons assigned to perform Services under this Contract shall be qualified to perform such Services. Personnel assigned by Contractor shall have all professional licenses required to perform the Services.

11. **State Security.** State Entity requires that a criminal background investigation be made of any and all Contractor personnel utilized to provide Services to the State. Contractor represents and warrants that Contractor shall refrain from assigning personnel to any task under this Contract if such investigation reveals a disregard for the law or other background that indicates an unacceptable security risk as determined by the State. The Contractor's employees, agents and subcontractors may be granted access to state computers, hardware, software, programs and/or information technology infrastructure or operations to the extent necessary to carry out the Contractor's responsibilities under the Contract. Such access may be terminated at the sole discretion of the State. The Contractor shall provide immediate notice to State Entity of any employees, agents and/or subcontractors suspected of abusing or misusing such access privilege. The Contractor represents and warrants that Contractor shall provide notice to State Entity of the changed status of any employee, agent or subcontractor granted access to state computers, hardware, software, programs and/or information technology infrastructure or operations, including, but not limited to, termination or change of the position or contract relationship.

12. **Use of State Vehicles.** Contractor warrants that no State vehicles will be used by Contractor for the performance of Services under this Contract. Contractor shall be responsible for providing transportation necessary to perform all Services.

K. PRODUCT RECALL

If this Contract includes the provision of goods and in the event that any of the goods are found by the Contractor, the State, any governmental agency, or court having jurisdiction to contain a defect, serious quality or performance deficiency, or not to be in compliance with any standard or requirement so as to require or make advisable that such goods be reworked or recalled, the Contractor will promptly communicate all relevant facts to the State Entity and undertake all corrective actions, including those required to meet all obligations imposed by laws, regulations, or orders, and shall file all necessary papers, corrective action programs, and other related documents, provided that nothing contained in this section shall preclude the State Entity from taking such action as may be required of it under any such law or regulation. The Contractor shall perform all necessary repairs or modifications at its sole expense except to any extent that the Contractor and the State shall agree to the performance of such repairs by the State upon mutually acceptable terms.

L. CONTRACT ADMINISTRATION

1. **Order of Preference.** In the case of any inconsistency or conflict among the specific provisions of the State Entity Standard Contract Terms and Conditions (including any amendments accepted by both the State Entity and the Contractor attached hereto), the RFX (including any subsequent addenda), and the Contractor's Response, any inconsistency or conflict shall be resolved as follows:

   (i) First, by giving preference to the specific provisions of the State Entity Standard Contract Terms and Conditions.

   (ii) Second, by giving preference to the specific provisions of the RFX.

   (iii) Third, by giving preference to the specific provisions of the Contractor's Response, except that objections or amendments by a Contractor that have not been explicitly accepted by the State Entity in writing shall not be included in this Contract and shall be given no weight or consideration.

2. **Intent of References to Bid Documents.** The references to the parties' obligations, which are contained in this document, are intended to supplement or clarify the obligations as stated in the RFX and the Contractor's Response. The failure of the parties to make reference to the terms of the RFX or the Contractor's Response in this document shall not be construed as creating a conflict and will not relieve the Contractor of the contractual obligations imposed by the terms of the RFX and the Contractor's Response. The contractual obligations of the State Entity cannot be implied from the Contractor's Response.

3. **Compliance with the Law.** The Contractor, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations and orders now or hereafter in effect when performing under the Contract, including without limitation, all laws applicable to the prevention of discrimination in employment and the use of targeted small businesses as subcontractors or contractors. The Contractor, its employees, agents and subcontractors shall also comply with all federal, state and local laws regarding business permits and licenses that may be required to carry out the work performed under the Contract. Contractor and Contractor's personnel shall also comply with all State and State Entity policies and standards in effect during the performance of the Contract, including but not limited to the State Entity's policies and standards relating to personnel conduct, security, safety, confidentiality, and ethics. Further, the provisions of O.C.G.A. Section 45-10-20 et seq. have not and must not be violated under the terms of this Contract. Contractor certifies that

Contractor is not currently engaged in, and agrees for the duration of this Contract not to engage in, a boycott of Israel, as defined in O.C.G.A. § 50-5-85.

4. Drug-free Workplace. The Contractor hereby certifies as follows:

(i) Contractor will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of this Contract; and

(ii) If Contractor has more than one employee, including Contractor, Contractor shall provide for such employee(s) a drug-free workplace, in accordance with the Georgia Drug-free Workplace Act as provided in O.C.G.A. Section 50-24-1 et seq., throughout the duration of this Contract; and

(iii) Contractor will secure from any subcontractor hired to work on any job assigned under this Contract the following written certification: "As part of the subcontracting agreement with (Contractor's Name), (Subcontractor's Name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this Contract pursuant to paragraph 7 of subsection (b) of Code Section 50-24-3."

Contractor may be suspended, terminated, or debarred if it is determined that:

(i) Contractor has made false certification here in above; or

(ii) Contractor has violated such certification by failure to carry out the requirements of O.C.G.A. Section 50-24-3(b).

5. Amendments. The Contract may be amended in writing from time to time by mutual consent of the parties. If the contract award exceeds the delegated purchasing authority of the State Entity, then the State Entity must obtain approval of the amendment from the Department of Administrative Services (DOAS). All amendments to the Contract must be in writing and fully executed by duly authorized representatives of the State Entity and the Contractor.

6. Third Party Beneficiaries. There are no third-party beneficiaries to the Contract. The Contract is intended only to benefit the State Entity, the State, and the Contractor.

7. Choice of Law and Forum. The laws of the State of Georgia shall govern and determine all matters arising out of or in connection with this Contract without regard to the choice of law provisions of State law. In the event any proceeding of a quasi-judicial or judicial nature is commenced in connection with this Contract, such proceeding shall solely be brought in a court or other forum of competent jurisdiction within Fulton County, Georgia. This provision shall not be construed as waiving any immunity to suit or liability, including without limitation sovereign immunity, which may be available to the State.

8. Parties' Duty to Provide Notice of Intent to Litigate and Right to Demand Mediation. In addition to any dispute resolution procedures otherwise required under this Contract or any informal negotiations which may occur between the State and the Contractor, no civil action with respect to any dispute, claim or controversy arising out of or relating to this Contract may be commenced without first giving fourteen (14) calendar days written notice to the State of the claim and the intent to initiate a civil action. At any time prior to the commencement of a civil action, either the State or the Contractor may elect to submit the matter for mediation. Either the State or the Contractor may exercise the right to submit the matter for mediation by

providing the other party with a written demand for mediation setting forth the subject of the dispute. The parties will cooperate with one another in selecting a mediator and in scheduling the mediation proceedings. Venue for the mediation will be in Atlanta, Georgia; provided, however, that any or all mediation proceedings may be conducted by teleconference with the consent of the mediator. The parties covenant that they will participate in the mediation in good faith, and that they will share equally in its costs; provided, however, that the cost to the State shall not exceed five thousand dollars ($5,000.00).

All offers, promises, conduct and statements, whether oral or written, made in the course of the mediation by any of the parties, their agents, employees, experts and attorneys, and by the mediator or employees of any mediation service, are inadmissible for any purpose (including but not limited to impeachment) in any litigation or other proceeding involving the parties, provided that evidence that is otherwise admissible or discoverable shall not be rendered inadmissible or non-discoverable as a result of its use in the mediation. Inadmissibility notwithstanding, all written documents shall nevertheless be subject to the Georgia Open Records Act, O.C.G.A. Section 50-18-70 et seq.

No party may commence a civil action with respect to the matters submitted to mediation until after the completion of the initial mediation session, forty-five (45) calendar days after the date of filing the written request for mediation with the mediator or mediation service, or sixty (60) calendar days after the delivery of the written demand for mediation, whichever occurs first. Mediation may continue after the commencement of a civil action, if the parties so desire.

9. **Assignment and Delegation.** The Contract may not be assigned, transferred or conveyed in whole or in part without the prior written consent of the State Entity. For the purpose of construing this clause, a transfer of a controlling interest in the Contractor shall be considered an assignment.

10. **Use of Third Parties.** Except as may be expressly agreed to in writing by the State Entity, Contractor shall not subcontract, assign, delegate or otherwise permit anyone other than Contractor or Contractor's personnel to perform any of Contractor's obligations under this Contract or any of the work subsequently assigned under this Contract. No subcontract which Contractor enters into with respect to performance of obligations or work assigned under the Contract shall in any way relieve Contractor of any responsibility, obligation or liability under this Contract and for the acts and omissions of all subcontractors, agents, and employees. All restrictions, obligations and responsibilities of the Contractor under the Contract shall also apply to the subcontractors. Any contract with a subcontractor must also preserve the rights of the State Entity. The State Entity shall have the right to request the removal of a subcontractor from the Contract for good cause.

11. **Integration.** The Contract represents the entire agreement between the parties. The parties shall not rely on any representation that may have been made which is not included in the Contract.

12. **Headings or Captions.** The paragraph headings or captions used in the Contract are for identification purposes only and do not limit or construe the contents of the paragraphs.

13. **Not a Joint Venture.** Nothing in the Contract shall be construed as creating or constituting the relationship of a partnership, joint venture, (or other association of any kind or agent and principal relationship) between the parties thereto. Each party shall be deemed to be an independent contractor contracting for the Services and acting toward the mutual benefits expected to be derived herefrom. Neither Contractor nor any of Contractor's agents, servants, employees, subcontractors or contractors shall become or be deemed to become agents,

servants, or employees of the State. Contractor shall therefore be responsible for compliance with all laws, rules and regulations involving its employees and any subcontractors, including but not limited to employment of labor, hours of labor, health and safety, working conditions, workers' compensation insurance, and payment of wages. No party has the authority to enter into any contract or create an obligation or liability on behalf of, in the name of, or binding upon another party to the Contract.

14. Joint and Several Liability. If the Contractor is a joint entity, consisting of more than one individual, partnership, corporation or other business organization, all such entities shall be jointly and severally liable for carrying out the activities and obligations of the Contract, and for any default of activities and obligations.

15. Supersedes Former Contracts or Agreements. Unless otherwise specified in the Contract, this Contract supersedes all prior contracts or agreements between the State Entity and the Contractor for the Services provided in connection with the Contract.

16. Waiver. Except as specifically provided for in a waiver signed by duly authorized representatives of the State Entity and the Contractor, failure by either party at any time to require performance by the other party or to claim a breach of any provision of the Contract shall not be construed as affecting any subsequent right to require performance or to claim a breach.

17. Notice. Any and all notices, designations, consents, offers, acceptances or any other communication provided for herein shall be given in writing by registered or certified mail, return receipt requested, by receipted hand delivery, by Federal Express, courier or other similar and reliable carrier which shall be addressed to the person who signed the Contract on behalf of the party at the address identified in the State Entity Standard Contract Form. Each such notice shall be deemed to have been provided:

(i) At the time it is actually received; or,

(ii) Within one (1) day in the case of overnight hand delivery, courier or Services such as Federal Express with guaranteed next day delivery; or,

(iii) Within five (5) days after it is deposited in the U.S. Mail in the case of registered U.S. Mail.

From time to time, the parties may change the name and address of the person designated to receive notice. Such change of the designated person shall be in writing to the other party and as provided herein.

18. Cumulative Rights. The various rights, powers, options, elections and remedies of any party provided in the Contract shall be construed as cumulative and not one of them is exclusive of the others or exclusive of any rights, remedies or priorities allowed either party by law, and shall in no way affect or impair the right of any party to pursue any other equitable or legal remedy to which any party may be entitled as long as any default remains in any way unremedied, unsatisfied or undischarged.

19. Severability. If any provision of the Contract is determined by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or provision of the Contract. Further, if any provision of the Contract is determined to be unenforceable by virtue of its scope, but may be made enforceable by a limitation of the provision, the provision shall be deemed to be amended to

the minimum extent necessary to render it enforceable under the applicable law. Any agreement of the State Entity and the Contractor to amend, modify, eliminate, or otherwise change any part of this Contract shall not affect any other part of this Contract, and the remainder of this Contract shall continue to be of full force and effect.

20. Time is of the Essence. Time is of the essence with respect to the performance of the terms of the Contract. Contractor shall ensure that all personnel providing Services to the State are responsive to the State's requirements and requests in all respects.

21. Authorization. The persons signing this Contract represent and warrant to the other parties that:

(i) It has the right, power and authority to enter into and perform its obligations under the Contract; and

(ii) It has taken all requisite action (corporate, statutory or otherwise) to approve execution, delivery and performance of the Contract and the Contract constitutes a legal, valid and binding obligation upon itself in accordance with its terms.

22. Successors in Interest. All the terms, provisions, and conditions of the Contract shall be binding upon and inure to the benefit of the parties hereto and their respective successors, assigns and legal representatives.

23. Record Retention and Access. The Contractor shall maintain books, records and documents in accordance with generally accepted accounting principles and procedures and which sufficiently and properly document and calculate all charges billed to the State throughout the term of the Contract for a period of at least five (5) years following the date of final payment or completion of any required audit, whichever is later. Records to be maintained include both financial records and service records. The Contractor shall permit the Auditor of the State of Georgia or any authorized representative of the State, and where federal funds are involved, the Comptroller General of the United States, or any other authorized representative of the United States government, to access and examine, audit, excerpt and transcribe any directly pertinent books, documents, papers, electronic or optically stored and created records or other records of the Contractor relating to orders, invoices or payments or any other documentation or materials pertaining to the Contract, wherever such records may be located during normal business hours. The Contractor shall not impose a charge for audit or examination of the Contractor's books and records. If an audit discloses incorrect billings or improprieties, the State reserves the right to charge the Contractor for the cost of the audit and appropriate reimbursement. Evidence of criminal conduct will be turned over to the proper authorities.

24. Solicitation. The Contractor warrants that no person or selling agency (except bona fide employees or selling agents maintained for the purpose of securing business) has been employed or retained to solicit and secure the Contract upon an agreement or understanding for commission, percentage, brokerage or contingency.

25. Public Records. The laws of the State of Georgia, including the Georgia Open Records Act, as provided in O.C.G.A. Section 50-18-70 et seq., require procurement records and other records to be made public unless otherwise provided by law.

26. Clean Air and Water Certification. Contractor certifies that none of the facilities it uses to provide the Services are on the Environmental Protection State Entity (EPA) List of Violating Facilities. Contractor will immediately notify the State Entity of the receipt of any

communication indicating that any of Contractor's facilities are under consideration to be listed on the EPA List of Violating Facilities.

27. Debarred, Suspended, and Ineligible Status. Contractor certifies that the Contractor and/or any of its subcontractors have not been debarred, suspended, or declared ineligible by any agency of the State of Georgia or as defined in the Federal Acquisition Regulation (FAR) 48 C.F.R. Ch.1 Subpart 9.4. Contractor will immediately notify the State Entity if Contractor is debarred by the State or placed on the Consolidated List of Debarred, Suspended, and Ineligible Contractors by a federal entity.

28. Use of Name or Intellectual Property. Contractor agrees it will not use the name or any intellectual property, including but not limited to, State trademarks or logos in any manner, including commercial advertising or as a business reference, without the expressed prior written consent of the State.

29. Taxes. The State Entity is exempt from Federal Excise Taxes, and no payment will be made for any taxes levied on Contractor's employee's wages. The State Entity is exempt from State and Local Sales and Use Taxes on the services. Tax Exemption Certificates will be furnished upon request. Contractor or an authorized subcontractor has provided the State Entity with a sworn verification regarding the filing of unemployment taxes or persons assigned by Contractor to perform Services, which verification is incorporated herein by reference.

30. Certification Regarding Sales and Use Tax. By executing the Contract, the Contractor certifies it is either (a) registered with the State Department of Revenue, collects, and remits State sales and use taxes as required by Georgia law, including Chapter 8 of Title 48 of the O.C.G.A.; or (b) not a "retailer" as defined in O.C.G.A. Section 48-8-2. The Contractor also acknowledges that the State may declare the Contract void if the above certification is false. The Contractor also understands that fraudulent certification may result in the State Entity or its representative filing for damages for breach of contract.

31. Delay or Impossibility of Performance. Neither party shall be in default under the Contract if performance is delayed or made impossible by an act of God. In each such case, the delay or impossibility must be beyond the control and without the fault or negligence of the Contractor. If delay results from a subcontractor's conduct, negligence or failure to perform, the Contractor shall not be excused from compliance with the terms and obligations of the Contract.

32. Limitation of Contractor's Liability to the State. Except as otherwise provided in this Contract, Contractor's liability to the State for any claim of damages arising out of this Contract shall be limited to direct damages and shall not exceed the total amount paid to Contractor for the performance under this Contract.

No limitation of Contractor's liability shall apply to Contractor's liability for loss or damage to State equipment or other property while such equipment or other property is in the sole care, custody, and control of Contractor's personnel. Contractor hereby expressly agrees to assume all risk of loss or damage to any such State equipment or other property in the care, custody, and control of Contractor's personnel. Contractor further agrees that equipment transported by Contractor personnel in a vehicle belonging to Contractor (including any vehicle rented or leased by Contractor or Contractor's personnel) shall be deemed to be in the sole care, custody, and control of Contractor's personnel while being transported. Nothing in this section shall limit or affect Contractor's liability arising from claims brought by any third party.

33. Obligations Beyond Contract Term. The Contract shall remain in full force and effect to the end of the specified term or until terminated or canceled pursuant to the Contract. All obligations of the Contractor incurred or existing under the Contract as of the date of expiration, termination or cancellation will survive the termination, expiration or conclusion of the Contract.

34. Counterparts. The State Entity and the Contractor agree that the Contract has been or may be executed in several counterparts, each of which shall be deemed an original and all such counterparts shall together constitute one and the same instrument.

35. Further Assurances and Corrective Instruments. The State Entity and the Contractor agree that they will, from time to time, execute, acknowledge and deliver, or cause to be executed, acknowledged and delivered, such supplements hereto and such further instruments as may reasonably be required for carrying out the expressed intention of the Contract.

36. Transition Cooperation and Cooperation with other Contractors. Contractor agrees that upon termination of this Contract for any reason, it shall provide sufficient efforts and cooperation to ensure an orderly and efficient transition of services to the State or another contractor. The Contractor shall provide full disclosure to the State and the third-party contractor about the equipment, software, or services required to perform the Services for the State. The Contractor shall transfer licenses or assign agreements for any software or third-party services used to provide the Services to the State or to another contractor.

Further, in the event that the State has entered into or enters into agreements with other contractors for additional work related to Services rendered under the Contract, Contractor agrees to cooperate fully with such other contractors. Contractor shall not commit any act, which will interfere with the performance of work by any other contractor.

GEORGIA DEPARTMENT OF CORRECTIONS **Standard Operating Procedures**		
Policy Name: Appearance and Dress		
Policy Number: 104.48	**Effective Date:** 10/05/2016	Page **1** of **5**
Authority: Bryson/Poitevint	**Originating Division:** Administration Division	**Access Listing:** Level I: All Access

I. Introduction and Summary: It is the policy of the Georgia Department of Corrections to have an established policy on Appearance and Dress that applies to all employees, allows for the projection of an appropriate business image in the performance of job duties and outlines appropriate apparel for uniformed and non-uniformed employees. This policy also serves as notice that non-uniformed employees should not dress in a manner deemed to be excessively casual, overly provocative or revealing.

II. Authority:

GDC Standard Operating Procedures (SOPs):

1. 104.47 Employee Standards of Conduct
2. 205.03 Personal Appearance for Uniformed Personnel (Facilities Operations)

III. Definitions:

A. Non-uniformed employees: Persons employed by the Department who are not required to wear agency-issued clothing, insignia, or other distinguished attire in performance of an assigned duty.

B. Uniformed employees: Persons employed by the Department who are required to wear a uniform, insignia, or other forms of clothing issued or directed for purchase and wear in performance of an assigned duty.

C. Appointing Authorities: Wardens and individuals specifically designated by the Commissioner.

IV. Statement of Policy and Applicable Procedures:

Employees working in the Department's facilities or offices will dress as follows:

A. Non-Uniformed Employees:

1. The standard dress for non-uniformed employees is **Business Casual Attire** (see Attachment 1).

2. Any non-uniformed employee who represents the Department externally or at a formal internal presentation should dress in **Business Attire** (see Attachment 1) unless it is unsuitable for the occasion. For instance, business attire would be just as inappropriate for a ceremony held outside in the summer as casual attire would be for a legislative hearing, meeting at another agency or formal briefing to the Commissioner or the Board.

   Business Attire is required to be worn by senior staff members (see note below) on days the Corrections Board is meeting in Forsyth.

Note: The term senior staff, as used above, refers to the Chief of Staff, Assistant Commissioners, Executive Counsel, Director of Public and Governmental Affairs, Human Resources Director, Chief Accounting Officer, Chief Budget Officer, Chief Procurement Officer, Chief Information Technology Officer, and Chief of Engineering/Construction Services. For the purpose of these guidelines, it also refers to those support staff whose location is in the Commissioner's office suite. Also, members of the senior staff, on days when they are attired in Business Casual Attire, are expected to have readily available the clothing required to change into Business Attire when required.

3. **Casual Attire** (see Attachment 1) may be worn by non-uniformed staff on Fridays. Staff working 10-Hour Days may dress in Casual Attire on Thursday if this is their last work day of the week.
4. **Dressing in a manner more formal than the normal attire of the day will not be grounds for disciplinary actions.**
5. **Revealing shirts, blouses, skirts, slacks or dresses are prohibited.**
6. **All shirts must be appropriate for the work environment and will not include language or graphics that are vulgar, sexually explicit, or may otherwise be offensive. Employees may not wear shirts with the logo of another agency, for-profit corporation or non-profit.**
7. Supervisors must ensure that employees dress appropriately for assigned work duties. Appointing Authorities may make routine exceptions to the required dress attire where the attire would not be conducive to an employee's assigned work site or duties. The Appointing Authority must designate dress attire exceptions in writing and establish the acceptable attire standards. Work sites that may require an exception include a file room, mailroom, warehouse operations, computer installation/repair/troubleshooting, construction, maintenance, or farm operations.
8. There are occasions when management must solicit the assistance of the workforce in accomplishing certain manual tasks at the work site for special needs situations such as "spring cleaning" or moving. On these occasions, the Appointing Authority may approve a deviation from non-business/business casual attire.

9. Non-uniformed employees shall not appear to be identifiable to the public as GDC employees (visible badge on belt, GDC-logo shirt or other apparel) in the following situations:

    a. Performing duties as a private security or police officer not officially required by the Department;

    b. Purchasing or consuming alcoholic beverages of any type- on or off duty- in any public establishment or establishment in which the general public has regular or routine access;

    c. Consuming or transporting alcoholic beverages in any vehicle at any time; and

    d. Attending or participating in any activity that might, even by misinterpretation, bring discredit to the Department if identified as a GDC employee.

    NOTE: This is not intended to apply to any Departmental Employee- on duty – verifying whereabouts, employment, or other status of an offender.

10. Supervisors must monitor and control work units to ensure employees maintain a professional appearance each day. Supervisors at all levels should enforce this policy and take appropriate measures when necessary to ensure compliance.

B. Uniformed Employees:

1. Maintenance personnel, food services personnel, truck drivers, security personnel, tactical squad members, canine handlers, and other designated personnel must wear department issued uniforms while performing official duties of the Department.

2. Department personnel will not appear in uniform in the following situations:

    a. When performing as a private security officer or police officer when those duties are not officially required by the Department;

    b. At social or athletic events that are held off Department property and are not officially sponsored by the Department;

    c. When purchasing or transporting alcoholic beverages or other intoxicants;

d. While consuming alcoholic beverages or other intoxicants in public establishments or in other places where the general public has regular access; and

e. Attending or participating in any activity that might, even by misinterpretation, bring discredit to the Department if identified as a GDC employee.

3. Uniformed employees may not wear insignia, pins, ornaments or decals of any kind on their uniforms that have not been issued by the Department.

4. Correctional Officers may appear in uniform at ceremonies approved by their Appointing Authority such as graduations, funerals, and civic events.

5. Neck Ties:

a. Uniformed employees who work in a facility or serve as a detail officer or transfer officer may wear a neck tie as a part of their work apparel.

b. Uniformed employees must wear neck ties when attending a function away from the facility, apart from outside detail duty, where wearing the uniform is required by the Department, e.g., appearing in court as a witness for the Department, serving as part of an honor guard or any other formal or public ceremony. See SOP No. 205.03.

NOTE: Uniformed Employee will comply with SOP 205.03, "Personal Appearance of Uniformed Personnel".

C. All Employees:

1. Approved beards and moustaches must be kept neatly trimmed. Fingernails and hair styles should not be flamboyant in style, shapes, colors or other features. Hair will be clean, combed and neatly trimmed or styled. The hairstyle should be appropriate to the work setting and not interfere with the work to be performed, create a safety hazard, or cause distractions in the work place.
2. Jewelry and other accessories will be appropriate for the work setting and not create a safety hazard or cause other distractions.
3. Supervisors at all levels are responsible to maintain the dress standards in this policy. Appointing Authorities should use this procedure as their base to establish and maintain acceptable appearance standards.

4. Appointing Authorities will make reasonable efforts to accommodate an employee's written request to wear a garment or ornament required by religious belief, principle, or tenet that is contrary to this procedure or local directive. The Appointing Authority will consider health and safety issues and efficiency of performance regarding accommodation requests. Appointing Authorities should contact Director, Human Resources and Legal Services prior to accommodating any request submitted.

V. Attachments:

Attachment 1 - Attire Standards

VI. Record Retention of Forms Relevant to this Policy: None

MEMORANDUM

TO: Employee Name and SSN

FROM: Appointing Authority Name/Title

SUBJECT: **ALCOHOL and/or DRUG TEST NOTIFICATION (RANDOM)**

DATE: Date Being Issued

Your position has been randomly selected for drug testing. You will:

1. Report to the designated testing location
2. Bring a picture ID
3. Receive The Custody and Control Form; and
4. A copy will be provided to you

You are advised that if:

a) you expressly decline to submit to alcohol or other drug testing;
b) you fail to appear at the testing location by the specified time;
c) you engage in conduct that clearly obstructs the testing process;
d) you fail to provide adequate urine for testing (45ml.) and/or breath for alcohol testing without an acceptable medical reason;
e) you leave the testing site before providing an adequate sample in the allotted time (up to 3 hours if necessary);
f) the temperature of your specimen is outside the acceptable range;
g) the laboratory and/or the MRO determine that your sample has been adulterated or substituted, or,
h) the testing indicates use of an illegal drug(s) without a legitimate medical explanation.

This will be considered a Refusal and the actions described below will be taken:

You will be dismissed from employment and disqualified from state employment for a period of 2 years from the date of notification.

I certify that I have read and understand the information contained in this document.

_____ _____
Applicant Signature Date/Time

Retention Schedule: Upon completion this form shall be retained permanently in the employee's official and local personnel file. If not hired, retain in the Interview/Selection file for two (2) calendar years

SOP 104.58
Attachment 7
10/30/17

ALCOHOL/DRUG AND CDL DRUG TESTING LOG

Facility/Office/Center: _____

TYPE OF TEST: 1A=Pre-Employment On-Site **IB**=Pre-Employment Off-Site **2**=Random **3**=CDL **4**=Reasonable Suspicion Alcohol **5**=Reasonable Suspicion Drug

DATE FORM GIVEN	EMPLOYEE/APPLICANT'S NAME	C.O.C. # (ONLY IF SENT TO COLLECTION SITE)	EMPLOYEE ID # OR APPLICANT SSN	EMPLOYEE OR APPLICANT'S INITIALS	TYPE OF TEST (USE CODE ABOVE)	INITIALS OF NOTIFER	DATE OF TEST	DATE RESULTS VERIFIED	INITIALS OF VERIFIER

Retention Schedule: Upon completion, this form shall be retained in the local personnel office for one (1) calendar year.

Attachment 1
IIA07-0011
(205.09)
07/11/16

ACKNOWLEDGMENT

I have read the Standard Operating Procedure for Guidelines for Civilian Construction Workers, Consultants, and Contract Personnel. I understand them as acknowledged by my signature and the date below.

Signature	Date

RETENTION SCHEDULE: Once signed by the contractor/consultant, this form shall be attached to the contract.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Program Services/ Counseling Services	**Reference Number:** VB03-0003	**Revises Previous Effective Date:** NEW
Subject: Residential Substance Abuse Treatment Programs		
Authority: Donald/Smith	**Effective Date:** 12/15/07	Page 1 of **8**

I. POLICY:

It is the policy that uniform administrative practices and procedures are followed for the organization, management, and delivery of all residential substance abuse treatment programs.

II. APPLICABILITY:

This procedure is applicable to all employees of the Department of Corrections and all employees of any vendor or contractor of the Department of Corrections for Residential Substance Abuse Treatment Programs.

III. RELATED DIRECTIVES:

A. **GDC SOP:** IIA15-0001, VB01-0005, VB01-0006, IIB01-0024, IIC05-0001, VB01-0001, VH26-0001, VG32-0001, IIA04-0005, IIA05-0006, VB01-0006, IIB01-0024, IIIB03-0009

IV. DEFINITIONS:

A. RSAT: A nine-month residential substance abuse treatment program which targets high risk, high needs offenders with a history of substance abuse as a crime-producing behavior leading to correctional supervision. This refers to residential substance abuse treatment programs at Scott SP, Johnson SP, Pulaski SP, Homerville SP, Bainbridge Probation Substance Abuse Treatment Center, Lee Arrendale Probation Substance Abuse Treatment Center and Boot-Camp plus at Scott State Prison.

B. PRTC: Parole Revocation Treatment Center at Homerville SP.

C. BPSATC: Bainbridge Probation Substance Abuse Treatment Center for male probationers.

D. LAPSATC: Lee Arrendale Probation Substance Abuse Treatment Center for female probationers.

E. TCUDS: Texas Christian University Drug Screen, a screening tool for assessing the need for residential substance abuse treatment services.

F. COMPAS Assessment: Correctional Offender Management Profiling for Alternative Sanctions (COMPAS), is a statistically-based assessment specifically designed to assess key risk and need factors in offenders to support case management decisions.

V. ATTACHMENTS:

NONE

VI. PROCEDURE:

A: Screening and Waiting List Procedures:

1. PRTC: The screening of offenders, and maintenance of the waiting list, for the Parole Revocation Treatment Center at Homerville SP are performed by the Georgia State Board of Pardons and Paroles.

2. PSATC: The placement of detainees in the Probation Substance Abuse Treatment Centers for male and female probationers is the responsibility of the Probation Division of the Department of Corrections and the Georgia Judicial Circuits. Upon admission, the offender is fully assessed by facility and RSAT staff to ensure appropriateness for treatment services.

3. RSAT:

   a. Priority for placement is for Parole Board referrals that are pre-conditioned for RSAT. The State Board of Pardons and Paroles provides a referral list to inmate classification for these cases.

b. Prison referrals may also be made based on Risk/Needs Assessment Process results and after careful examination of eligibility requirements. After favorable review by the prison classification committee and the approval of the warden, a recommendation will be sent to Inmate Classification via the OTIS Transfer Request module.

1) All inmates who score 3 or higher on TCUDS should be <u>screened</u> for RSAT.

c. At the request of Inmate Classification, Risk Reduction Services will provide a list of eligible RSAT participants, using PIC/TPM dates and other criteria, to be considered for placement by classification.

d. A secondary screening is completed by Inmate Classification to determine if they meet the admission criteria for the program. At that time, offenders are admitted to the program, entered on the waiting list, or denied entry based on non-eligibility criteria.

e. Upon admission, the offender is fully assessed by facility and RSAT staff to ensure appropriateness for treatment services.

B. Eligibility:

1. Referrals for any RSAT site must have at least one of the following indicators of substance abuse/dependence:

a. Positive drug tests while in prison or while on probation.

b. Prior parole or probation failure associated with alcohol and/or drug abuse, especially in outpatient services (i.e. Day Reporting Centers or other community-based treatment centers).

c. Property and other crimes consistent with substance abuse problems.

d. Crimes committed under the influence of alcohol and other drugs.

e. Parole board or court mandated substance abuse treatment.

f. GDC counselor recommendation, or offender self-referral provided offender meets at least one of the above criteria.

g. Literacy is preferred, but is not a requirement for program participation.

h. Inmates on psychotropic medications will not be excluded from the program. (This excludes Homerville SP as Homerville has no mental health staff).

2. In addition to above, the following guidelines will be adhered to at each specific site:

a. Probation Substance Abuse Treatment Center (PSATC) participants:

1) Must have **not** participated previously in an RSAT program.

2) Have a minimum of 18 months left on probation.

3) Have no pending charges or charges have been postponed until completion of program.

4) Must not be pregnant.

5) Felony assaultive offenses, both current and past, will be looked at on an individual basis with special consideration for domestic violence and substance related behaviors, and first time offenses. These and other violent offenses will be assessed as to whether they were a result of substance use/abuse.

NOTE: The decision to reject admission for **any reason** must be made by a multi-disciplinary team. This team will consist of staff from medical, mental health, security, treatment, and probation.

b. RSAT offenders:

1) Must be with-in 12-18 months from PIC or TPM.

2) If Work Release is an additional requirement, they must be referred to RSAT 24 months prior to PIC/TPM.

3) Must have no pending charges or detainers.

4) Must have no pending medical consults.

5) Sex offenders must have completed SOPP prior to admission.

6) Felony assaultive offenses will be looked at with special consideration for domestic violence and substance abuse related behaviors as well as institutional conduct.

7) No "Greatest Severity Offense" Disciplinary Reports within the past 90 days.

8) No Disciplinary Reports which resulted in a TPM extension within the past 90 days.

Note: *Disciplinary history will be reviewed by Inmate Classification on a case by case basis.*

C. Ineligibility:

1. Offenders will not be admitted to the program if one or more of the following apply:

a. Offender is required to max out.

b. Offender is classified as Mental Health Level 3 or higher.

c. Offender has medical or psychiatric problems that would interfere with the safe and productive participation in the program. This would be determined through medical and mental health evaluations as well as institutional conduct.

D. Discharge Protocol

1. RSAT offenders may be discharged for one or more of the following reasons:

a. Offender has insufficient cognitive ability to grasp the program's principles. This shall be determined through a review of the progress made during phase one of the program. After review, the vendor may request that the offender be discharged due to inability to function cognitively at an acceptable level.

b. Offender does **not** meet the criteria for substance abuse treatment. If an offender has been fully assessed by treatment staff (30 days) and there is no substantiation of drug and/or alcohol abuse/dependence from comprehensive assessment, diagnostic evaluation, personal history, criminal history, or self-report, he/she is not eligible for residential substance abuse treatment.

c. Offender develops medical or mental health issues that prohibit him from actively participating in programming.

d. Offender violates cardinal rules as outlined in Program Agreement Form (Fighting, weapon possession, gang representation, sexually acting out, etc.)

e. Offenders who test positive for drugs after all confirmations will be immediately discharged from the program.

f. Offenders may be discharged for other disciplinary reasons after progressive sanctions have been exhausted.

2. In the event that a participant is discharged from the Program due to disciplinary reasons, the Board of Pardons and Paroles must be notified. This information will be included on the Parole Review Summary as well.

3. The decision to discharge a participant for any reason will be decided in a multi-disciplinary team meeting.

E. **Readmission:**

1. Offenders who have been discharged from the program for disciplinary reasons may be eligible for readmission after a period of 90 days pending approval by institutional staff and the program director.

F. **Case Management:** One or more general population counselors will be assigned to the RSAT population at each site. The counselors assigned to the RSAT programs must perform case management responsibilities as outlined in Standard Operating Procedures VB01-0005.

G. Daily Operational Activities

1. The contractor is expected to provide 20 hours of service elements per week to each offender. Inmates are not to be scheduled for two different activities (work details, programming, store call, barber shop, etc.) at the same time.

2. GDC will notify Inmate Classification when RSAT beds become available to ensure that beds are filled to capacity at all times.

3. Risk Reduction Services will monitor RSAT programming on a regular basis to ensure that all

service elements and contract requirements are being met. Risk Reduction Services will provide written reports of these reviews to the Warden and designees at each site.

4. The contract staff will answer directly to Deputy Warden of Care and Treatment or Warden's designee. This person will be the initial point of contact for contract staff at each RSAT site.

5. Correctional Officers will be regular GDC employees hired by the Department. Whenever possible, these Correctional Officers will be routinely assigned to work in the Program. Officers assigned to RSAT will receive an orientation to familiarize them with the program operations and to provide effective management techniques. The training will be designed jointly by GDC and the Contractor.

6. Drug testing will be conducted by GDC during all phases of the program.

   a. Each participant will be screened upon admission to all sites.

   b. Each participant, with the exception of PSATC sites, will be screened at discharge.

   c. Each site will test a ***minimum of 10%*** of program population on a monthly basis. ***GDC/RRS will provide the drug test kits.***

   d. In the event that a participant has a positive drug screen, medical must be consulted and if necessary the test should be confirmed before disciplinary action is taken.

   e. In the event that a participant tests positive for any drug and it has been confirmed with medical that he/she is not on any medications that could possibly cause a false positive, the entire program (100%) shall be tested within 48 hours with the assistance of the vendor.

7. GDC will provide, at no cost to the Contractor, basic departmental training and orientation for all

staff working in the Program. The Contractor will be responsible for any travel and per diem costs.

H. **Data Entry:** All RSAT participants will be tracked through OTIS. The Program Director or designee will work closely with the Warden's designee, at each site to ensure that all admissions and discharges are entered in a timely fashion. The Program Data Form will be used to track these movements.

I. **Aftercare:** All RSAT participants will be required to complete a minimum of six months of aftercare.

1. Probation: A designee from the Probation Division will be sent a list of graduates weekly and will forward to appropriate probation circuits for notification of referral.

2. Referrals for parolees will be included in TOPPSTEP package to be mailed to appropriate parole office upon release from prison. This information will be recorded in the Re-entry package completed by the inmate and Contract Counselor.

GEORGIA DEPARTMENT OF CORRECTIONS

Employee Standards of Conduct

ACKNOWLEDGMENT STATEMENT

This is to acknowledge that I have read the Department's Policy governing employee standards of conduct. As a condition of employment, I will abide by the terms and conditions of this policy. I understand that any violation of this policy, including any of the standards contained therein, may be the basis for disciplinary action, including dismissal. I also understand that disciplinary action can be taken for matters not covered by this procedure and that it does not create any new rights for me or for any other employee of the Department of Corrections.

_____ _____
Employee Signature Date

_____
Type/Print Employee Name

Employee ID:_____

Record Retention: Retain permanently in the local and official personnel file.

Functional Area: Program Services/Health Services - Physical Health	Reference Number: VH17-0003	Revises Previous Effective Date: 5/1/2004
Subject: Telemedicine		
Authority: Donald/Smith	Effective Date: 3/01/2005	Page **1** of **9**

I. POLICY:

Telemedicine technology will be utilized as a tool for the delivery of specialty consultation services to inmates/probationers. The Georgia Department of Corrections Telemedicine System uses the Georgia Statewide Academic and Medical System (GSAMS)network.

Each facility designated as a Telemedicine Site will establish a Local Operating Procedure outlining their specific facility procedure for Telemedicine. All GDC facilities will comply with Telemedicine clinical protocols. Telemedicine protocols are posted on Captiva (P-17-0003-01) and will be maintained on site, at the Telemedicine Hub sites, and in the Utilization Management office.

II. APPLICABILITY:

This procedure is applicable to all State Prisons, Transitional Centers, and Probation Detention Centers. Telemedicine services are currently not available at County Correctional Institutions, Diversion Centers, and privatized facilities.

III. RELATED DIRECTIVES:

A. O.C.G.A.: 50-5-191, 50-5-192, 50-5-199.

B. GDC SOPs:

1. VH17-0001 Consultations
2. VH17-0002 Referrals for Health Care Services
3. VH30-0002 Privacy of Care
4. VH83-0001 Medical Research
5. VH17-0001 Consultation Services

6. VH82-0002 Right to Refuse Treatment

7. IIA12-0001 Telemedicine

C. GDC Telemedicine System Manual, (See Captiva and each GDC Telemedicine Remote or Hub Site)

D. NCCHC Position Statement: "Use of Telemedicine in Correctional Facilities", November 9, 1997.

E. ACA Standards 1990: 3-4356, 3-4360.

IV. DEFINITIONS:

A. **Telemedicine:** An interactive voice and color video communication system, integrated with biomedical science.

B. **Telemedicine Hub Site:** Augusta State Medical Prison will serve as the HUB site where the primary or consultant medical providers via electronic equipment will interact with medical staff and the inmate/probationer at the remote Telemedicine site.

The hub site is responsible for sending and receiving medical information required by clinical providers to provide Health Care Services for inmates/probationers located at the remote Telemedicine site.

C. **Telemedicine Remote Site:** A prison selected within facility catchment area responsible for providing Telemedicine services for designated facilities. This prison is also responsible for sending medical information to the clinical provider located at the HUB site.

D. **Telemedicine Hub Technician:** Serves as the facilitating coordinator, controlling system operation at the HUB site, selecting all video sources as well as directing/communicating the operation of the room and patient camera at Telemedicine Remote Site.

E. **Telemedicine Site Coordinator:** Serves as the individual responsible at the Remote Site for facilitating and coordinating systems operation with the HUB site and designated facilities within the catchment area. This

individual will serve as the site coordinator for security staff.

F. **Facility Catchment Areas:** A grouping of facilities in general proximity to each other identified by Facilities Operations Division for transportation purposes.

G. **Home Facility:** Prison/Center where the Inmate/Probationer is presently incarcerated or assigned.

H. **Utilization Management** (UM): Oversight activities performed at a central location by the Utilization Management Medical Director or designated staff that result in recommendations to facilities regarding medical movement across the state to ensure appropriate medical care is delivered in a cost effective manner.

I. **Telemedicine Clinical Protocols:** The clinical guidelines developed by the Office of Health Services with input from the consulting physicians. These guidelines include scheduling, required medical documentation (paperwork, labs, x-rays, etc.), required medical procedures, necessary equipment, case management and documentation. Telemedicine Protocols are located on Captiva (P-17-0003-01).

V. ATTACHMENTS:

A. None

B. All forms associated with this SOP may be found on the GDC Intranet at Captiva/Operations Planning and Training/Health Services/02 Physical Health/Health Record Manual.

VI. PROCEDURE:

A. Telemedicine will be provided at multiple remote sites which include but are not limited to: ASMP, GD&CP, Men's SP, GSP, Dooly SP, Calhoun SP, Hancock SP, Macon SP, Phillips SP, Ware SP, and Wilcox SP. Telemedicine services will be available at other sites as determined by the Office of Health Services in concert with Corrections Division.

1. Each GDC telemedicine facility medical section will be responsible for identifying two individuals who will be the primary and secondary contact persons for the Telemedicine Hub Site and Telemedicine Remote Site. The Health Services Administrator will supervise this procedure. The HSA will have a thorough understanding of the Telemedicine System.

B. Utilization Management Process

1. . Requests for Telemedicine Services will be submitted to the Utilization Management office in accordance with the Telemedicine Protocols (P-17-0003-01) using SCRIBE.

2. If the consultation request is approved, UM will select those consultations appropriate for Telemedicine services based on the clinical protocols.

3. The Home Facility will receive notification of approved telemedicine consult and scheduled appointments through the SCRIBE Consultation Module.

C. Refusal of Telemedicine Services

1. Inmates/probationers who refuse Telemedicine services will be followed in accordance with SOP VH82-0002, "Right To Refuse Treatment". Inmates/probationers will not have the option to choose the method of consultation.

2. Inmates/probationers may refuse at the Home Facility. If inmate/probationer does refuse, then transportation to remote site is not necessary. If condition is considered of a critical nature, the clinical provider will then determine whether the inmate/probationer will be transported.

3. If the inmate refuses, the original signed refusal will be filed in Section 3 of the health record under the "consents" tab and faxed to the Telemedicine Hub Site for placement in the Telemedicine Patient Shadow File.

D. Movement of Inmates

1. Telemedicine consults will be coordinated between Telemedicine Hub sites, Telemedicine Remote sites, and Catchment facilities (See P-17-0003-02) in accordance with the established Telemedicine Catchment Transportation System, and current transportation practices. Movement of inmates/probationers for Telemedicine Clinics will be in compliance with telemedicine SOP IIA12-0001, Corrections Division.

2. All Telemedicine Clinics will be scheduled on Mondays, Wednesdays or Fridays, between the hours of 8:00 a.m. and 3:30 p.m., unless otherwise determined.

3. All Telemedicine consults will take place in accordance with established GDC Telemedicine Sites/ Facility Catchment Areas.

4. The Telemedicine Hub Site will be responsible for scheduling Telemedicine clinics.

5. Transportation notification, when applicable, will occur via SCRIBE, within ten days in advance of the Telemedicine appointment date.

   The notification will include:

   a. Names of all inmates/probationers scheduled for Telemedicine Clinics statewide,

   b. GDC ID number,

   c. The home facility name,

   d. The date and time of the telemedicine consultation,

   e. The name of the Telemedicine Clinic.

E. Responsibility – Inmates/Probationers Home Facility

1. The Wardens/Superintendents office at each inmate/probationer's home facility is responsible for accessing, ten days prior to scheduled medical appointment, Notification for Telemedicine

Appointments through the Busing Orders module of SCRIBE.

2. Each home facility will be responsible for ensuring all documentation specified in telemedicine clinical protocols and referenced below is faxed or emailed to the telemedicine hub site ten days prior to telemedicine consults. Documentation being faxed to the Telemedicine Hub site will be documented on the Telemedicine Clinic Checklist, P-17-0003-03, and will include all documents listed on the clinical protocol and any special requests made by the consultant, and the following:

   a. Supporting documents as specified by the clinical protocols (VH17-0003-01)

   b. A Refusal of Treatment Form, if the patient refuses a Telemedicine Clinic appointment

3. The Home Facility will ensure that medical records and all other related medical documentation, x-rays, etc., in accordance with established telemedicine protocols, are placed in a sealed plastic envelope with respective name, State ID number, and the inmate's/probationer's home facility name printed on the front. This envelope will be given to the Transportation Officer who will transport this envelope with the inmate/probationer to the telemedicine site and delivery it to the telemedicine Site Coordinator.

4. Remote sites will place the record in a sealed plastic envelope and give it to the transportation officer for return to the home facility.

F. Inmate/Probationer Telemedicine Records

1. Telemedicine Shadow File - The Telemedicine HUB will prepare a Telemedicine Patient Shadow File for each inmate/probationer. An identification system for all Telemedicine Patient Shadow Files must be maintained. In each Telemedicine Patient Shadow File a Telemedicine Clinic Checklist, P-17-0003-03, will be completed for each patient's file documenting time frames of receipt of documentation and ensuring

that necessary medical documentation, is present. Telemedicine Patient Shadow Files will be maintained and stored in accordance with Medical Records SOP VH 78-0001. The Telemedicine Shadow File will **not** contain original records, only copies. The telemedicine Patient Shadow File will include at a minimum:

~~a.~~ Telemedicine Hub Patient Shadow File Checklist

b. Approved consultation Request (Copy)

c. Any previous consultation recommendations written by the consultant (Copy)

d. Supplemental Patient Information (Copies)

1) Lab reports

2) Radiology reports

3) Biopsy reports

4) Operative reports

5) Procedural report

e. Progress note, to include telemedicine encounter. (Copy) The original progress note and a dictated consultation report will be mailed/emailed to the home facility so that these items can be placed in the medical record.

f. Supporting documents, in accordance with established protocols. (Copies)

g. Each patient file will be labeled with the following: Inmate name and ~~State~~ GDC I.D. number.

h. If the patient refuses a telemedicine clinic appointment the following paperwork is placed in the Telemedicine Patient Shadow File:

Refusal of Treatment Form (Copy)

G. Telemedicine Clinic Start Up - Connection and Operation

1. The Telemedicine Hub Technician and Site Coordinators will turn on the equipment and connect with each other at least sixty (60) minutes prior to the start of the Telemedicine clinic to conduct an operational check of the equipment at each site.

2. The maintenance vendor is to be notified immediately by the Telemedicine Hub Coordinator, of any network malfunctions that occur.

3. The Statewide Telemedicine Clinical Coordinator is to be notified immediately of any problems that occur. The Statewide Telemedicine Clinical Coordinator will notify the GDC Clinical Systems Manager of all equipment and bandwidth problems that result in cancellations or delays of scheduled clinics.

4. The Total Call Maintenance vendor phone number is to be posted in the Telemedicine room for easy access and visibility.

5. Telemedicine Site Coordinator is to document all contacts with maintenance vendor, in the Maintenance Log (P-17-0003-04). The Maintenance Log will be maintained in the telemedicine room.

H. Telemedicine Hub Technician Responsibilities will include but not be limited to the following:

1. The Telemedicine Hub Technician will verify ten days prior to the scheduled clinic that all required paperwork has been received and complete the Telemedicine Clinic Checklist (P-17-0003-03). This individual will be responsible for contacting home facility for necessary paperwork and notifying Statewide Telemedicine Clinical Coordinator.

2. Statewide Clinical Coordinator will be responsible for identifying problem and the GDC Statewide Clinical Systems Manager and the GCHC Director of Patient Care.

3. The Telemedicine Hub Technician will be responsible for ensuring that all pertinent documentation resulting from a Telemedicine Clinic is forwarded back to the Remote Telemedicine site for insertion into the inmate's/probationer's health record prior to the end of each clinic.

~~4.~~ After each presentation the consulting physician will dictate a consultation note that will be ~~faxed~~ mailed/emailed to the remote site and placed in the medical record.

5. Ensuring that related telemedicine clinical protocols are available and followed.

I. Presenting Physician Responsibilities will include, but not be limited to, the following:

1. The presenting clinician will enter a progress note in the inmate's medical record documenting the presentation to the consultant.

2. The presenting clinician will review the consultant's findings and recommendations and will date and initial the consultation form.

3. The clinician will discuss the findings and recommendations with the patient and develop a written plan of care. Documentation will include what was discussed with the patient and whether the patient agrees to participate in the plan.

4. If the clinician disagrees with the recommendations of the consultant, the provider will document the rationale for the disagreement and recommend an alternative treatment plan.

5. The clinician will monitor the patient to determine that the plan of care has been implemented and the desired clinical results are achieved.

6. If the telemedicine clinic is cancelled, a note will be written in the progress note section of the medical record describing the reason for clinic cancellation.

(Entire former Section J on telepsychiatry deleted.)

J. Telemedicine Quality Improvement Activities - data collection, analysis and evaluation will serve as an integral part of Telemedicine and will enhance and ensure continuous quality improvement of the Health Care delivery system.

~~1.~~ Statewide Telemedicine Clinical Coordinator will serve as Telemedicine CQI coordinator.

2. Accordingly, data will be collected and reported on a monthly basis to the Office of Health Services.

3. The Telemedicine CQI Coordinator will attend quarterly statewide CQI committee meetings to report findings and review corrective actions.

4. Telemedicine Services will be audited in conjunction with the Office of Health Services audit process or through an independent process. Additional monitoring will occur through the GDC SCRIBE process or any other OIT system implemented by GDC.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Program Services/Health Services - Mental Health	**Reference Number:** VG01-0001	**Revises Previous Effective Date:** 6/1/2001
Subject: MH/MR Organization and Administration		
Authority: Donald/Smith	**Effective Date:** 3/01/2005	Page **1** of **13**

I. POLICY:

It is the policy of the Georgia Department of Corrections that a system be in place to facilitate the effective and efficient delivery of treatment services to the seriously mentally ill/mentally retarded inmate/probationer. Central Office MH/MR administration is charged with the responsibility of providing oversight, support, and technical assistance to the facility-based MH/MR programs, which in turn are charged with the responsibility of providing mental health and habilitation services to the seriously mentally ill and mentally retarded inmate/probationer. Both Central Office and facility based MH/MR programs operate in compliance with GDC Mental Health/Mental Retardation Standard Operating Procedures.

II. APPLICABILITY:

This procedure is applicable to all State, County, and Probation facilities under GDC management that house MH/MR inmates/probationers.

III. RELATED DIRECTIVES:

ACA Standards: 2-4237, 2-4294.

IV. DEFINITIONS:

A. MH/MR Program Clinical Director: A licensed Psychologist/Psychiatrist approved by the Warden, MH/MR Unit Manager and Statewide MH/MR Program Supervisor or designee to provide clinical direction and oversight to the facility's MH/MR program.

B. Regional Clinical Director: Clinical Directors identified by the state MH/MR Program Supervisor to

provide Clinical Oversight to Clinical Directors at facilities within their region.

C. Regional Program Consultant: Georgia Department of Corrections employees hired by the State Program Supervisor to provide Regional oversight and technical assistance to MH/MR Unit Managers in their region.

V. ATTACHMENTS:

None

NOTE: All forms associated with this Standard Operating Procedure may be found on the Georgia Department of Corrections Intranet at Captiva/Operations Planning and Training/Health Services/03 Mental Health/Mental Health Forms.

VI. PROCEDURE:

A. Central Office MH/MR Services Administration

1. Central Office MH/MR Services under the direction of the State MH/MR Program Supervisor, is responsible for developing, implementing, and overseeing a comprehensive system of mental health/mental retardation services to treat the seriously mentally ill and mentally retarded inmates/probationers in accordance with GDC policy and procedures and professional standards of care.

2. The Central Office MH/MR Services Administration will manage, coordinate and monitor the state wide GDC mental health budget. Resources will be allocated to MH/MR facilities based on identified MH/MR needs and facility MH/MR missions. Staff will include but not be limited to a MH/MR program supervisor, chief psychiatrist and a master's level psychiatric nurse.

3. The hiring authority for all MH/MR non-vendor clinical consultants will be the State MH/MR Program Supervisor. Hiring of all facility consultants will be done in coordination with the institutional Warden/Superintendent and MH/MR Unit Manager.

4. Central Office MH/MR Services Administration will develop, implement and monitor a state wide MH/MR Continuous Quality Improvement program to ensure:

   a. The MH/MR service delivery system is operational and is operating in accordance with MH/MR Standard Operating Procedure.

   b. An appropriate level of care is being provided.

   c. Resources are being well utilized.

   d. Needs are being identified and addressed.

5. Central Office MH/MR Services Administration will provide an advisory function through the appropriate chain of command to GDC officials at all levels to keep them apprised of any problems or needs within MH/MR Services. Officials will include but not be limited to: GDC's Commissioner; State Health Services Director; Facilities' Division Director; Operations Support Director; Human Resources' Division Director; Programs' Director; Regional Directors; Wardens/ Superintendents; and other administrators as required.

6. Central Office MH/MR Services Administration will be responsible for establishing appropriate liaison with other agencies and organizations whose activities affect the delivery of MH/MR programs in the correctional system.

B. Organizational Structure of Facility MH/MR Units

1. The delivery of MH/MR services within the correctional system will be in accordance with standards, policies and procedures established by the Central Office Mental Health Services Administration and contained in state wide MH/MR Standard Operating Procedures and in MH/MR protocols.

2. Organizationally, MH/MR Programs will come under the direct operational authority of the Deputy Warden for Care and Treatment at the facility level. The Deputy Warden for Care and Treatment will

administratively supervise MH/MR Unit Managers. The MH/MR Unit Manager will administratively supervise all MH/MR staff. The clinical director in collaboration with the MH/MR Unit Manager will determine the program clinical needs and both develop and oversee services to meet those needs. The Deputy Warden of Care and Treatment will conduct annual performance appraisal reports on the MH/MR Unit Manager. The MH/MR Unit Manager or designee will conduct annual performance appraisal reports on all other MH/MR staff.

3. At Probation Detention Centers, the MH/MR Program will come under the direct operational authority of the Assistant Superintendent. The Assistant Superintendent will administratively supervise the MH/MR counselor and compile annual performance appraisal reports on the MH/MR counselor. The MH/MR Unit Manager and Clinical Director at the State Prison in the center's catchment area will provide clinical oversight.

4. For MH/MR Units where MH/MR staffs are hired by a vendor contracted through GDC, the organizational structure will be the same as above. The vendor will have administrative oversight and will hire employees. Central Office MH/MR Services Administration will be involved in the interviewing and selection process of the MH/MR Unit Director positions with the State MH/MR Program Supervisor having ultimate veto authority. The hiring of other MH/MR staff is subject to the approval of the on-site administrative staff. The MH/MR Unit Manager and/or Deputy Warden for Care and Treatment will review all decisions regarding the hiring of MH/MR subcontract personnel and will make any concerns known to the Warden and the State MH/MR Program Supervisor as needed. All administrative decisions regarding work schedules, job duties, use of leave, etc. are established by the vendor but are subject to the approval of Department of Corrections administrative staff. MH/MR Unit Managers will maintain semi-monthly time sheets for all vendor employees, and all hours will be accounted for monthly. MH/MR staff will operate with

administrative direction from the MH/MR Unit Manager and will receive clinical supervision from a clinical supervisor.

5. The MH/MR Unit Manager will be responsible for the overall 24 hour per day operation of their MH/MR Program under the direction of the Deputy Warden for Care and Treatment. The MH/MR Unit Manager will operate in accordance with departmental policies and procedures.

6. The MH/MR Unit Manager will be responsible for the supervision and administration of his/her staff. These staff positions and responsibilities include:

   a. Under the administrative direction and supervision of the MH/MR Unit Manager, and clinical supervision of a licensed mental health professional, the MH/MR Counselor's duties consist of <u>but are not limited to</u>:

      1) Supportive Counseling

      2) Psycho-educational training

      3) Life skill training

      4) Liaison with security and other disciplines

      5) Participation in treatment team

      6) Contribute to the establishment of a therapeutic environment

      7) Individual psychological therapy (if privileged)

      8) Attend staff meetings

      9) On-Call duties (if privileged)

      10) Maintain required documentation and

11) Crisis intervention (if privileged)

12) May provide case management as needed.

b. Under the administrative direction and supervision of the MH/MR Unit Manager and the clinical supervision of the psychological consultant, the MH/MR Behavior Specialist's duties consist of but are not limited to:

1) Administer psychological tests

2) Score psychological tests

3) Perform mental health screening and evaluations

4) Carry an appropriate patient caseload

5) Participate in treatment planning

6) Individual therapy (if privileged)

7) Attend MH/MR staff meetings

8) On-Call duties (if privileged)

9) Maintain required documentation and

10) Crisis intervention (if privileged)

c. Correctional Officers assigned to a MH/MR supportive living unit are members of the MH/MR Treatment Team, actively participating in the inmate's/probationer's mental health treatment/mental retardation habilitation. These officers will be regularly/specifically assigned to a MH/MR living unit and must complete mandated MH/MR training.

d. The Psychiatric consultant is administratively responsible to the MH/MR Unit Manager. The Psychiatric consultant's duties consist of but are not limited to:

1) Providing medication management,

2) Conducting mental health emergency evaluations,

3) Conducting routine psychiatric evaluations in response to referral/consultation requests,

4) Making rounds in Level V Crisis Stabilization Units and Level V Acute Care Units

5) Participating in appropriate committee/administration meetings,

6) Attending Level III/IV SLU community meetings,

7) Attending MH/MR staff meetings,

8) Participating in relevant Individual Treatment Plan staffing, and,

9) Maintaining all required documentation.

e. The Psychological consultant is administratively responsible to the MH/MR Unit Manager. The Psychological consultant's duties consist of <u>but are not limited to</u>:

1) Providing individual therapy,

2) Co-facilitating therapeutic groups in SLU and General Population,

3) Over-seeing the SLU program to include the contingency management/unit incentive program,

4) Performing psychological testing,

5) Providing clinical supervision,

6) Providing crisis intervention,

7) Participating in relevant Treatment Plan staffing,

8) Responding to psychological referrals,

9) Participating in staff training,

10) Attending Level III/IV SLU community meetings,

11) Attending MH/MR staff meetings,

12) Participating in appropriate committee/ administrative meetings,

13) Maintaining all required documentation,

14) Collecting data/interpreting the monthly statistical reports, and

15) Participating in the Continuous Quality Improvement (CQI) (SOP VG25-0001) and Utilization Review (UR) (SOP VG27-0001) programs.

f. Under the administrative supervision of the MH/MR Unit Manager and the clinical supervision of a psychiatrist, the Clinical Nurse Specialist's (CNS) duties consist of but are not limited to:

1) Provide medication management

2) Conduct mental health emergency evaluations,

3) Conduct routine mental health evaluations in response to referral/consultation requests,

4) Participate in appropriate committee/administration meetings,

5) Attend MH/MR staff meetings,

6) Participate in relevant individual Treatment/Habilitation Plan staffing, and

7) Maintain all required documentation.

g. Under the administrative direction of the MH/MR Unit Manager and clinical supervision of the Director of Nursing, the mental health nurse's duties consist of but are not limited to:

1) Assist psychiatrists by ensuring that medication orders are followed

2) Provide patient education regarding medication

3) May triage sick call services for those MH/MR inmates/probationers with access limitations

4) Managing mental health medication compliance including reporting compliance behavior to psychiatrists,

5) Participation in treatment planning,

6) Attend MH/MR staff meeting,

7) Liaison with physical health staff, and

8) Maintain required documentation.

C. Levels of MH/MR Staffing:

1. The Georgia Department of Corrections will provide appropriately credentialed staff in adequate numbers commensurate with the established mission and level of MH/MR care being provided at each MH/MR Unit. The needs of the inmate/probationer population and the level of services being provided will determine the number and type of staff for each MH/MR program.

2. Georgia Department of Correction's central office staff and the vendor will determine psychiatry, clinical nurse specialists and psychology staffing patterns.

3. At all programs the first full time equivalent (FTE) psychiatric position will be filled by a psychiatrist. Any hours above that first FTE may be filled by a Clinical Nurse Specialist (CNS), except at diagnostic centers where all psychiatric FTEs will be filled by psychiatrists and at programs with crisis stabilization units (CSUs) where the first 1.5 psychiatric FTEs will be filled by psychiatrists.

3. MH/MR Male Programs:

- 1 MH/MR Unit Manager

- 1 Clinical Director

Level II Ratios

- 1 MH/MR counselor per 50 level II inmates

Level III Ratios

- 1 MH/MR counselor per 30 level III inmates

Level IV Ratios

- 1 MH/MR counselor per 20 level IV inmates

Level V Ratios

- 1 MH/MR counselor per CSU/ACU

- 6 MH Nurse (4 RNs & 2 LPNs) FTEs per CSU/ACU

Diagnostic Programs (Levels II - IV)

- Will have at least one behavior specialist

Specialized Staffing Requirements

- 0.75 Licensed Master Degree FTEs at GSP

4. MH/MR Female Programs

All Programs

- 1 MH/MR Unit Manager
- 1 Clinical Director

Level II Ratios

- 1 MH/MR counselor per 40 level II inmates

Level III Ratios

- 1 MH/MR counselor per 20 level III inmates

Level IV Ratios

- 1 MH/MR counselor per 15 level IV inmates

Level V Ratios

- 1 MH/MR counselor per CSU/ACU
- 6 MH Nurse (4 RNs & 2 LPNs) FTEs per CSU/ACU

Diagnostic Programs (Levels II - IV)

- Will have at lease one behavior specialist

Additional Staffing Requirements

- 0.2 psychiatry/CNS FTEs at Metro SP
- 0.4 psychology FTEs at Metro SP
- 0.25 Licensed Master Degree FTEs at Metro SP
- 0.25 Licensed Master Degree FTEs at Pulaski SP
- 0.75 Licensed Master Degree FTEs at Washington SP

5. Activity Therapists

Activity therapists will be distributed among the MH/MR programs according to need. The highest needs are found at Specialized Behavioral Therapeutic Units, Level IV Supportive Living Units and Med-Psych Units with multiple handicapped inmates. The next priority is Level III Supportive Living Units. The lowest priority is Level II Outpatient Programs.

6. Clerical Support

Each MH/MR Program will have adequate clerical support.

7. Oversight

a. The MH/MR Unit Manager will ensure that oversight procedures are in place. The MH/MR Unit Manger will ensure that appropriate staff utilize the OMS system to include, but not be limited to the following reports:

1) Mental Health caseload summary

2) Mental Health caseload by counselor

3) Diagnosis and level of care

4) Consultant schedules

5) Treatment plan tickler report

6) Daily lock down reports

D. Process for Resolution of Clinical Conflict

1. The provision of treatment and habilitation services to mentally ill and mentally retarded inmates/probationers frequently presents unique problems in regards to legitimate treatment, security, and management issues. While each mental health care provider and other professionals must maintain the freedom to exercise his/her professional judgement, this must be done with

regard for the security and/or management of the institution. In the event legitimate differences arise, the following steps will be followed to resolve the issue(s):

a. The first level of resolution will be with the treatment team or appropriate members thereof in concert with other staff responsible for the issue(s) involved.

b. If the resolution cannot be achieved at the above level, the MH/MR Unit Manager and other staff will meet with the Deputy Warden of Care and Treatment to resolve the issue.

c. If no resolution is obtained at this level then the MH/MR Unit Manager, Deputy Warden of Care and Treatment and other staff, as needed, will meet with the institutional Warden or Superintendent to resolve the issue(s).

d. The next level of resolution will be referral to the State MH/MR Program Supervisor who will consult with the Regional Program Manager and Regional Clinical Director appropriate clinical, administrative, and management staff and provide a response to the institutional staff.

e. The highest level of resolution rests with the State Health Services Director and others who may need to be involved with resolution, according to the issue at the executive management level.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Program Services/Health Services - Mental Health	**Reference Number:** VG17-0001	**Revises Previous Effective Date:** 9/1/2001
Subject: Staff Development and Training		
Authority: Donald/Smith	**Effective Date:** 3/01/2005	Page **1** of **7**

I. POLICY:

To provide new employee orientation, initial mental health training and ongoing on-site and state wide in-service training on specific clinical issues, professional ethical standards and topics relevant to Corrections such as security issues to Georgia Department of Correction staff in order to enhance the quality of care to seriously mentally ill/mentally retarded inmates/probationers and to ensure the safe operation of mental health services.

II. APPLICABILITY:

This procedure is applicable to all Georgia Department of Corrections full-time employees to include merit system, non-merit and contract employees and all part-time consultants who provide services to the seriously mentally ill/mentally retarded inmates/probationers housed in facilities under the management of the Georgia Department of Corrections.

III. RELATED DIRECTIVES:

A. GDC SOPs:

1. IVP01-0002 [Training Registration Fee Requests]
2. IVP01-0003 [External Training Programs]
3. IVP02-0005 [Security Training for Non-Agency Personnel]
4. IVP1-0006 [Employee Orientation Training Program]
5. VH05-0001 [Orientation Training for Health Services Staff]

B. NCCHC 1992 Adult Standards: P-15 and P-18 through P-21

C. NCCHC 1992 Juvenile Standards: Y-20

D. ACA 1990 Standards: 3-4079; 3-4085; 3-4084

IV. DEFINITIONS:

None

V. ATTACHMENTS:

None

NOTE: All forms associated with this Standard Operating Procedure may be found on the Georgia Department of Corrections Intranet at Captiva/Operations Planning and Training/Health Services/03 Mental Health/Mental Health Forms.

VI. PROCEDURE:

A. Employee Orientation for Full-time Mental Health Staff:

All full-time staff will complete institutional orientation in accordance with IVP1-0002 and IVP1-0003. This orientation will include an overview of the organizational structure of the facility; emergency policies and procedures; basic security issues; and administrative issues to include the use of sick and annual leave and benefits.

1. All full-time mental health staff will complete a basic orientation to mental health operations under the direction of the MH/MR Unit Director or designee. This orientation will be documented by checklist with signatures of both the trainee and the MH/MR Unit Director documenting the completion of this orientation (Form M17-01-01). Mental Health Orientation should include at a minimum:

   a. A tour of the Mental Health Unit(s) and introduction to all MH/MR staff including all clinical consultants

b. Overview of the Mental Health Unit's organizational structure to include the role of Central Office's MH/MR Services staff

c. Orientation to the overall mental health program, the treatment team process and the individual treatment/habilitation planning process

d. Introduction to Mental Health Classification and a review of the MH/MR levels of care

e. Introduction to the Mental Health clinical file to include format, documentation, file check-out and check-in procedures and confidentiality of records

f. Introduction to the Medical File to include documents filled in section five.

g. Introduction to mental health emergency procedures to include recognition and prevention of suicidal behavior

h. Introduction to the MH/MR screening and evaluation process

i. Professional ethics and staff/inmate relationships

j. Introduction to Georgia Department of Correction MH/MR Standard Operating Procedures and to local operating procedures

k. Staff roles and responsibilities, schedules and MH/MR Duty Officer responsibilities

l. Introduction to all ancillary MH/MR staff and the role of the MH/MR nurse, activity therapist, clinical chaplain and any other staff

2. All full-time staff working with the seriously mentally ill/mentally retarded population, to include all correctional officers assigned to mental health units, all ancillary mental health staff and

all counselors, behavior specialists and mental health unit directors will complete the Georgia Department of Correction MH/MR Services 40 hour block of formal instruction titled Basic Mental Health Training. This training will be offered at the Georgia Public Safety Training Center, Regionally and as needed on-site.

a. It is the responsibility of the MH/MR Unit Director at state prisons and Assistant Superintendents at Probation Detention Centers to ensure that all MH/MR counselors and behavior specialists working with the MH/MR population receive Basic Mental Health Training within the first 90 days of assignment to mental health.

b. It is the responsibility of each institution to ensure that training forms are submitted in a timely manner to ensure that staff receives required training.

c. Any problems in scheduling staff for Basic Mental Health Training must be reported to Central Office MH/MR Services staff.

d. Training records will be maintained on-site by each MH/MR Unit Director documenting staff completion of Basic Mental Health Training.

B. Orientation for Psychiatrists, Psychologist and other licensed contract staff:

1. All psychiatrists, psychologists and other licensed contract staff will complete institutional orientation under the direction of the MH/MR Unit Director. Contract staff will complete institutional orientation on the days they are contracted to be at the facility. Consultant orientation will include but not be limited to:

a. Institutional organizational structure to include roles and responsibilities of all facility administrators and chain of command

b. Security issues to include the responsibilities of all staff in helping to maintain the safety and security of the institution

c. Emergency policies and procedures

d. Mental Health Standard Operating Procedures

e. Any other issues the Warden or Superintendent wants covered with the mental health consultants during Institutional Orientation

2. All mental health clinical consultants will complete a basic orientation to mental health operations and the mental health program under the direction of the MH/MR Unit Director. This orientation will be documented by checklist with signatures by both the consultant and the MH/MR Unit Director documenting completion of the orientation. (Form M17-01-02) Mental Health Orientation for consultants should include at a minimum:

a. All areas listed above in VI.A-2 (a. through k.)

b. Roles and responsibilities of clinical consultants

c. Consultant schedules, time sheets and procedures for changing schedules, handling absences related to personal illnesses or personal business matters and vacation time, mandatory training, etc.

d. Procedures for handling problems, clinical concerns, etc

e. Role of Central Office Mental Health Services staff with clinical consultants including hiring, terminating contracts, evaluating performance and training

C. Mental Health On-site In-Service Training:

1. On site in service mental health training will be held a minimum of two hours per month. All mental

health professional staff, ancillary treatment team members including correctional officers assigned to SLUs should attend this training. The training calendar will be set up on a quarterly basis and topics should focus on mental health clinical issues. Clinical consultants should be utilized to conduct this training. General procedures include:

a. Probation Detention Center MH/MR staff will attend in service training at the State Prison in their catchment area.

b. One two-hour block of training held annually must be on formal ethics training.

c. A Quarterly Training Schedule including the training topic, trainer, date of training and location must be developed by each MH/MR Unit Director in December, March, June and September for the following quarter. A copy of the Quarterly Training Schedule must be forwarded to Central Office Mental Health Services staff by the end of each month listed above.

d. A Training Roster for all in-service training must be maintained in accordance with Georgia Department of Correction training requirements and the MH/MR Unit Director must maintain a copy of the training roster on file.

e. For all in-service mental health training, a copy of the Training Agenda and handouts will be maintained on file with the Training Roster.

D. Mental Health State Wide Training Requirements:

1. All mental health staff will be required to meet Georgia Department of Correction requirements for annual institutional training and the mandatory 20 hours of training that must be earned annually on a calendar basis. Mental health training will be applied toward this training requirement.

2. All licensed staff and clinical consultants will be responsible for obtaining all continuing educational training required to maintain licensure. For full-

time Georgia Department of Correction staff, this training may be applied toward the required 40 hours of training.

3. Central Office Mental Health Services staff in conjunction with Georgia Department of Correction's Training and Employee Development Section will offer the following mandatory training programs for all mental health staff and clinical consultants:

   a. Quarterly Mental Health Unit Director's Training which is a 6-hour block of instruction offered quarterly which focuses on timely mental health administrative issues and provides clinical training. This training is mandatory for all MH/MR Unit Directors.

   b. Mental Health Counselor and Behavior Specialist Training is mandatory training offered twice each year and provides in-depth clinical training and diagnostic assessments on relevant mental health issues.

   c. Special Training offered as needed based on special issues or needs impacting Georgia Department of Correction's mental health services system. (Current Training Calendar is found on Captiva)

4. Georgia Department of Correction's Training and Employee Development Section will document all state training on training rosters that are maintained and the Institutional Training Officer will maintain institutional training records. MH/MR Unit Directors must maintain training records on all staff and consultants on-site for all mental health training.

5. Training agendas, lesson plans and Georgia Department of Correction's Training and Employee Development Section will maintain handouts for all statewide mental health training.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Program Services/Health Services – Mental Health	**Reference Number:** VG31-0001	**Revises Previous Effective Date:** 3/01/05
Subject: MH/MR Evaluations		
Authority: Owens/Smith	**Effective Date:** 10/01/12	Page **1** of **9**

I. POLICY:

It is the policy of the Georgia Department of Corrections to ensure that inmates/probationers with serious mental illness and other identified mental health needs are thoroughly and properly evaluated by qualified mental health professionals for the purpose of identifying the inmate's/probationer's need for mental health treatment and services, assigning a MH/MR Classification Level based on level of MH/MR treatment/habilitation plan.

II. APPLICABILITY:

This procedure is applicable to all state and county institutions, boot camps, detention centers, diversion centers and transitional centers under Georgia Department of Corrections management.

III. RELATED DIRECTIVES:

A. Georgia Department of Corrections Standard Operating Procedures:

1. VG30-0001 [MH/MR Reception Screen]
2. VG35-0001 [MH/MR Referral and Triage]
3. VG50-0001 [Treatment/Habilitation Planning]
4. VG60-0001 [Psychotropic Medication Use Management]
5. VG80-0001 [Transfer of Seriously Mentally Ill Inmates/Probationers]

B. NCCHC Standards for Health Services in Prisons, 1997: P-35

C. NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities, 1995: Y33, Y-37, Y-51

IV. DEFINITIONS:

None

V. ATTACHMENTS:

All forms associated with this Standard Operating Procedure may be found on the Georgia Department of Corrections Intranet at Captive/Operations Planning and Training/Health Services/03 Mental Health/Mental Retardation Forms.

VI. PROCEDURE:

A. General Evaluation Procedures.

1. All MH/MR referrals coming from the MH/MR Reception Screening Process or through the MH/MR Referral Process will go to the MHMR Unit Manager for assignment to the appropriate evaluation track.

2. MH/MR Classification will be assigned based on the evaluation outcome. The MH/MR Unit Manager will ensure that MH/MR classification levels are entered into the appropriate computer tracking system (OMS, OTIS or Scribe) and processed appropriately based on the inmate's/probationer's status (i.e., diagnostic vs. permanent).

3. Under no circumstances should an inmate/probationer determined to be in need of mental health services be physically returned to a Georgia Department of Corrections State or county institution, boot camp, detention center, diversion center or transitional center without on-site MH/MR services. It is the responsibility of the MH/MR Unit Manager at the evaluating site to ensure that appropriate housing is arranged and any special precautions ordered are implemented.

4. It is the responsibility of the evaluator to get appropriate "Consent to Mental Health Evaluation of Treatment" (Form M20-02-01) signed at the time of the evaluation. The original form will be filed in section five of the mental health record and a copy give to the inmate/probationer.

5. Request for Records Procedures.

   a. For all inmates/probationers determined to be in need of any level of MH/MR Services, hospitalization and recent Mental Health treatment records will be routinely requested after obtaining the consent of the inmate/probationer.

   b. It is the responsibility of the evaluator to get appropriate Authorization for Release of Information (form M31-01-03) signed at the time of the evaluation so all records needed may be requested. A copy of the form will be filed in the Mental Health Record (section 5).

   c. A log (form M31-01-05) will be established at each MH/MR Unit to track requests for records. The following information will be logged:

      (1) The inmates/probationer's name, number, and social security number

      (2) All places from where records are being requested.

      (3) Date request for records mailed or faxed.

      (4) Date records received.

      (5) If records not received, all follow-up actions to attempt to obtain the records.

B. Specific Evaluation Procedures:

1. Emergency Evaluations:

   a. Inmates/probationers meeting the following criteria will be referred for Emergency Evaluations:

      (1) Inmates/probationers identified as posing a danger to self or others or as being actively psychotic by the qualified mental health professional during the Mental Health Reception Screen or by the MH/MR Unit Manager while triaging MH/MR referrals.

(2) Any situation where a clear need for immediate intervention is present.

b. A psychiatrist or a psychologist will conduct emergency evaluations.

2. Psychiatric Evaluations

a. Inmates/probationers meeting the following criteria will be referred for psychiatric evaluation:

(1) Inmates/probationers entering Georgia Department of Corrections with an active prescription for psychotropic medication (NOTE: When indicated, prescriptions will be rewritten by a physician until the inmate/probationer is evaluated by a psychiatrist)

(2) Inmates/probationers referred by a physician to a psychiatrist for psychiatric evaluation.

b. The MH/MR Unit Manger or designee will schedule psychiatric evaluations in a timely manner in accordance with Mental Health Standard Operating Procedures VG30-0001 and VG35-0001.

c. Psychiatric Evaluations will be completed and documented in accordance with Mental Health Standard Operating Procedures VG60-0001.

d. Psychiatric follow-up will be based on the clinical judgment of the psychiatrist and in accordance with Mental Health Standard Operating Procedures VG60-0001

3. Mental Health Services Screening/Evaluation

a. Upon receipt of a self or staff referral other than through the MH/MR Reception Screening process, a qualified mental health professional will perform a MH/MR Screen consisting of a review of records and a brief clinical interview. The information obtained will be documented on the Mental Health Evaluation Form (form M31-01-01) and the lower portion of the

referral form (form M35-01-01). If it is determined the inmate is not in need of services the evaluation process will terminate at this point. The Mental Health Referral Form with the Mental Health Evaluation Form will be placed in the inmate's/probationer's Medical Record (section 5).

b, All referrals received through the Reception Screening (diagnostic) process will receive a full MH/MR Services Evaluation.

c. MH/MR Service Evaluations will include areview of records, a clinical interview and completion of the Mental Health Evaluation for Services (form M31-01-01).

d. As a result of this MH/MR evaluation for services, possible outcomes include:

(1) The inmate/probationer is not in need of MH/MR Services.

(2) The inmate/probationer is in need of MH/MR Services and will be given a MH/MR Classification Level based on the level of care that is clinically indicated.

(3) The inmate/probationer needs further evaluation before determining his/her classification level.

e. A clinical psychologist or other licensed clinician will review and sign all MH/MR Service Evaluations conducted by unlicensed mental health personnel. The evaluator and the reviewing clinician will jointly determine the MH/MR classification (level of care).

f. MH/MR Classification level will be entered in the appropriate computer tracking system (OTIS or Scribe) and will be made a part of the Diagnostic Package for inmates/probationers referred through the Mental Health Reception Screening process. For inmates/probationers referred from other facilities or from general population, MH/MR Classification will be entered in the appropriate computer tracking

system (OTIS or Scribe) and the MH/MR Unit Manager will make arrangements for transfer as necessary in accordance with Mental Health Standard Operating Procedures VG80-0001.

g. Any inmate/probationer classified as level II or higher will be scheduled for either a psychiatric or psychological evaluation as a part of the treatment planning process. In general, a psychiatrist will evaluate any inmate/probationer where the question of medication needs to be addressed and the psychologist will conduct initial evaluations on those inmates/probationers where medication is not an issue. After the initial evaluation is completed the psychiatrist or psychologist will complete a diagnosis list (from M20-01-02) using the DSM-IV criteria.

h. The inmate's level of care designated on the MH/MR Diagnosis List will coincide with the level of care designated in the appropriate computer tracking system, treatment/habilitation plan and the most recent utilization review.

i. Once the level of care is determined the MH/MR Unit Manager will assign the inmate/probationer a counselor who will see the inmate/probationer within 48 hours.

j. The Mental Health Evaluation for Services (form M31-01-01) will be filed in the Medical Record (section 5) on all inmates/probationers placed on the mental health caseload. A copy of the evaluation will be placed in the Mental Health Record (section 4).

4. Evaluation for Mental Retardation Services

a. All inmates/probationers scoring 70 or below on the Culture Fair Intelligence Tests and inmates/probationers with a history of special education services for mental retardation will be referred to the Mental Health Behavior specialist for further screening and evaluation.

b. The Mental Health Behavior Specialist or MH Counselor privileged in testing will administer a standardized intelligence test approved by the State MH/MR Program Supervisor.

c. All inmates/probationers scoring 70 or below on that test will be further assessed for deficits in adaptive functioning through a clinical interview to assess ADL, and a review of records.

d. A licensed psychologist will review and sign all test results/reports and determine if a diagnosis of mental retardation is in order.

e. The Mental Health Behavior Specialist or MH/MR Counselor and Psychologist will develop a Treatment/Habilitation Plan in accordance with Georgia Department of Corrections Standard Operating Procedure VG50-0001, which includes any special housing or program needs requiring placement at specific facilities.

f. The MH/MR Unit Manager or designee will inform Inmate Classification of special housing/program needs and MH/MR classification.

5. Psychological Testing and Evaluation

a. Inmates/probationers will be referred for psychological testing based on but not limited to the following criteria:

(1) Diagnostic clarification is needed.

(2) The inmate/probationer has been referred previously and not found to be in need of MH/MR Services but continues to experience problems in general population.

(3) Facilitate the development of a treatment plan by identifying strengths and weaknesses.

(4) Assess treatment efficacy

(5) Facilitate development of a Behavior Management Plan.

b. Before any psychological test administered, the psychologist will review the referral and determine which tests should be administered to best address the questions asked.

c. Under the direction of the psychologist, the Mental Health Behavior Specialist or MH Counselor privileged in test administration may be used to administer and score testing.

d. The psychologist will write a Psychological Testing Report within fourteen (14) working days of receiving the referral, answering the specific questions asked in the MH/MR Referral and making appropriate recommendations.

e. All tests will be maintained on file in the Mental Health Record (section 40 or, if no Mental Health Record exists, in the Medical Record (section 5).

6. Parole Beard Requests for Parole Psychological Evaluations

a. The Board of Pardons and Parole will send requests for Parole Psychological Evaluations to the MH/MR Unit Manager.

b. The MH/MR Unit Manager will be responsible for scheduling these evaluations to be conducted by a qualified mental health professional.

7. Parole psychological evaluations can be performed by master level Mental Health care providers who are not assigned as Counselor to the inmate/probationer unless other wise requested by Parole.

a. A psychologist who has a Doctoral Degree and is currently licensed by the Georgia Board of Examiners as an Applied Psychologist will evaluate inmates serving a life sentence or a sentence due to a sexual abuse charge.

b. The MH/MR Unit Manger will ensure that reports are returned to the Parole Board within 30 days of the receipt of the request for evaluation.

c. A log (form M31-01-04) will be established at each MH/MR Unit to track Parole Psychological Evaluations. The following information will be logged:

(1) The inmate's/probationer's name and number.

(2) Date of Receipt of request for evaluation.

(3) Name and Title of the evaluator

(4) Date evaluation conducted

(5) Date the report is submitted to Parole.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Program Services/Health Services – Mental Health	**Reference Number:** VG35-0001	**Revises Previous Effective Date:** 3/01/05
Subject: MH/MR Referral and Triage		
Authority: Owens/Smith	**Effective Date:** 10/01/12	Page **1** of **7**

I. POLICY:

It is the policy of the Georgia Department of Corrections that at any point while in a Georgia Department of Corrections facility, inmates/probationers may be referred for mental health evaluation through staff or self-referral. Any inmate/probationer referred for Mental Health Evaluation will be evaluated and provided treatment in accordance with identified mental health needs.

II. APPLICABILITY:

This procedure is applicable to all State and County Institutions, Boot Camps, Detention, and Transitional Centers.

III. RELATED DIRECTIVES:

A. NCCHC 1997 Adult Standards: P-35 and P-53

B. NCCHC 1995 Juvenile Standards: Y-27 and Y-37

C. Georgia Department of Corrections Standard Operating Procedures:

1. VG31-0001 [MH/MR Evaluations]
2. VG33-0001 [Mental Health Management of Suspected Sexual Abuse, Contact or Harassment]
3. VG68-0001 [Managing Potentially Suicidal, Self-Injurious and Aggressive Behavior]
4. VG80-0001 [Transfer Seriously Mentally Ill Inmates/Probationers]

IV. DEFINITIONS:

A. Mental Health Referral: A procedure to initiate a request for a mental health evaluation on an inmate/probationer exhibiting signs or symptoms of possible serious mental illness or who is experiencing a possible mental health crisis/emergency.

B. Serious Mental Illness: A disorder or thought or mood that significantly impairs judgment, behavior, and capacity to recognize reality or cope with the ordinary demands of life within the correctional environment. Serious mental illness requires a mental health diagnosis and treatment in accordance with an individualized treatment plan.

C. Qualified Mental Health Professional: MH/MR Unit Managers, Psychiatrists, Psychologists, Licensed Nurses, Licensed Professional Counselors, Licensed Master and Clinical Social Workers, and Licensed Marriage and Family Therapists, Mental Health Counselors, and Mental Health Behavior Specialists.

V. ATTACHMENTS:

All forms associated with this Standard Operating Procedure may be found on the Georgia Department of Corrections Intranet at Captive/Operations Planning and Training/Health Services/03 Mental Health/Mental Retardation Forms.

VI. PROCEDURE:

A. Mental Health/Mental Retardation Referral Procedures

1. The Mental Health Referral Form (form M35-01-01) must be used when a referral for mental health evaluation is being made for any reason other than as a result of Mental Health Reception Screening.

2. All staff members are to report to their supervisor and to the facility's Chief Counselor any unusual or bizarre behavior which may be signs or symptoms of severe mental illness/a mental health crisis, or any words or actions indicating suicidal or self injurious thoughts or intentions to their supervisor and to the inmate/probationer's assigned counselor. If such behavior is observed, staff will take appropriate precautionary measures pending an

evaluation by a qualified mental health professional (see Standard Operating Procedure VG68-0001).

3. Any staff member may initiate a referral for a routine mental health evaluation. At facilities with MH/MR Units on site, staff wishing to refer an inmate/probationer for mental health evaluation should contact the MH/MR Unit Manager or designee and request a referral be initiated, giving the reason(s) for the requested evaluation done. Referral may be done in one of two ways:

   a. Complete a Mental Health Referral Form (form M35-01-01) and forward it to the MH/MR Unit Manager or designee.

   b. Call the MH/MR Unit Manager or designee and make a referral via telephone. The MH/MR staff member taking the referral information will complete the Mental Health Referral Form (form M35-01-01) and will initiate the process of scheduling the inmate/probationer for a mental health evaluation.

4. If staff at a facility without a Mental Health Unit on site wish to make a Mental Health Referral, they will contact the Chief Counselor or designee and request a referral be initiated, giving the reason(s) for the referral. The Chief Counselor or designee will contact the MH/MR Unit Manager designated for that facility on the MH/MR Catchment Areas List and schedule an evaluation. Referral to the Chief Counselor may be done in one of two ways:

   a. Complete a Mental Health Referral Form (form M35-01-01) and forward it to the Chief Counselor or designee.

   b. Call the Chief Counselor or designee and make a referral via telephone. The Chief Counselor or designee taking the telephone referral will complete the Mental Health Referral Form (form M35-01-01) and will initiate the process of scheduling a Mental Health Evaluation.

5. Behaviors that indicate need for referral – for MH/MR evaluation

a. The following are behaviors that should result in a MH/MR referral:

(1) Deterioration in hygiene and grooming habits

(2) Changes in eating or sleeping habits

(3) Depressed or bad appearance

(4) Repeated crying spells

(5) Excessive psychomotor agitation or restlessness to include: constant pacing; rocking; hand or leg movements or constant movement of any kind; giving the appearance of being unable to relax.

(6) Changes in patterns of interaction with others (i.e., becoming increasingly isolated)

b. The following are behaviors which must result in a MH/MR referral:

(1) Carrying on animated conversations when no one else is around

(2) Bizarre statements about people trying to hurt or kill the inmate/probationer (e.g., poisoned food; poisonous gas being sprayed into the room), or getting messages in strange ways

(3) Any talk about thoughts of suicide or self-injurious acts or any actions (i.e., giving away all personal property) indicative of suicidal or self-injurious plans

(4) Complaints of hallucinations

6. An inmate/probationer may make a self-referral to request a Mental Health Evaluation. The inmate/probationer may make a request verbally or in writing to the MH/MR Unit Manager or designee, or through the sick call process at facilities with an MH/MR Unit and to his/her assigned counselor at facilities without a Mental Health Unit. At all

facilities an inmate/probationer may request a referral through the formal sick call process. When an inmate/probationer makes a self-referral, the staff member receiving the written or verbal request for evaluation will complete the Mental Health Referral Form (form M35-01-01) summarizing the inmate's mental health issues. At mental health facilities, the MH/MR Unit Manager will immediately schedule the inmate/probationer for evaluation. Non-emergency evaluations are to be completed within 14 days. Chief Counselors at facilities without on-site mental health services will contact the Mental Health Unit designated for their facility on the MH/MR Catchment Areas List and schedule a mental health evaluation. This process is part of the inmate's/probationer's orientation to the Department.

7. Probation Detention Center's without MH/MR staff who have detainees arrive on psychotropic medication must be scheduled to see a psychiatrist within 72 hours.

B. Mental Health/Mental Retardation Triage Procedures

1. The MH/MR Unit Manager receiving a referral will triage the referral. If the inmate/probationer is in imminent danger of harm to self or others, the referral is an emergency and appropriate precautions must be instituted as required in Standard Operating Procedure VG68-0001, Management of Potentially Suicidal and Self Destructive Inmate/Probationers and the Aggressive Mentally Ill, and a mental health evaluation must be scheduled within 24 hours or on the next working day. All other referrals with the exception of those that fall under Georgia Department of Corrections Standard Operating Procedure for the Mental Health Management of Suspected Sexual Abuse (VG33-0001) will be scheduled for evaluation as appropriate no later than 14 days from the date of referral.

2. It is the responsibility of the MH/MR Unit Manager at the referring facility or at the catchment area site to ensure evaluations are scheduled within guidelines outlined in B1. If the catchment area

MH/MR Unit cannot conduct the evaluation, it is the responsibility of the MH/MR Unit Manager at the catchment area site to schedule the evaluation at another MH/MR Unit that can do the evaluation within acceptable time limits.

3. MH/MR Unit Managers will maintain a log (form M35-01-02) of all referrals made. This log must include:

   a. Inmate's/probationer's name and number

   b. Referral Track:

      (1) Emergency

      (2) Psychiatric

      (3) MH/MR Services

      (4) Mental Retardation Evaluation

   c. Date of Referral

   d. Reason of Referral

   e. Name and title of person making the referral

   f. Referring Facility and housing location

   g. Date of MH Evaluation

   h. Name and Title of Evaluator

   i. Disposition

   j. Date response sent to referring staff/institution, if applicable

4. The Mental Health Referral Form (form M35-01-01) will be placed in the Mental Health section of the medical record. The medical, mental health and institutional files must be available for review during the mental health evaluation. Files must be transported with the inmate/probationer to the evaluation site.

5. All transporting is the responsibility of the referring facility. Once a referral is made, it is the responsibility of the institution receiving the

referral and it's MH/MR Unit Manager (in the case of emergency referrals) to ensure the inmate/probationer is housed appropriately with all necessary emergency interventions/suicide precautions in place pending the scheduled evaluation.

6. Following all Mental Health Evaluations, a report will be documented on the lower half of the Mental Health Referral Form (form M35-01-01). This report will be filed in the mental health section of the medical record for all types referrals. If the inmate/probationer is not returned to the referring facility, a copy of the original Referral Form with the completed MH/MR Evaluation findings will be stamped "Confidential" and returned to the Chief Counselor at the referring institution to inform him/her of the outcome of the evaluation.

7. The Mental Health Evaluation will be done in accordance with Georgia Department of Corrections MH/MR Standard Operating Procedure VG31-0001. If transfer is necessary based on the disposition of the Mental Health Evaluations, it will be done in accordance with Georgia Department of Corrections Standard Operating Procedure VG80-0001 after Central Office has been contacted (i.e., MH/MR Classification Analyst during business hours and Communications Center after business hours.)

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Program Services/Health Services – Mental Health	**Reference Number:** VG57-0001	**Revises Previous Effective Date:** 3/01/05
Subject: Treatment of Inmates/Probationers in a Behavioral Therapy Unit(BTU)		
Authority: Owens/Smith	**Effective Date:** 10/01/12	Page **1** of **10**

I. POLICY:

It is the policy of the Georgia Department of Corrections to identify, refer, and treat inmates/probationers who are in need of highly structured mental health services and who are unable to perform in less restrictive environment. This approach provides programs; security and individual behavioral plans in a controlled atmosphere designed to modify inappropriate behavior. Behavioral Therapy Units (BTU) will be the last resort to treatment after customary services and disciplinary procedures have been utilized and exhausted.

II. APPLICABILITY:

This procedure is applicable to all state institutions that have a MH/MR mission.

III. RELATED DIRECTIVES:

None

IV. DEFINITIONS:

A. Behavioral Therapy Unit (BTU) Goal: To promote pro-social behavior through external rewards with the goal that problematic behavior will eventually become eliminated as the inmate/probationer comes to feel intrinsically rewarded by behaving appropriately.

B. Incentive Program: Use of privileges as contingency rein forcers, i.e., special visits, store calls, phone calls, toiletries, television time, movies, extra recreation time, edible items, etc.

C. Behavioral Therapy Unit (BTU) Restrictive Placement: Initial placement is the most restrictive in that inmates/probationers may be on room restriction and handcuffed when they're out of their cell. A significant period of stability, acquisition of acceptable skills and adherence to rules will result in more privileges and a less restrictive environment.

D. Behavioral Therapy Unit (BTU) Treatment Team: The specialized team consisting of a consulting psychologist (Team Chief), a MH counselor, an activity therapist, a mental health nurse and an assigned correctional officer.

V. ATTACHMENTS:

All forms associated with this Standard Operating Procedure may be found on the Georgia Department of Corrections Intranet at Captive/Operations Planning and Training/Health Services/03 Mental Health/Mental Retardation Forms.

VI. PROCEDURE:

A. Criteria for Admission:

1. Inmates/probationers must be receiving MH/MR services.

2. Inmates/probationers are presenting behaviors that are disturbing to themselves and/or disruptive to the community in which they live, or may have resulted in a history of excessive disciplinary reports and disciplinary sanctions.

3. The inmate/probationer has long-standing problematic behavior and has been resistant to the customary treatment services or disciplinary sanctions, therefore becoming a management problem.

4. The inmate/probationer may have been unwilling to participate in the usual program activities offered by the institution.

5. Behavior targeted must be listed as a problem on the inmates/probationer's Treatment/Habilitation Plan (THP).

B. Referral and Admission Process:

1. If the inmate/probationer is self-referred, then a signed informed consent form is necessary precluding the need for a due process hearing.

2. After a treatment team staffing is conducted the inmate's/probationer's MH/MR care provider can refer the inmate/probationer to the Behavioral Therapy Unit (BTU)

3. Behavioral Therapy Unit (BTU) referrals must be made using form M57-01-05 that will be placed in section four (4) of the inmate's/probationer's MH/MR record.

4. Upon referral to the Behavioral Therapy Unit, an inmate/probationer is observed, interviewed, and evaluated by one or more of the members of the Behavioral Therapy Unit Treatment Team that will determine if the inmate/probationer will or will not be accepted as a candidate for the program.

5. If the inmate/probationer is accepted in the Behavioral Therapy Unit, a Behavioral Therapy Unit admission form (M57-01-02) will be completed and placed in section two (2) of the inmate's/probationer's MH/MR file. At this time, the assigned Behavioral Therapy Unit counselor will complete a Comprehensive Behavioral Plan (M57-01-07) in lieu of a Treatment/Habilitation Plan.

C. Mental Health Due Process Committee:

1. Each MH/MR program with a Behavioral Therapy Unit (BTU) will have its own Mental Health Due Process Committee.

2. The committee will be composed of three individuals: the Deputy Warden of Care and Treatment or his/her designee, a professional member of the Mental Health staff who is not directly involved in the inmate's treatment, and a medical staff member who is not directly involved in the offenders' treatment.

D. Due Process Hearing:

1. The MH/MR Unit Manager or designee will coordinate the hearing procedure. The MH/MR Unit Manger will either assume the role of State's Advocate or assign a mental health staff member other than the Behavioral Therapy Unit (BTU) counselor. The MH/MR Unit Manager will assemble an impartial due process hearing committee and assign an Inmate Advocate.

2. The MH/MR Unit Manager will arrange a time and location for the hearing consistent with the timetables detailed in these procedures.

3. The assigned Inmate Advocate will notify the inmate/probationer of the time and location of the hearing at least 24-hours before the due process hearing using form M57-01-08, Notification of Behavioral Therapy Unit Committee Hearing. The Inmate Advocate will explain the inmate's/probationer's rights using form M57-01-09, Behavioral Therapy Unit Rights of Inmate/probationer. Copies of both forms will be provided to the inmate/probationer.

4. Upon request, the Department of Corrections Legal Office will provide consultation and direction, as needed, through the process.

5. Attorney advocates retained by the inmate/probationer will be allowed to visit with the inmate/probationer consistent with Chapter 125-3-4-.07 of the Rules and Regulations of the Georgia Department of Corrections. It will be the responsibility of the Department to notify the inmate's/probationer's privately retained attorney of the time and location set for the hearing. The records and documentation will be made available to the attorney advocate.

6. The purpose of the impartial due process hearing will be to determine whether the inmate/probationer has a condition that meets the criteria described in Section VI-A of this procedure.

7. The State's Advocate will be responsible for presenting all evidence from documented information, including psychiatry/psychology findings regarding evaluation of history, mental status and opinion on need for the Behavioral Therapy Unit.

8. A designated recording secretary will record the proceeding before the Hearing Officer either by stenographic or tape-recorder means. The MH/MR Unit Manager will keep the recording of the hearing proceedings for at least two (2) years.

9. The highest-ranking administrative member of the committee will be appointed "Hearing Officer" who will guide the actions of the hearing.

10. The Inmate Advocate will provide representation to the inmate/probationer in expressing his/her reasons for not requiring the Behavioral Therapy Unit. The inmate's/probationer's attorney will serve this role if present. However, the attorney's presence does not eliminate the possible need for support of the Inmate Advocate.

11. The inmate/probationer has the right to attend the hearing. The inmate/probationer or his/her representative has the right to call any person as a witness including people located at other institutions, unless good cause exists not to allow. Said reasons will be documented. At the discretion of the Hearing Officer, however, such testimony may be taken by phone or in writing, on condition that the inmate/probationer provides written questions to be asked of the witness.

12. The inmate/probationer or his/her representative may confront and cross-examine witnesses called by the Georgia Department of Corrections, except upon the finding by the Hearing Officer that good cause exists not to allow such confrontation and cross examination. Said reasons will be documented in the record. In the event of such a finding, the inmate/probationer or his/her representative may submit to the Hearing Officer questions to be asked of such witness.

13. The Hearing Officer will admit all relevant evidence. The Hearing Officer may limit evidence that is merely cumulative. In the event, however, that tendered evidence is held to be cumulative, the inmate/probationer or his/her representative may select the evidence he/she wishes to introduce among the cumulative sources of otherwise admissible evidence.

14. After the committee has received all pertinent information, all participants will be excused while the committee deliberates in private with regard to the testimony presented.

15. If, after the committee's deliberation, if finds that criteria for the Behavioral Therapy Unit is met or not met, it will issue its findings to the inmate/probationer in writing within 24 hours after the due process hearing using form M57-01-04,

Notification of Behavioral Therapy Unit Due Process Committee Decision.

16. The documentation of the proceedings will include the inmate's/probationer's most recent treatment plan, the inmates/probationer's reasons for refusal, efforts made by staff to obtain the inmate's/probationer's compliance, and rationale for the conclusion reached by the committee as well as other pertinent data related to the decision to place the inmate/probationer in the Behavioral Therapy Unit.

17. Decisions to continue Behavioral Therapy Unit status require a rehearing process every nine (9) months. The rehearing process will follow the above steps.

E. Admission Process:

At this time, the assigned Behavioral Therapy Unit counselor will complete a Behavioral Therapy Unit Comprehensive Behavioral Plan (form M57-01-07) in lieu of a Treatment/Habilitation Plan.

F. Behavioral Therapy Unit Treatment and Programming

1. Each inmate/probationer will have a Behavioral Therapy Unit Comprehensive Behavioral Plan (CBP – form M57-01-07) completed by the assigned Behavioral Therapy Unit counselor within two (2) week of admission to the program, which will outline the problem behavior to be eliminated as well as establishing baselines, and setting long-term and short-term goals with target dates.

2. The assigned Behavioral Therapy Unit counselor and /or the Behavioral Therapy Unit Treatment Team will review the Comprehensive Behavioral Plan weekly with the inmate/probationer present.

3. Inmates/probationers assigned to the Behavioral Therapy Unit are required to attend unit activities such as community range meetings, socialization groups, activity therapy, individual counseling sessions, weekly Comprehensive Behavioral Plan meetings, monthly psychiatric rounds with the mental health team (psychiatrist, mental health nurse, psychologist and counselor)

4. The MH/MR Behavioral Therapy Unit counselor will make progress notes at least weekly and the psychologist will review and initial those progress notes weekly.

G. Incentive Component:

1. The incentive component of the Behavioral Therapy Unit program awards inmates based on cumulative ratings by the Behavioral Therapy Unit staff (i.e., dorm officer, MH/MR counselor and activity therapist). The inmate/probationer may be rated based on personal hygiene, sanitation, activity attendance and participation, and overall behavior.

2. Incentives will be distributed or withheld when the treatment team meets with the inmate/probationer to discuss his/her Comprehensive Behavioral Plan.

3. The Behavioral Therapy Unit Treatment Team will decide on whether to distribute or withhold incentives based on the inmate’s/probationer’s performance and progress toward meeting the goals of his/her behavioral plan.

H. Contingency Management Program:

1. The Contingency Management Program (CMP) matches the inmate’s/probationer’s capacity to behave

responsibly with the number and types of privileges he/she will receive.

2. If inmates/probationers are unable to behave responsibly they will be placed in a more restrictive level of care (i.e., movement, privileges, property, etc.). As their behavior becomes more responsible, they will be placed in a less restrictive level of care.

3. The level in which an inmate/probationer is assigned is directly linked to the type and frequency of privileges they will receive.

4. The basic restrictions for each level must be listed.

5. Criteria (i.e., cumulative ratings) for moving from level to level must be clearly stated.

6. If improvement in an inmate's/probationer's behavior is not maintained while he/she is on a less restrictive level, then he/she will be demoted to a more restrictive level.

7. If an inmate/probationer makes a suicide attempt he/she will be appropriately placed in higher level of care and those who receive a disciplinary sanction while in a Behavioral Therapy Unit may be placed in/or assigned to isolation/segregation to serve their time and then returned to the Behavioral Therapy Unit program.

8. Any institutional accounts that are designated for inmate benefit can be used to fund the contingencies.

I. Discharge Process:

1. Program completion only occurs after the Behavioral Therapy Unit Treatment Team determines significant and consistent behavior change.

2. Upon completion of the program, each inmate/probationer will receive a certificate of completion; the inmate's/probationer's counselor will document his/her completion in the inmate's/probationer's MH/MR file and complete a Behavioral Therapy Unit discharge summary (form M57-01-01).

GEORGIA DEPARTMENT OF CORRECTIONS **Standard Operating Procedures**		
Policy Name: Psychotropic Medication Use Management		
Policy Number: 508.24	**Effective Date:** 05/03/16	**Page Number** 1 of 17
Authority: Bryson/Evans	**Originating Division:** Operations, Planning and Training Division	**Access Listing:** Level II: Required Inmate Library Access

I. Introduction and Summary:

Psychotropic medications used in the treatment of mental illness will be prescribed when medically indicated and used in a manner consistent with current pharmacological knowledge. Use of psychotropic medications will require informed consent, a physician's order and regular monitoring for clinical response and side effects. All necessary screening tests will be ordered at or prior to the initiation of therapy. Prescribing of psychotropic or behavior modifying medications will be clinically indicated as one facet of a program of therapy and will not be used for disciplinary purposes.

II. Authority:

RELATED DIRECTIVES:

A. Georgia Department of Corrections Standard Operating Procedures:

1. VG50-0001 [Treatment/Habilitation Planning]
2. VH33-0003 [Non adherence with Medications]
3. VH33-0001 [Medication Distribution System]

B. NCCHC Standards for Health Services in Prisons, 2014

C. NCCHC Standard for Health Services in Juvenile Detention and Confinement Facilities, 2011

D. This policy is replacing older policy, VG60-0001.

III. Definitions:

Psychotropic Medication: Medication having a direct effect on the central nervous system and used in the treatment of mental illness. These medications usually affect thinking, mood and behavior and include antipsychotics, antidepressants, antianxiety agents, sedatives, hypnotics, psychomotor stimulants and mood stabilizers.

IV. Statement of Policy and Applicable Procedures:

This procedure is applicable to all Georgia Department of Correctional facilities with a mental health mission.

A. Minimum Standards for Initiating or Prescribing Psychotropic Medications:

1. The psychiatrist/advanced practice registered nurse will review or complete an Initial Psychiatric/Psychological Evaluation that will include the following:

   a. Identifying data

   b. The chief complaint

   c. Relevant history (present, past, family and medical)

   d. A complete alcohol and drug use history, including previous treatments

   e. A complete mental status examination

   f. Symptoms and behavioral manifestations for which medication may be prescribed

   g. A medication history, including medication allergies

   h. The current medication regimen

   The psychiatric history will include previous hospitalizations for mental illness, previous psychiatric diagnosis and medication regimens and a brief assessment of previous mental health management.

2. For each mental health patient to receive newly prescribed psychotropics, the psychiatrist/ advanced practice registered nurse will insure that there is a diagnosis or diagnostic impression in accordance with the current edition of the Diagnostic and Statistical Manual (published by the American Psychiatric Association) prior to initiating psychotropic medication. The psychiatrist/advanced practice registered nurse will review or record and sign the pertinent diagnosis in the Problem List (PI-2009) of the Medical Record (section 1). The

psychiatrist/advanced practice registered nurse will also record the pertinent diagnosis and recommended level of care on the Mental Health Diagnosis List (form M20-01-05) of the mental health record (section 2) or sign the previously completed Diagnosis List. The psychiatrist/advanced practice registered nurse will consider possible organic/physical causes of symptoms of mental illness and either rule them out or refer for evaluation through appropriate testing or consultation. The psychiatrist/ advanced practice registered nurse will document in the Medical Record that organic/physical causes have been considered and ruled out or are in the process of evaluation.

3. Current standards require that medications be prescribed in a prudent manner, consistent with standard psychiatric practice. Any use of a psychotropic medication inconsistent with standard psychiatric practice or medications that are not listed in the Drug Formulary for the Georgia Department of Corrections must be submitted as a non-formulary request and be approved by the chief psychiatrist for the contract provider.

4. All offenders require a current medical classification profile reflecting their mental health functioning, their need for services and pertinent information used for housing purposes. Offenders transferred or received at a new facility will have their medication continued until seen by a psychiatrist/advanced practice registered nurse, unless medically contraindicated. A psychiatric consultation will be scheduled within fourteen (14) days of arrival at the new facility and documented on a Psychiatry/Psychology Transfer Evaluation (form M60-01-05).

5. All offenders who are prescribed psychotropic medication for mental illness will be identified on the mental health caseload and will be assigned to a primary mental health counselor who will develop a comprehensive treatment plan as defined in Standard Operating Procedure VG50-0001.

6. Heat Plan Education will be done each year from April 1 – September 30.(using form M60-01-04)

7. There will be a Physician's Order for each psychotropic medication prescribed. This will be recorded on the Physician's Order (PI-3003) in the medical record (section 1) and will specify the name of the medication, the amount, and the route and frequency of administration. It will also specify the number of refills if applicable. The order will be signed, dated and timed by the prescribing physician. A copy of the Physician's Order form will be placed in the mental health record (section 6). Each physician's order will be accompanied by a Psychiatric Progress Note (form M20-02-03), typed or legible written. The Psychiatric Progress Note will be placed in the medical record (section 5) with a copy placed in the mental health record (section 1). If a nurse takes a verbal or telephone order, the nurse will write a Mental Health Progress Note (form PI2000-5) to accompany the order. The nurse's progress note will be placed in the medical record (section 5) and a copy of the note will be placed in the mental health record (section 1).

8. The psychiatrist/advanced practice registered nurse must have all offenders sign a written informed consent (form M60-01-01) prior to the initiation of psychotropic medication therapy. If the offender is psychotic or incompetent, he/she will be evaluated for involuntary medication. Multiple medications may be listed on a single consent, but medication categories/classes cannot be substituted for individual medication names. The completed Mental Health Informed Consent will be placed in the "Informed Consent" section of the medical record (section 3). Consents will remain effective for one (1) year from date of the offender's signature after which time a new consent form needs to be signed. Ongoing Management of Offenders Taking Psychotropic Medications. The psychiatrist/advanced practice registered nurse initially prescribing and/or continuing to prescribe psychotropic medications must review the patient's condition at appropriate intervals to document persistent symptoms and side effects and to adjust

medication dosages when appropriate. Psychotropic medication therapy and progress of the offenders will be reviewed and documented by the psychiatrist within ten (10) working days of psychotropic initiation. When released from a psychiatric hospital, a Crisis Stabilization Unit/Acute Care Unit, or Observation Cell, the offender must be seen within 48 hours by a licensed mental health staff member. If the offender is on psychotropic medication, he/she must be seen by a psychiatrist/advanced practice registered nurse within fourteen (14) days of discharge.

a. MH Level IV offenders who are being treated with psychotropic medication will be seen by a psychiatrist/clinical nurse specialist at least every 30 days.

b. MH Level III offenders who are being treated with psychotropic medication will be seen by a psychiatrist/clinical nurse specialist at least every 60 days.

c. MH Level II offenders who are being treated with psychotropic medication will be seen by a psychiatrist/ advanced practice registered nurse at least every 120 days.

d. Offenders who have been treated with psychotropic medication that have been discontinued will be seen by a psychiatrist/advanced practice registered nurse for a minimum of 60 days.

e. MH Level IV offenders who are not being treated with psychotropic medication will be seen by a psychologist at least every 30 days.

f. MH Level III offenders who are not being treated with psychotropic medication will be seen by a psychologist at least every 60 days.

g. MH Level II offenders who are not being treated with psychotropic medication will be seen by a psychologist at least every 90 days unless the primary mental health counselor is fully licensed. The psychiatrist/advanced practice registered nurse will include the following in the Psychiatric Progress Note (form M20-02-03).

1. Effects of prescribed medication(s) on targeted symptoms and behavior.
2. Reason(s) for increasing or decreasing dosage of medication.
3. The results of any blood testing either indicated for the particular medication or recommended by prevailing standards (includes screening tests and blood levels).
4. Suspected adverse reactions or side effects of the medication.
5. Current level of function and appropriateness of current treatment.
6. Current diagnosis or if applicable, reasons for changing diagnosis.

9. The treating psychiatrist/advanced practice registered nurse will ensure that all necessary laboratory work and associated medical referrals are complete and up to date prior to starting or routine continuation of any psychotropic medication. General Guidelines for the Use of Psychotropic Medication: Psychotropic medications will be used appropriately as part of a written individualized treatment/habilitation plan (form M50-01-02 or M50-01-03 as appropriate). The use of medication will be documented in the treatment plan as an intervention strategy targeted to a specific problem (target symptom) with a specific goal. In the treatment plan, medication categories/classes may be used rather than specific medication names and dosage is not required. Non-psychiatric practitioners will limit their use of psychotropic medications for mental illness to those cases in which the offender is already taking psychotropics at the time of admission/transfer. These prescriptions will be limited to no more than thirty (30) days. The psychiatrist will explain to the patient the need for psychotropic medication used to treat or prevent symptoms of mental

illness to improve patient participation in medication therapy. The use of psychotropic medications without informed consent is restricted to emergency situations in which the offender presents an immediate danger of causing harm to self or others and no less intrusive or restrictive intervention is available or would be effective. If use of psychotropic medication without informed consent is required for longer than 24 hours or more than twice within 30 days, procedures for involuntary medication must be initiated in accordance with Standard Operating Procedure 508.38.

10. A mental health nurse will advise the psychiatrist/advanced practice registered nurse whenever an offender receiving mental health services has been non-adherent with ordered labs or medications according to the definition of non-adherence listed in Standard Operating Procedure VH33-0003. Medication for non-adherence offenders will be continued until the next scheduled appointment with the psychiatrist/advanced practice registered nurse. In circumstances where an offender has been found to be hoarding psychotropic medications, the nurse will notify the psychiatrist/advanced practice registered nurse who will then consider discontinuing the medication and will schedule an appointment with the offender as soon as possible.

11. Mental health nurses will follow guidelines for non-adherence counseling and non-adherence tracking as stated in Standard Operating Procedure VH33-0003. "Missing" doses includes refusals and failure to attend medication administration periods. Non-adherent offenders will be identified as:

    a. MH Level II offenders who miss 25% of total doses within a one month period. Such offenders will receive non-adherence counseling within 30 days.

    b. MH Level III and IV offenders who miss 25% of doses of antipsychotics, antidepressants or mood stabilizers within a one week period. Such offenders will receive non-adherence counseling within 14 days. Doses of other medications missed by MH Level III and IV offenders will be addressed according to the procedure for MH Level II offenders.

Offenders who fail to report to non-adherence counseling sessions will be rescheduled within one working day.

12. The mental health nurse will forward a copy of the Non-Adherence Counseling form (M33-01-01) to the psychiatrist/advanced practice registered nurse after two unsuccessful counseling attempts due to the offender's failure to adhere with prescribed medication. The offender will be seen by the psychiatrist/advanced practice registered nurse within 14 days for MH Level III and IV offenders and 30 days for MH Level II offenders to review the reasons for non-adherence and consider adjusting or changing the medication, initiating involuntary medication or discontinuing the medication.
13. As soon as possible, nurses will notify the psychiatrist when an offender who is on involuntary medication status refuses a single scheduled dose of psychotropic medication. A progress note documenting this will be completed by the nurse.
14. All MAR's will be copied for psychiatric/advanced practice registered nurse review at the time of the appointment.

B. Discontinuation of Psychotropic Medication:

1. Discontinuing psychotropic medications such as antipsychotics, antidepressants and mood stabilizers must be done with caution.

   a. Psychotropics medications should be discontinued after an appointment with a psychiatrist/advanced practice registered nurse.

   b. If psychotropics medications, such as (antipsychotics, antidepressants, mood stabilizers) are discontinued, there should be an explanation of the reason they were, originally prescribed, and clear documentation of what treatment the psychiatrist/advanced practice registered nurse recommends.

c. If no alternative psychotropic medication is initiated in its place, the psychiatrist/advanced practice registered nurse will carefully assess the need and schedule a follow-up in 60 days

(1) If the psychiatrist/advanced practice registered nurse recommends the offender be discharged from the mental health caseload, the offender will be considered for Level I services by the treatment team. The offender will be assessed for discharge at least sixty (60) days after discontinuation of medication.

(2) If it is the opinion of the psychiatrist/advanced practice registered nurse that the offender should be on a psychotropic medication to avoid decompensation, and the offender refuses to follow that recommendation, the psychiatrist/advanced practice registered nurse should assess the risk, consider treatment options such as involuntary medication, and document robust educational efforts to get the offender to follow recommendations will continue. An offender requires medication to avoid serious decompensation will not be taken off the Mental Health caseload

(3) Changing or discontinuing psychotropics medication for offenders who are transfers from other Georgia Department of Corrections facilities already on a mental health caseload should be avoided on the first visit.

(4) On the infrequent occasion that changing or discontinuing medication on the first visit is necessary, clear documentation of the reason for the urgency and the clinical rationale for the change are needed.

(5) Discontinuing offenders who have been on psychotropic medication from the Mental Health caseload should be a treatment team decision.

a. Offenders with severe and persistent disorders such as schizophrenia, and schizoaffective disorder or bi-polar disorder should remain on the mental health caseload. If an offender has been assigned such a diagnosis but the ongoing clinical presentation warrants a diagnostic change, the offender may be considered for discharge with appropriate documentation.

b. Even the most stable offenders who were recently discontinued from psychotropic medication will be monitored on the mental health caseload for a minimum of sixty (60) days.

c. In diagnostic facilities, any discharges from the mental health caseload will be considered after sixty (60) days and agreed upon by the treatment team.

(6) When an offender refuses psychotropic medication against medical advice, then a psychiatrist/advanced practice registered nurse will monitor the offender for at least two (2) months. If the offender is not diagnosed with a serious and persistent mental illness, the psychiatrist/advanced practice registered nurse shall refer the offender to the psychologist for consideration of non-pharmacological treatment interventions.

C. Laboratory Testing for Psychotropic Medication Use:

When indicated, laboratory tests will be used for patients on psychotropic medications to prevent harmful side effects or to assist in achieving therapeutic levels. Routine laboratory results should be available for physician review within

five (5) days of the date they were ordered. Monitoring for metabolic syndrome will occur as clinically appropriate.

1. Required Tests for Antipsychotic Agents.

   a. Treatment Initiation

      (1) Pretreatment laboratory tests should be ordered as clinically indicated and based upon the patient's past medical history, results of the charted physical examination, previous history of adverse medication reactions, and potential adverse effects associated with specific antipsychotics.

      (2) Decanoate forms of neuroleptics are never to be used in emergency situations. Decanoate neuroleptics are to be prescribed only by psychiatrists/advanced practice registered nurse and a trial of the oral or parenteral short-acting form of the neuroleptic should be documented.

      (3) Offenders treated with new generation antipsychotic medication will have their weight and waist circumference monitored every six (6) months along with a lipid panel and fasting blood glucose or HgbA1c.

   b. Follow-up

      (1) Follow-up tests should be ordered as clinically indicated and based upon the patient's past medical history, results of physical examination, previous history of adverse medication reactions, and knowledge of the potential adverse effects of the different antipsychotics.

      (2) Offenders on psychotropic medications will be formally evaluated for the presence of tardive dyskinesia, using an AIMS form (M60-01-02). Mental health nurses or the psychiatrist/advanced practice registered nurse will complete the AIMS form prior to initiation of antipsychotic medication and at least every six (6) months thereafter. The completed AIMS form will be placed in the medical record (section 5)

2. Required Tests for Antidepressant Agents

   a. Pretreatment and follow-up laboratory tests should be ordered as clinically indicated and based on physical exam, past medical history, previous history of adverse medication reactions and knowledge of potential adverse medication reactions. (e.g., Patients with a history of cardiac pathology or prolonged QT intervals will need periodic EKGs during administration of antidepressants.)

   b. Dosage adjustments should be initiated based on need following a clinical assessment. A period of medication compliance consistent with expected response time should be allowed prior to consideration of dosage change.

3. Required Test for Lithium

   a. Pre-Lithium Treatment Work-up

      (1) CBC

      (2) BUN, electrolytes, Cr

      (3) TSH, T3, T4

      (4) Pregnancy Test, if indicated

      (5) EKG if >45 years old or if clinically indicated

      (6) Any other tests that are clinically indicated based on examination.

   b. Follow-up

      (1) Repeat pre-lithium treatment work-up yearly, and

      (2) BUN, electrolytes, CR., TFT's and EKG if indicated every 6 months.

   c. Assessing Lithium Serum Levels

      (1) Blood for Lithium level should be collected at least 8 to 12 hours after the last dose and prior to the next dose (usually before breakfast).

(2) Desirable serum levels for Lithium vary from laboratory to laboratory levels obtained should be compared to the standard range of the contract lab. Many patients respond to sub-therapeutic levels, and clinical response must be evaluated.

(3) Required Frequency of Assessment

- Determine Lithium serum levels seven days after starting or changing dosage.
- After serum level and clinical condition of the patient have been stabilized, Lithium levels should be monitored at least every ~~year~~ six (6) months.

4. Required Test for Carbamazepine (Tegretol)

a. Pre-Carbamazepine Treatment Work-Up

(1) CBC with Differential

(2) Pregnancy Test, if indicated

(3) LFT's (TP, Alk. Phos., GGT, alb., LDH,T. Bili.)

(4) Any other tests that are clinically indicated

b. The above tests should be repeated every six (6) months and whenever a clinical condition exists. For example, obtain an immediate CBC with Differential if there is petechiae, pallor, unexplained weakness, fever, or signs of infection.

b. Tegretol Blood Levels Perform monthly for two (2) months, then every six (6) months.

5. Required Tests for Valproic Acid

a. Pre-Valproic Acid Treatment Work-up

(1) CBC with Differential

(2) Pregnancy tests, if indicated

(3) LFTs

b. Follow-up

(1) Repeat above test in six (6) months.

(2) Valproic Acid levels every six (6) months and within two (2) weeks of dosage change.

6. Pharmacotherapy of Anxiety

a. Non-emergency

(1) Pharmacotherapy of anxiety should be limited to well documented anxiety disorders or as an adjunct to treatment of the anxiety component of affective disorders.

(2) Generally the most appropriate first line treatment of anxiety disorders is with antidepressant medications.

(3) The use of hydroxyzine, diphenhydramine or similar non-benzodiazepine agents as augmentation for, or treatment of, anxiety is at times appropriate. In refractory cases, antihypertensives such as propranolol, clonidine or prazosin may be considered with appropriate blood pressure monitoring. Alternatively, buspirone may be used with approval of the recognized chief psychiatrist for the Department of Corrections.

(4) Anxiolytics should not be used ~~for~~ as a treatment for primary insomnia. Insomnia should be addressed through sleep hygiene techniques.

(5) In non-emergency situations benzodiazepine usage generally should not exceed a period of three (3) weeks. Documentation of any history of drug or alcohol dependence and the potential for cross-tolerance must be included in the patient's chart. The three (3) week usage period should include taper to discontinuation if indicated.

(6) If a patient is considered for maintenance on ~~of~~ benzodiazepines over one (1) year, this will be reviewed

with a second psychiatrist or the chief psychiatrist for the contractor or the chief psychiatrist for the Georgia Department of Corrections and documented efforts to use non-benzodiazepine alternatives and non-pharmacologic interventions

b. Use in Emergency Situations

Use of benzodiazepines in emergency situations is at times appropriate.

However, their usage at such times should not exceed a twenty-four hour period without review and documentation ~~for~~ of reasons for continuation of the medication.

D. Self-Administration of Medications ("SAM")

1. Stable Level II mental health offenders are appropriate for self-administered non-psychotropic medications.
2. Offenders who have significant and/or on-going behavior patterns of self-injury, significantly impaired-judgment are not eligible for self-administered non-psychotropic medication.
3. Offenders who are not on the Mental Health caseload and demonstrate unsafe behavior shall be referred to the physical health provider for evaluation for non-SAM status.
4. Offenders in diagnostic facilities who are designated as MH Level II will automatically be on SAM status for non-MH medications. The status established will follow the offender to the permanent facility upon transfer.
5. When the offender is evaluated by the psychologist or psychiatrist/advanced practice registered nurse and determined to be inappropriate for SAM status, the clinician shall document the reason and either write an order in the medical record or refer the offender to the psychiatrist/advanced practice registered nurse to write the order.
6. The nurse who transcribes the order will add "Non-SAM" medication status to the Problem List in the medical record.

7. Any mental health offender who becomes self-injurious, hoards medications or uses them inappropriately will be immediately referred to the psychiatrist/advanced practice registered nurse for evaluation for non-SAM status.
8. After self-injury the team will wait at least ~~a~~ one year to re-consider the SAM status.

E. Heat Precautions for Patients Receiving Psychotropic Medications

Offenders maintained on psychotropic medications may have increased sensitivity to sunlight and may be at higher risk of heat-induced syndromes, including heatstroke, hyperthermia and heat exhaustion. In view of these factors, the following procedures are to be followed:

1. Offenders receiving psychotropic medication will be counseled by the Mental Health Nursing staff of the potential risk factors and advised:

a. To wear protective clothing and/or use sunscreen when in direct sunlight for extended periods.

b. The need for adequate intake of fluids: eight (8) to twelve (12) glasses of water per day, to avoid dehydration. Offenders assigned to outside details may require more.

Counseling will be documented on form M60-01-04 with offender signature~~s~~, GDC number and date signed. The original will be placed in section 5 of the medical record and a copy placed in section 5 of the mental health record.

2. If the offender is in lock down, SLU, ACU or CSU the temperature of the confinement building must be monitored during periods in which the ambient interior temperature exceeds 85 degrees Fahrenheit. Multi-tier and multi-story housing units will have temperatures logged at each floor level. The following procedures will be followed between April 1 and September 30 annually. The temperature will be documented by Security once every 6 hours during daylight hours on the temperature log form (M60-01-03) and maintained in the respective housing unit. If offender

housing areas exceed 85 degrees Fahrenheit, the following measures must be instituted:

a. Increased ventilation to the area through utilization of fans to improve airflow and reduce room temperature to less than 85degrees.

b. Provision of increased fluids and ice.

c. Allowance of additional showers to provide cooling.

d. Recommendation to the Warden to permit temporary transfer of the offender to an area of the institution that is more compatible with the offender's clinical status.

V. Attachments:

All forms associated with this Standard Operating Procedure may be found on the Georgia Department of Corrections Intranet at Captive/Operations Planning and Training/Health Services/03 Mental Health/Mental Retardation Forms.

VI. Record Retention of Forms Relevant to this Policy:

Functional Area: Program Services/Health Services - Physical Health	Reference Number: VH17-0003	Revises Previous Effective Date: 5/1/2004
Subject: Telemedicine		
Authority: Donald/Smith	Effective Date: 3/01/2005	Page **1** of **9**

I. POLICY:

Telemedicine technology will be utilized as a tool for the delivery of specialty consultation services to inmates/probationers. The Georgia Department of Corrections Telemedicine System uses the Georgia Statewide Academic and Medical System (GSAMS)network.

Each facility designated as a Telemedicine Site will establish a Local Operating Procedure outlining their specific facility procedure for Telemedicine. All GDC facilities will comply with Telemedicine clinical protocols. Telemedicine protocols are posted on Captiva (P-17-0003-01) and will be maintained on site, at the Telemedicine Hub sites, and in the Utilization Management office.

II. APPLICABILITY:

This procedure is applicable to all State Prisons, Transitional Centers, and Probation Detention Centers. Telemedicine services are currently not available at County Correctional Institutions, Diversion Centers, and privatized facilities.

III. RELATED DIRECTIVES:

A. O.C.G.A.: 50-5-191, 50-5-192, 50-5-199.

B. GDC SOPs:

1. VH17-0001 Consultations
2. VH17-0002 Referrals for Health Care Services
3. VH30-0002 Privacy of Care
4. VH83-0001 Medical Research
5. VH17-0001 Consultation Services

6. VH82-0002 Right to Refuse Treatment

7. IIA12-0001 Telemedicine

C. GDC Telemedicine System Manual, (See Captiva and each GDC Telemedicine Remote or Hub Site)

D. NCCHC Position Statement: "Use of Telemedicine in Correctional Facilities", November 9, 1997.

E. ACA Standards 1990: 3-4356, 3-4360.

IV. DEFINITIONS:

A. **Telemedicine:** An interactive voice and color video communication system, integrated with biomedical science.

B. **Telemedicine Hub Site:** Augusta State Medical Prison will serve as the HUB site where the primary or consultant medical providers via electronic equipment will interact with medical staff and the inmate/probationer at the remote Telemedicine site.

The hub site is responsible for sending and receiving medical information required by clinical providers to provide Health Care Services for inmates/probationers located at the remote Telemedicine site.

C. **Telemedicine Remote Site:** A prison selected within facility catchment area responsible for providing Telemedicine services for designated facilities. This prison is also responsible for sending medical information to the clinical provider located at the HUB site.

D. **Telemedicine Hub Technician:** Serves as the facilitating coordinator, controlling system operation at the HUB site, selecting all video sources as well as directing/communicating the operation of the room and patient camera at Telemedicine Remote Site.

E. **Telemedicine Site Coordinator:** Serves as the individual responsible at the Remote Site for facilitating and coordinating systems operation with the HUB site and designated facilities within the catchment area. This

individual will serve as the site coordinator for security staff.

F. **Facility Catchment Areas:** A grouping of facilities in general proximity to each other identified by Facilities Operations Division for transportation purposes.

G. **Home Facility:** Prison/Center where the Inmate/Probationer is presently incarcerated or assigned.

H. **Utilization Management** (UM): Oversight activities performed at a central location by the Utilization Management Medical Director or designated staff that result in recommendations to facilities regarding medical movement across the state to ensure appropriate medical care is delivered in a cost effective manner.

I. **Telemedicine Clinical Protocols:** The clinical guidelines developed by the Office of Health Services with input from the consulting physicians. These guidelines include scheduling, required medical documentation (paperwork, labs, x-rays, etc.), required medical procedures, necessary equipment, case management and documentation. Telemedicine Protocols are located on Captiva (P-17-0003-01).

V. ATTACHMENTS:

A. None

B. All forms associated with this SOP may be found on the GDC Intranet at Captiva/Operations Planning and Training/Health Services/02 Physical Health/Health Record Manual.

VI. PROCEDURE:

A. Telemedicine will be provided at multiple remote sites which include but are not limited to: ASMP, GD&CP, Men's SP, GSP, Dooly SP, Calhoun SP, Hancock SP, Macon SP, Phillips SP, Ware SP, and Wilcox SP. Telemedicine services will be available at other sites as determined by the Office of Health Services in concert with Corrections Division.

1. Each GDC telemedicine facility medical section will be responsible for identifying two individuals who will be the primary and secondary contact persons for the Telemedicine Hub Site and Telemedicine Remote Site. The Health Services Administrator will supervise this procedure. The HSA will have a thorough understanding of the Telemedicine System.

B. Utilization Management Process

1. . Requests for Telemedicine Services will be submitted to the Utilization Management office in accordance with the Telemedicine Protocols (P-17-0003-01) using SCRIBE.

2. If the consultation request is approved, UM will select those consultations appropriate for Telemedicine services based on the clinical protocols.

3. The Home Facility will receive notification of approved telemedicine consult and scheduled appointments through the SCRIBE Consultation Module.

C. Refusal of Telemedicine Services

1. Inmates/probationers who refuse Telemedicine services will be followed in accordance with SOP VH82-0002, "Right To Refuse Treatment". Inmates/probationers will not have the option to choose the method of consultation.

2. Inmates/probationers may refuse at the Home Facility. If inmate/probationer does refuse, then transportation to remote site is not necessary. If condition is considered of a critical nature, the clinical provider will then determine whether the inmate/probationer will be transported.

3. If the inmate refuses, the original signed refusal will be filed in Section 3 of the health record under the "consents" tab and faxed to the Telemedicine Hub Site for placement in the Telemedicine Patient Shadow File.

D. Movement of Inmates

1. Telemedicine consults will be coordinated between Telemedicine Hub sites, Telemedicine Remote sites, and Catchment facilities (See P-17-0003-02) in accordance with the established Telemedicine Catchment Transportation System, and current transportation practices. Movement of inmates/probationers for Telemedicine Clinics will be in compliance with telemedicine SOP IIA12-0001, Corrections Division.

2. All Telemedicine Clinics will be scheduled on Mondays, Wednesdays or Fridays, between the hours of 8:00 a.m. and 3:30 p.m., unless otherwise determined.

3. All Telemedicine consults will take place in accordance with established GDC Telemedicine Sites/ Facility Catchment Areas.

4. The Telemedicine Hub Site will be responsible for scheduling Telemedicine clinics.

5. Transportation notification, when applicable, will occur via SCRIBE, within ten days in advance of the Telemedicine appointment date.

   The notification will include:

   a. Names of all inmates/probationers scheduled for Telemedicine Clinics statewide,

   b. GDC ID number,

   c. The home facility name,

   d. The date and time of the telemedicine consultation,

   e. The name of the Telemedicine Clinic.

E. Responsibility – Inmates/Probationers Home Facility

1. The Wardens/Superintendents office at each inmate/probationer's home facility is responsible for accessing, ten days prior to scheduled medical appointment, Notification for Telemedicine

Appointments through the Busing Orders module of SCRIBE.

2. Each home facility will be responsible for ensuring all documentation specified in telemedicine clinical protocols and referenced below is faxed or emailed to the telemedicine hub site ten days prior to telemedicine consults. Documentation being faxed to the Telemedicine Hub site will be documented on the Telemedicine Clinic Checklist, P-17-0003-03, and will include all documents listed on the clinical protocol and any special requests made by the consultant, and the following:

   a. Supporting documents as specified by the clinical protocols (VH17-0003-01)

   b. A Refusal of Treatment Form, if the patient refuses a Telemedicine Clinic appointment

3. The Home Facility will ensure that medical records and all other related medical documentation, x-rays, etc., in accordance with established telemedicine protocols, are placed in a sealed plastic envelope with respective name, State ID number, and the inmate's/probationer's home facility name printed on the front. This envelope will be given to the Transportation Officer who will transport this envelope with the inmate/probationer to the telemedicine site and delivery it to the telemedicine Site Coordinator.

4. Remote sites will place the record in a sealed plastic envelope and give it to the transportation officer for return to the home facility.

F. Inmate/Probationer Telemedicine Records

1. Telemedicine Shadow File - The Telemedicine HUB will prepare a Telemedicine Patient Shadow File for each inmate/probationer. An identification system for all Telemedicine Patient Shadow Files must be maintained. In each Telemedicine Patient Shadow File a Telemedicine Clinic Checklist, P-17-0003-03, will be completed for each patient's file documenting time frames of receipt of documentation and ensuring

that necessary medical documentation, is present. Telemedicine Patient Shadow Files will be maintained and stored in accordance with Medical Records SOP VH 78-0001. The Telemedicine Shadow File will **not** contain original records, only copies. The telemedicine Patient Shadow File will include at a minimum:

~~a.~~ Telemedicine Hub Patient Shadow File Checklist

b. Approved consultation Request (Copy)

c. Any previous consultation recommendations written by the consultant (Copy)

d. Supplemental Patient Information (Copies)

1) Lab reports

2) Radiology reports

3) Biopsy reports

4) Operative reports

5) Procedural report

e. Progress note, to include telemedicine encounter. (Copy) The original progress note and a dictated consultation report will be mailed/emailed to the home facility so that these items can be placed in the medical record.

f. Supporting documents, in accordance with established protocols. (Copies)

g. Each patient file will be labeled with the following: Inmate name and ~~State~~ GDC I.D. number.

h. If the patient refuses a telemedicine clinic appointment the following paperwork is placed in the Telemedicine Patient Shadow File:

Refusal of Treatment Form (Copy)

G. Telemedicine Clinic Start Up - Connection and Operation

1. The Telemedicine Hub Technician and Site Coordinators will turn on the equipment and connect with each other at least sixty (60) minutes prior to the start of the Telemedicine clinic to conduct an operational check of the equipment at each site.

2. The maintenance vendor is to be notified immediately by the Telemedicine Hub Coordinator, of any network malfunctions that occur.

3. The Statewide Telemedicine Clinical Coordinator is to be notified immediately of any problems that occur. The Statewide Telemedicine Clinical Coordinator will notify the GDC Clinical Systems Manager of all equipment and bandwidth problems that result in cancellations or delays of scheduled clinics.

4. The Total Call Maintenance vendor phone number is to be posted in the Telemedicine room for easy access and visibility.

5. Telemedicine Site Coordinator is to document all contacts with maintenance vendor, in the Maintenance Log (P-17-0003-04). The Maintenance Log will be maintained in the telemedicine room.

H. Telemedicine Hub Technician Responsibilities will include but not be limited to the following:

1. The Telemedicine Hub Technician will verify ten days prior to the scheduled clinic that all required paperwork has been received and complete the Telemedicine Clinic Checklist (P-17-0003-03). This individual will be responsible for contacting home facility for necessary paperwork and notifying Statewide Telemedicine Clinical Coordinator.

2. Statewide Clinical Coordinator will be responsible for identifying problem and the GDC Statewide Clinical Systems Manager and the GCHC Director of Patient Care.

3. The Telemedicine Hub Technician will be responsible for ensuring that all pertinent documentation resulting from a Telemedicine Clinic is forwarded back to the Remote Telemedicine site for insertion into the inmate's/probationer's health record prior to the end of each clinic.

~~4.~~ After each presentation the consulting physician will dictate a consultation note that will be ~~faxed~~ mailed/emailed to the remote site and placed in the medical record.

5. Ensuring that related telemedicine clinical protocols are available and followed.

I. Presenting Physician Responsibilities will include, but not be limited to, the following:

1. The presenting clinician will enter a progress note in the inmate's medical record documenting the presentation to the consultant.

2. The presenting clinician will review the consultant's findings and recommendations and will date and initial the consultation form.

3. The clinician will discuss the findings and recommendations with the patient and develop a written plan of care. Documentation will include what was discussed with the patient and whether the patient agrees to participate in the plan.

4. If the clinician disagrees with the recommendations of the consultant, the provider will document the rationale for the disagreement and recommend an alternative treatment plan.

5. The clinician will monitor the patient to determine that the plan of care has been implemented and the desired clinical results are achieved.

6. If the telemedicine clinic is cancelled, a note will be written in the progress note section of the medical record describing the reason for clinic cancellation.

(Entire former Section J on telepsychiatry deleted.)

J. Telemedicine Quality Improvement Activities - data collection, analysis and evaluation will serve as an integral part of Telemedicine and will enhance and ensure continuous quality improvement of the Health Care delivery system.

~~1.~~ Statewide Telemedicine Clinical Coordinator will serve as Telemedicine CQI coordinator.

2. Accordingly, data will be collected and reported on a monthly basis to the Office of Health Services.

3. The Telemedicine CQI Coordinator will attend quarterly statewide CQI committee meetings to report findings and review corrective actions.

4. Telemedicine Services will be audited in conjunction with the Office of Health Services audit process or through an independent process. Additional monitoring will occur through the GDC SCRIBE process or any other OIT system implemented by GDC.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Health Services - Physical Health	**Reference Number:** VH03-0002 (507.01.12)	**Revises Previous Effective Date:** 07/15/02
Subject: Continuous Quality Improvement and Peer Review		
Authority: Bryson/ Evans	**Effective Date:** 06/03/15	Page **1** of **14**

I. POLICY:

A Continuous Quality Improvement (CQI) Program has been established and implemented to monitor and improve the efficiency; cost-effectiveness and quality of health care service and includes Peer Review.

II. APPLICABILITY:

This policy is applicable to all Facilities that house GDC offenders, including county and private prisons.

III. RELATED DIRECTIVES:

A. NCCHC 2014 Adult Standard: P-A-06, P-C-02.

B. NCCHC 2011 Juvenile Standard: Y-A-06.

C. ACA 2003 Standards: 4-4017 4-4410, 4-4411

D. GDC SOP:

1. VG01-0027 [MH/MR Continuous Quality Improvement]

2. VH02-0006 [Administrative Meetings and Reports]

3. VH02-0007 [Health Care Data and Statistical Reporting]

4. VH04-0001 [Licensure and Credentialing Verification]

5. VH04-0008 [NP/PA Practice]

6. VH17-0003 [Telemedicine]

7. VH30-0003 [Nursing Sick Call]

8. VH32-0001 [Infirmary Care]

9. VH47-0005 [Inmate/Probationer Death and Mortality Reviews]

IV. DEFINITIONS:

A. Continuous Quality Improvement (CQI): A program designed to objectively and systematically monitor and evaluate the quality and appropriateness of care, pursue opportunities to improve care and resolve identified problems.

B. Statewide Continuous Quality Improvement (CQI) Committee: A statewide Continuous Quality Improvement Committee charged with the responsibility to carry out the objectives of the Continuous Quality Improvement Program. The committee monitors activities, discusses the results and implements corrective action.

C. Peer Review: Peer review is a process whereby the medical practices and management of a given practitioner (M.D., D.O., N.P., P.A., D.D.S., or Psychiatrist) are reviewed by another practitioner at the same or higher level, at set intervals or by special request. Peer review operates under the umbrella of CQI but is a special kind of review that follows specific rules aimed to protect it from discovery.

D. Credentialing: A review process whereby the qualifications of health professionals required for employment are verified (E.g., licensure, certification.)

E. Process Quality Improvement studies examine the effectiveness of the health care delivery process

F. Outcome Quality Improvement studies examine whether expected outcomes of patient care were achieved.

G. Thresholds are the expected level of performance (of aspects of health care) established by the quality improvement committee.

V. ATTACHMENTS:

None

VI. PROCEDURE:

A. Authority: For the Statewide CQI Program.

1. The ultimate responsibility for the implementation and administration of the Georgia Department of Corrections CQI Program rests with the GDC Health Services Director. The Health Services Director may assign responsibility to the Central Office CQI Committee to carry out the objectives of the CQI Program. The Committee will meet at least quarterly. The CQI plan will consist of three tiers of activity: Institutional CQI Committees, Regional Managers or other vendor representatives, and a Central Office CQI Committee. The GDC Medical Director is the final authority in clinical healthcare matters.

2. For CQI purposes, there will be no distinction between state and vendor or contract employees. It is expected that most CQI Committees will have a mix of these. Vendors or contractors of health care services may create their own CQI internal review bodies as long as they do not usurp the authority of the various GDC CQI Committees mentioned in this document.

3. The GDC CQI Program is to be implemented in all facilities, including ambulatory and inpatient care, with the understanding that there will not be parallel programs with the intent to replace the State CQI Program at the state, regional or institutional levels whether created by departmental clinicians, vendors, contractors or other parties.

4. Individual institutions will not institute separate CQI programs in addition to the GDC CQI Program but may choose to study additional areas of interest to the institution. All such data will be forwarded to Regional Managers or other vendor representatives and the Statewide CQI Committee. Vendors of health services for the GDC may institute their own internal reviews of institutional CQI data for administrative purposes within

the area covered by their contract with the understanding that all data remains confidential and privileged as in any peer review activity.

B. Government and Membership of the Central Office CQI Committee:

1. The officers shall be a Chair and Secretary. The Director of Health Services or designee will appoint the chair(s). The chair may delegate administrative responsibilities to a member who is a GDC employee. Subcommittees may act in an advisory capacity to the Committee. Membership in subcommittees shall not be restricted to employees of the GDC.

2. Members shall be invited to serve by the Director of Health Services or designee. The Committee shall be multi-disciplinary and members will be limited to GDC and contract/vendor employees.

3. Attendance logs and minutes will be kept by the Chair, Secretary or designee.

4. The contractor/vendor will review and approve all credentialing files for their facilities. The contractor/vendor will review the same credentialing files annually for reappointment and monitor the work of the Regional Managers in assuring that current and accurate credentialing files are kept at all institutions.

C. Responsibilities of the Central Office CQI Committee:

1. Coordinate OHS and GDC CQI Programs.

2. Advise the Health Services Director of trends, compliance with health care and all other applicable standards and potential quality problems.

3. Collate and aggregate statewide CQI data provided by the Regional Managers.

4. Provide direction for CQI studies to be done at the institutional level.

5. Educate, train, and monitor the Regional Managers, Regional Clinical Coordinators, ASMP Hospital Administrator and other vendor representatives in CQI.

6. Recommend and coordinate institutional staff training in CQI.

7. Submit quarterly CQI Meeting Minutes and an Annual Report of Activities to the Health Services Director.

8. Perform an annual review of the effectiveness of the CQI Program.

9. Report on the adequacy of the contractor/vendor credentialing programs.

10. Update the teaching tool to be called CQI located in the "How To" Manual as needed.

11. Develop a program of data validation through a focused institutional collection of samples from appropriate screens at preset intervals with the Central Office CQI Committee monitoring the results.

12. The Central Office CQI Committee reviews the quality of all aspects of medical care, as well as mandates, monitors, and creates the schedule or timetable for the performance of all CQI activities at every institution.

13. CQI activities will be targeted to have an impact on:

a. Establishing standards for clinical performance and sets thresholds (e.g., standard practice protocols, standards for care).

b. Increasing clinical and operational productivity.

c. Ensuring cost-effective processes.

d. Monitoring utilization, resource consumption and clinical practice patterns.

e. Identifying high-risk patients.

f. Providing quality care.

g. Timeliness of obtaining services

h. Recommending to the GDC Medical Director, quality issues that may be appropriate for clinical updates, policy and/or procedure change.

14. The CQI Program will include but is not limited to:

a. Peer review.

b. Health record review.

c. Patient satisfaction surveys.

d. Risk management activities.

e. Mortality review.

f. Staff development.

15. Health Service delivery areas to be reviewed include high risk, high volume or problem prone aspects of health care including but not limited to:

a. Receiving health screening and transfer.

b. Medical diagnostics and profiling.

c. Access to Care

d. Sick call/ Assessment Protocols.

e. No shows.

f. Health care refusals.

g. Health Service denials.

h. Chronic care clinics.

i. Therapeutic diets.

j. Outside referrals and consultations.

k. Infirmary care.

l. Emergency services and disaster plans.

m. Medication distribution system.

n. Dental services.

o. Ancillary services.

p. Mental health services (under the direction of Mental Health).

q. Infection control.

r. Environmental health and safety.

s. Health promotion programs/patient education.

t. Inmate Grievances

u. Patient satisfaction surveys

v. Other aspects of health care delivery.

D. Regional CQI Activities

1. The Regional Managers and/or other vendor representatives will consider CQI as one of their priorities and will receive agendas, minutes, and CQI data from the Institutional CQI Committees.

2. The Regional Managers and/or other vendor representatives ensure that the institutions in their region adhere to the published CQI schedule.

3. The Regional Managers and/or other vendor representatives will attend institutional meetings to the extent possible and will personally train and motivate the Institutional CQI Coordinators; will collate the data and forward their summaries and recommendations to the Office of Health Services CQI Committee or to the State Health Services Director, if so directed. They will also follow and monitor the implementation of institutional corrective action plans (CAPS).

4. The Regional Managers and/or other vendor representatives will ensure that current and accurate credentialing files are kept at all institutions.

5. Representatives from health service vendors will have access to the data pertaining to the area of service covered by their contract at the institutional level. The data will remain confidential and privileged as in any other peer-reviewed activity. The vendors' Regional Managers and/or other representatives will review institutional data under the same provision.

6. Under directives and timetables opportunely published by the Health Services Director and the Statewide CQI Committee, data will be collected and aggregated at the institutional level and forwarded to the Regional Managers and/or other designated vendor representatives.

7. Training at the institutional level will be conducted in two tiers. The first tier will be the training to be given to the selected Institutional CQI Coordinator and any other designated staff. Such training will be conducted and/or coordinated by the Regional Managers or other vendor representatives or staff from the Office of Health Services. The second tier will be the ongoing training of all institutional staff and will be the responsibility of the Institutional CQI Committee and its Coordinator. Training will be documented in the Staff development manual and include the trainer's signature, date and credit hours.

8. Wherever applicable, the Institutional CQI Committees will prepare Corrective Action Plans (CAPs) to identify expected improvements in performance relevant to issues derived from the CQI data.

9. Follow up studies will be done to determine the effectiveness of previous corrective actions.

E. Institutional CQI Committees.

1. The Institutional CQI Committees will meet monthly. The Institutional CQI Committees must keep agendas and minutes that need to be copied to the appropriate

Regional Managers and/or other vendor representatives. In addition, these minutes should be reviewed and signed by all institutional medical staff. The minutes will be kept on file for 24 months and made available for review by the Office of Health Services during clinical audits.

2. The Institutional CQI Committees will be the backbone of the CQI program. The responsible physician has a leadership role in the CQI process. The composition of the Institutional Committees will be:

   a. Warden or designee

   b. Institutional security representative

   c. Medical Director

   d. Director of Nursing

   e. Health Service Administrator

   f. Pharmacist, where applicable

   g. Dentist, where applicable

   h. Medical Records clerk, where applicable

   i. Mental Health CQI Coordinator

   j. Other institutional staff as locally determined

   k. Ex-officio: Regional Manager or other vendor representative.

3. Variances from this mandatory composition are allowed for institutions where the average daily population is <500 offenders and/or where some of these positions are not represented in the organizational chart.

4. All institutional staff will participate in CQI activities whether they are CQI committee members or not, including state, vendor, or contract employees.

5. All Institutional CQI Coordinators will chair their Institutional CQI Committees and will be appointed by the institutions' medical administration.

6. The composition of the CQI committee differs from the Mortality and Peer Review Committees, which enjoy protection from discovery.

F. CQI for Institutions with <500 offenders

CQI at Boot Camps, Probation Detention and Transitional Centers will follow the same principles detailed in this SOP, composing Institutional CQI Committees with a CQI Coordinator, etc. The schedules for the performance of CQI activities may vary from those for major institutions. The Statewide CQI Committee will publish simplified schedules for CQI activities at these facilities.

G. Peer Review Activities.

1. The purpose of Peer Review is to evaluate and improve the quality and efficiency of health care services at all institutions.

2. Quarterly Peer Review is to be established at all Institutions:

a. Peer Review applies to certain licensed providers: MD, DO, NP, PA, DDS, and Psychiatrist. These practitioners will be participating in Peer Review no less than quarterly. Generally speaking, a practitioner at the same or higher level of training must conduct the Peer Review.

b. PA/NP Peer Review is described in SOP VH04-0008. The remainder of this section describes MD Peer Review.

c. In many cases, the vendor(s) Medical Director will review physicians working under contract through the vendor(s) of health care services. In other cases, a physician peer from another institution may be selected as reviewer.

d. The reviewer will document the quarterly Peer Review on Peer Review Forms # (P04-0008.05 for NP/PA and for MD); copies of the forms will be forwarded to the vendor and GDC Medical Directors with originals kept by the Health Service Administrator on site in a secure location. A summary of the findings and a corrective action plan will be included. As conformation that the review was shared with the individual being reviewed, the individual will date and sign the Peer Review Form.

e. As a minimum, quarterly review of no less than 5% patient-provider encounters are needed for each clinician on staff. The documented review should include, but is not limited to, legibility of notes and signature; encounter notes in SOAP format with a full set of vital signs and dated, timed and signed; appropriateness and thoroughness in addressing the chief complaint; documentation and appropriateness of the physical findings, laboratory and diagnostic data and thoroughness of the care plan which should address all abnormal findings; documentation of patient education on his/her condition, treatment and need for follow up; and documentation of the need for consultations, where applicable.

3. Focused Peer Review consists of a Peer Review in addition to the quarterly scheduled reviews.

a. Focused Peer Review may be conducted by the GDC Medical Director or the vendor(s) Medical Director, usually with the purpose of investigating allegations, inferences, or direct observation of practice which may not be compatible with existing standards of care or for other reasons.

b. The GDC Statewide Medical Director should be notified in advance of all planned focused Peer Review Meetings and forwarded complete, confidential copies of all proceedings. One or more peers or physicians may participate in this process.

c. In some cases, the GDC Medical Director may request or conduct a Focused Peer Review and include

the vendor(s) Medical Director for possible attendance.

d. Documentation of focused Peer Review will be retained by the GDC and/or vendor Medical Directors and filed in a secure location.

e. Letters of Inquiry:

1) In most cases, letters of inquiry will be generated by the GDC Statewide Medical Director in response to reported incidents, audit findings, mortality reviews and the like. The GDC Statewide Medical Director will address the letter of inquiry to the appropriate vendor Medical Director. This type of Peer Review correspondence is only a letter of inquiry. Most letters of inquiry receive a satisfactory response and the matter is closed. The Peer Review process is needed for letters of inquiry so as to ensure the confidentiality of the clinical information exchanged.

2) The letter of inquiry will describe a perceived clinical problem or problems, and instruct the vendor Medical Director to send it to the involved physician, with instructions to the practitioner to respond to the vendor Medical Director in 20 days or less. After receiving the responses, the vendor Medical Director may leave them as they are or add his/her own response to the issues presented, together with corrective actions and plans as appropriate.

3) Note that if the institutional physician agrees with the Office of Health Services (OHS) determination that an error or omission or commission occurred, it should be so stated, together with a plan of institutional staff education to prevent the occurrence of such errors in the future. The institutional response should therefore include, for all

points and issues raised by the OHS and agreed upon by the institution:

- An acknowledgement that a problem occurred
- A review of its causes
- A lesson plan with its remedies
- A date for the staff education with a roster of who attended
- Minutes of what was discussed

4) These Peer Review documents should not be distributed to anyone. To investigate certain allegations, the vendor Medical Director or the institutional physician may need the help of non-physicians, such as nurses, administrators, clerks and the like. It is permissible to transcribe some of the information in the original letter of inquiry to convey the essence of issues in question, but clinicians must not forward to or copy anyone with letters of inquiry or any other Peer Review materials or documents. Peer Review meetings should be attended by physicians only.

5) The entire Peer Review process is educational and aimed to document that the OHS and vendor Medical Directors did look into the matters in question and that the institutional response covered the corrective actions.

4. All documentation regarding Peer Review activities should be stamped "Peer Review" and filed in a secure place, with no unauthorized copies circulating. In general, following these procedures will shield the documentation from discovery and allow for more candor. However, it is not an absolute, and Peer Review documentation may be discoverable under certain limited circumstances.

5. Provider Peer Review may lead to corrective actions to be taken by the vendor(s) or GDC Medical Directors. The GDC Medical Director may suggest and request corrective action as well. The corrective action may take the form of oral or written counseling, reduction in privileges, suspension, or separation. All applicable laws and regulations regarding reporting of sanctions or privilege reductions will be followed with communications to the appropriate Boards and Authorities and the GDC Medical Director.

6. Mortality Review, a form of Peer Review, is covered under SOP VH47-0006 "Mortality Review".

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Health Services - Physical Health	**Reference Number:** VH54-0006	**Revises Previous Effective Date:** 09/01/01
Subject: Training for Health Care and Correctional Personnel Regarding Communicable Diseases		
Authority: Owens/Smith	**Effective Date:** 10/01/12	Page **1** of **7**

I. POLICY:

All employees with a risk of occupational exposure will receive initial and annual training on the hazards associated with blood and other potentially infectious materials and the protective measures to be taken to minimize or eliminate the risk of occupational exposure. The type of training will be appropriate to the employee's background and responsibilities.

II. APPLICABILITY:

This policy is applicable to all State, Private and County Prisons, Probation Detention, Pre-Release, Transitional Centers, and Boot Camps.

III. RELATED DIRECTIVES:

A. GDC SOPs

1. VH54-0005 (Exposure Control Plan Bloodborne Pathogens)

2. VH54-0007 (Hepatitis B Vaccination and HBV/HIV Post Exposure Evaluation and Follow-Up)

B. NCCHC 2008 Adult Standards: P-C-03, P-C-04, P-B-01

C. NCCHC 2008 Standards for Juveniles

D. ANA Standards of Nursing Practice in Correctional Facilities, American Nurses Publishing, Washington, D.C., 1995, p. 13.

E. ACA Standard: 3-4365, 3-4366

F. Occupational Exposure to Bloodborne Pathogens -Final Rule -Department of Labor, Occupational Safety and Health Administration, December 6, 1991.

G. O.S.H.A. Compliance Directive: CPL 2-2.44 D, Enforcement Procedures for Occupational Exposures to Bloodborne Pathogens, November 5, 1999.

H. Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Sexually Transmitted Disease Policy, Georgia Department of Human Resources, Division of Public Health, January, 1995

I. "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety Workers", CDC, June 23, 1989.

J. MMWR: "Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV Related Chronic Diseases", October 16, 1998, Vol.47, No. RR-19.

IV. DEFINITIONS:

A. Bloodborne Pathogens: Disease causing organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Syphilis and Human Immunodeficiency Virus (HIV).

B. Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (e.g., needle stick) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

C. Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Refer to SOP VH 54-0005 (Exposure Control Plan) for the lists of employees in each category.

1. Category I: All employees in this category have a risk of occupational exposure in the performance of their tasks/duties.

2. Category 2: Some employees in this category may have a risk of occupational exposure in the performance of certain tasks/duties. These tasks are listed in Section I of the Infection Control Manual.

   Employees in this category should be evaluated individually to determine who would be performing tasks/duties that may put them at risk for occupational exposure.

D. Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as a protection.

E. Standard Precautions: An approach designed to reduce the risk of transmission of microorganisms (germs) from both recognized and unrecognized sources of infection. All body fluids and substances are treated as infectious.

V. ATTACHMENTS:

None

VI. PROCEDURE:

A. Orientation and Training Regarding Bloodborne Pathogens and Exposure Control Procedures for Employees with Occupational Exposure Risk (Health and Non-Health Care Employees)

1. Upon orientation, and within 10 days of employment, all GDC and Contractor/Vendor employees (including part-time) with a risk of occupational exposure will receive training regarding bloodborne pathogens and exposure control procedures.

2. Training will be provided during work hours and at no cost to the employee before their initial assignment to tasks where occupational exposure may take place. Training shall be provided at least annually thereafter. Documentation of training must include: who attend, instructor signature, date, time, and must be maintained in the Staff development Log.

3. Additional training will be conducted when changes such as modification of tasks/procedures affect the employee's occupational exposure or the OSHA Standards; state and federal law are changed. The additional training may be limited to addressing the changes.

4. Training materials will be appropriate in content and vocabulary to the educational level of employees.

5. At a minimum the training will include:

   a. An accessible copy of OSHA's Final Rule regarding Occupational Exposure to Bloodborne Pathogens, Respiratory Protection Standard and the Centers for Disease Control and Prevention's (CDC) Guidelines for Preventing the Transmission of Tuberculosis in Health Care Facilities (See Infection Control Manual, Reference Section).

   b. A general explanation of the epidemiology and symptoms of bloodborne diseases & airborne pathogens (such as tuberculosis);

   c. An explanation of the modes of transmission of bloodborne pathogens and airborne pathogens (such as tuberculosis);

   d. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

   e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood, tuberculosis and other potentially infectious materials;

   f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

g. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

h. An explanation of the basis for selection of personal protective equipment;

i. Information on the Hepatitis B vaccine including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be provided free of charge during normal working hours;

j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

l. Information on the post-exposure evaluation and follow-up that will be made available to employees following an exposure incident;

m. An explanation of the signs, labels and color-coding that identify blood and other potentially infectious material.

n. An explanation of the signage required for respiratory isolation areas.

o. Information regarding the employee tuberculin skin testing program.

p. Information on how to access medical records.

6. The person conducting training will be knowledgeable in the subject matter contained in the training. This may include health care providers or non-health care providers with specialized training in the area of bloodborne and airborne pathogens (such as tuberculosis). The training will provide

opportunities for the person conducting the training sessions to answer questions.

B. Training of Health Care Employees

1. In addition to the training described above, all GDC and contract vendor health care employees will receive orientation and training related to job specific duties that may include the following:

   a. Infection control manual.

   b. Standard blood and body fluid precautions.

   c. Personal protective equipment kits and their location in the facility. e.g., spill kits.

   d. Disinfection/sterilization procedures.

   e. Definitions and disposal of regulated waste.

   f. Isolation procedures.

   g. HBV, HCV, Syphilis, HIV and TB infection and disease.

   h. Exposure Control Plan and OSHA Final Rule for Bloodborne Pathogens.

   i. Tuberculosis prevention and control.

2. Annual in-service education for health care employees will include the following components:

   a. Review of any and all changes in infection control policies.

   b. Update on Standard Precautions for blood and body fluids, Airborne Precautions and the use of personal protective equipment.

   c. Review of any changes in isolation or employee health policies.

   d. Update on HIV, HBV, HCV, Syphilis and TB.

C. Record keeping

1. Training records will include the following information:

   a. The dates of the training sessions;

   b. The contents or a summary of the training sessions;

   c. The name and qualifications of individuals conducting the training; and signature

   d. The names and job titles of all individuals attending the training.

2. Documentation of training regarding communicable diseases will be placed in each employee's personnel file (See Health Records Manual). The Infection Control Coordinator at the facility will maintain copies of the training records. In the Staff Development Log.

3. Training records will be maintained for three years from the date on which the training occurred.

4. Employee training records will be provided upon request to employees, to employee representatives, and OSHA inspectors for examination and copy.

5. Training records are not confidential documents.

VH54-0008
ATTACHMENT 1
1/01/04

GEORGIA DEPARTMENT OF CORRECTIONS

TUBERCULOSIS SCREENING OF CORRECTIONAL PERSONNEL

ACKNOWLEDGMENT STATEMENT

This is to acknowledge that I have read the Department's procedure governing tuberculosis screening of correctional personnel. As a condition of employment, I will abide by the terms and conditions of this procedure. I understand that any violation of this procedure, including any of the standards contained therein, may be the basis for disciplinary action, including dismissal.

_____	_____
Type/Print Employee Name	Employee Signature
_____	_____
Date	Social Security Number

(Revised 10-15-00)

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Human Resources/Health Services - Physical Health	**Reference Number:** VH65-0002	**Revises Previous Effective Date:** 3/01/04
Subject: Regional Dental Directors		
Authority: Owens/Smith	**Effective Date:** 1/15/12	Page **1** of **2**

I. POLICY:

To enhance communication and supervision, a Regional Dental Director will be selected for each of Facilities' geographic divisions.

II. APPLICABILITY:

This procedure is applicable to all State Prisons, Private Prisons, Boot Camps, Detention, Diversion and Transitional Centers.

III. RELATED DIRECTIVES:

A. NCCHC 2003 Adult Standard: PE-06.

B. NCCHC 1999 Juvenile Standard: Y-37

C. ACA 1990 Standards as amended 1998: 3-4347, 3-4343, 3-4345, 3-4355,3-4350, 3-4353.

D. GDC SOPs:

1. VH07-0001 [Charges to Inmate/Probationer Accounts for Health Care Provided]

2. VH30-0003 [Nursing Sick Call]

3. VH66-0002 [Specialized Dental Services at ASMP]

4. VH67-0001 [Dental Screening, Evaluation and Profiling]

5. VH67-0002 [Dental Treatment Priorities]

6. VH69-0001 [Dental Unit Report]

7. VH69-0003 [Auditing the Dental Unit]

IV. DEFINITIONS:

None

V. ATTACHMENTS:

None

VI. PROCEDURE:

A. Regional Directors:

The State Dental Supervisor will appoint a Regional Dental Director for each of Facilities' geographic divisions.

B. At the direction of the State Dental Supervisor, the appointed Regional Dental Director will make site visits to other facilities in their respective regions, coordinate meetings, and perform other duties as designated.

C. Reports of site visits to each facility, including findings and recommendations, will be provided to the State Dental Supervisor. The State Dental Supervisor will review the findings and make final recommendations.

D. Any meeting or other duties performed by or at the direction of the Regional Dental Director must first be reported by the Regional Dental Director to the State Dental Supervisor.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Program Services/Health Services - Physical Health	**Reference Number:** VH66-0001	**Revises Previous Effective Date:** 01/01/10
Subject: Guidelines for Dental Treatment		
Authority: Owens/Smith	**Effective Date:** 7/01/10	Page **1** of **10**

I. POLICY:

Dental services will be provided to inmate/probationers in accordance with established guidelines for dental evaluation and treatment.

II. APPLICABILITY:

This procedure is applicable to all State, Private and County Prisons, Boot Camp, Detention, and Transitional Centers.

III. RELATED DIRECTIVES:

A. GDC R & R: 125-4-4-.07

B. GDC SOPs:

1. VH07-0001 [Charges to Inmate/probationer Accounts for Health Care Provided]
2. VH30-0003 [Nursing Sick Call]
3. VH65-0001 [Classification of Dental Unit]
4. VH66-0002 [Specialized Dental Services at ASMP]
5. VH66-0004 [Dental Radiological Services]
6. VH67-0001 [Dental Screening, Evaluation and Profiling]
7. VH67-0002 [Dental Treatment Priorities]
8. VH69-0001 [Dental Unit Report]
9. VH69-0003 [Auditing the Dental Unit]

C. NCCHC 2003 Adult Standard: PE-06.

D. NCCHC 1999 Juvenile Standard: Y-37.

E. ACA 1990 Standards as amended 1998: 3-4347, 3-4343, 3-4345, 3-4355,3-4350, and 3-4353.

IV. DEFINITIONS:

A. Maintenance Inmates: Those inmates who are permanent residents assigned to perform maintenance or support services at transitional centers.

B. Diagnostic Inmates: Inmates at diagnostic facilities who are awaiting their permanent facility assignment.

C. Dental Screening: An evaluation by a trained health care professional to rule out acute dental problems requiring immediate treatment.

D. Dental Examination: An examination by a dentist to include a review of dental history, teeth charting, and a hard and soft tissue evaluation.

V. ATTACHMENTS:

NONE

VI. PROCEDURE:

A. The Dental Provider's Role

1. Every inmate will have access to the full range of dental services offered at the resident facility or referral facility. The dentist providing dental services in accordance with established guidelines for dental evaluation & treatment will determine the treatment necessary.

2. All dental records are to be maintained as is outlined in the appropriate dental sections of the Health Services Standard Operating Procedures Manual.

B. Access to Dental Treatment

1. Resident inmate/probationers at Level I Institutions will have access to the following services:

   a. Inmate/probationers at Transitional and Diversion Centers can receive dental services on a fee-for-service basis paid for by the inmate/probationer.

2. Resident inmate/probationers at Level II Institutions will have access to the following services:

   a. Intake: At Probation Detention Centers, Probation Boot Camps and Pre-Release Centers, newly assigned inmate/probationers will be scheduled for a dental screening within seven (7) days. Boot Camp inmates will have already had this screening during their intake process. Appointment scheduling will follow the guidelines established in Dental SOP, VH67-0002 (Treatment Priorities) and Section C of this document. The Screening will be by appropriately trained heath care staff.

   b. Sick Call: the dental or medical staff will screen Inmate/probationers with unexpected dental problems during normal sick call hours for that facility. Inmate/probationers with dental conditions requiring emergent/urgent treatment will be scheduled accordingly. Appointment should be made with the assigned State Prison dental department. Requests for services made by the inmate/probationer will be subject to a fee for service in accordance with SOP VH07-0001 (Charges to Inmate Accounts for Health Care Provided).

   c. Routine treatment: A probationer who is housed at a Probation Detention Center or an inmate housed in a Pre-Release Center for more than six months becomes eligible for routine dental services at an assigned State Prison dental department. A written request using the Health Services Request Form (PI 2064) will be utilized and each visit will be subject to a

fee for service. The probationer or pre-release inmate will remain housed at their facility and be transported to the State Prison for treatment.

3. Inmates at Level III, IV, and V Institutions will have access to dental services via:

   a. Dental Screening and Examination: Newly incarcerated inmates will have been scheduled for a dental screening and an examination at the intake facility as described in SOP VH67-0001. Inmates that have had a dental examination within the last two years and are transferring from one institution to another do not require re-examination at the new institution.

   b. Sick Call: the dental or medical staff will screen inmates with unexpected dental problems during normal sick call hours for that facility. Inmates with dental conditions requiring immediate treatment will be scheduled accordingly as outlined in VH67-0002. Requests for services made by the inmate will be subject to a fee for service in accordance with SOP VH07-0001 (Charges to Inmate Accounts for Health Care Provided).

   c. Routine Dental Services: Inmates who wish to receive routine dental treatment may do so by written request using the Health Services Request Form PI-2064). They will be scheduled for an appointment or placed on a list of appointments to be scheduled. The treatment will be subject to fee for service in accordance with SOP VH07-0001. Diagnostic inmates at intake facilities are not eligible for routine services, unless they have been at the intake facility for six months.

   d. Recall: A list used for recall may be maintained for various treatments (cleaning, exam, etc.) but the service provided will be subject to fee for service. Recall for follow

up to a procedure will not be subject to a fee for service.

e. Emergency: The dental authority at each facility will develop a plan for dental emergencies and the process to obtain that treatment both during scheduled hours and after hours. This plan will be in writing, dated and signed by the dental authority at each facility. It will be placed in the facility dental practices and procedures manual. Emergencies are not subject to fee for service unless sports related. A process to make treatment available to patients with urgent needs as defined in VH67-0002 will also be established.

C. Dental Services to be Rendered

1. Guidelines for Dental Care at Transitional Centers (Level I)

Services are available on a fee for service basis. This arrangement is between the independent dental provider and the inmate and in no way obligates the GDC for these services. Payment is to be directly from the inmate to the provider.

2. Services to be rendered to inmate/probationers assigned to Level II Institutions.

a. Inmate/probationers will receive a dental screening within seven (7) days of arrival to check for any severe dental problems that require immediate attention.

b. Inmate/probationers are eligible for emergent/urgent care where there is significant pain or infection.

3. Services to be rendered to inmates permanently assigned at Level III, IV and V Institutions. Access to the following routine services will be provided. Generally this will be in the order in which the

treatment request is received. In some instances, an inmate's period of incarceration will expire prior to the completion of services. All Routine services will be provided on a time available basis.

a. Comprehensive Diagnostic Services: The full range of diagnostic services necessary to provide adequate information to allow the dental practitioner to arrive at a diagnosis or treatment plan will be available at each facility or at a referral center. The dentist rendering treatment will determine the necessary diagnostic services.

b. Treatment Plan: A treatment plan is required before routine care can be provided. This can be done using the existing Pathology/ Treatment Plan sections at the bottom of form PI-1152. Treatment options will be explained to the inmate. The inmate will be informed that treatment will be initiated only at their request and that it is subject to co-pay.

c. Operative Procedures: Routine restorative procedures will be offered to inmates to include amalgams, composites and temporary type restorations. Treatment desired by the inmate/probationer for esthetic purposes only will not normally be provided. Those procedures that require castings or involve laboratory fees are not available.

d. Periodontal Services: The following may be provided with the type and frequency of maintenance services to be determined by the dentist.

    1) Routine prophylaxis: Prophylaxis may be made available on a schedule deemed appropriate by the dentist but normally no more often than every six months. It will be subject to fee for service.

    2) Scaling and root planing.

3) Closed flap curettage.

e. Extractions: Routine dental extractions will be provided; however, these will be subject to co-pay. Referral to ASMP for dental procedures such as impacted wisdom teeth will be subject to co-pay. The inmate/probationer should be informed of the fee for service prior to transfer to ASMP.

f. Fixed Prosthodontics (crown and bridge): This service is not available.

g. Removable Prosthodontics: (complete dentures and partial dentures)

1) Edentulous patients: Those patients who are completely edentulous in one or both arches and who do not have serviceable dental appliances will have the opportunity to acquire complete dentures within the capability of Dental Services. If the inmate is edentulous in only one arch, the dentist performing the services will decide what treatment is appropriate for the arch that is not edentulous, not to include a cast partial denture. Patients waiting for prosthetics who have difficulty masticating their food may be offered a Mechanical Soft Diet. All prosthetic cases will require prior approval by the Georgia Department of Corrections State Dental Director before any treatment can be started.

2) Patients waiting for prosthetics who have difficulty masticating their food may be offered a Mechanical Soft Diet.

3) Repair/replacement of prostheses: Those prosthetic appliances that are damaged or lost due to circumstances beyond a reasonably diligent inmate’s control will be repaired or replaced in accordance with the GDC guidelines for prosthetic services

in effect at that time, as outlined in the previous paragraph.

4) Repairable, functional (necessary for mastication), broken dentures or partials should be repaired as received. The repair of esthetic tooth replacements, without significant masticatory function, is restricted to those that can be repaired, on site, during the initial evaluation of the repair request.

5) An inmate who purposefully damages or discards a prosthetic appliance or who has multiple episodes of lost or damaged appliances may be assumed to not value them nor to desire the use of such appliances. With a review of well-documented records, the inmate will be placed in an inactive dental status in regards to replacement of that appliance. A review of the status will be made at the request of the inmate and the findings will be entered in the dental progress record.

h. Endodontics: Endodontic therapy is normally not available.

i. Orthodontics: Orthodontics is not offered by the GDC. A dentist at the resident facility will evaluate those inmates who enter the Department in appliances. The dentist conducting the exam will make a reasonable effort to contact the dentist previously providing care. Based on the information obtained and recorded in the record, a decision will be made to retain or remove the braces. If questions remain the Statewide Dental Supervisor should be contacted.

j. Implants: Implants will not be offered by the GDC. Those patients having implants when entering the Department will be monitored for complications (e.g., infections, mobility,

etc.) and if problems arise, the Statewide Dental Supervisor is to be consulted.

k. Exceptions: The Statewide Dental Supervisor must authorize exceptions to these stated guidelines.

4. Services to be Rendered to State Inmates in County Institutions:

County Institutions will use the instructions listed below in determining whether dental care will made available through the county facility or by transporting the inmate/probationer to a designated State Prison.

a. County Institutions are expected to provide urgent/emergent and routine dental services to state inmates in their custody: Such as fillings, cleanings and extractions.

b. Exceptional services (prosthetics, impacted surgery cases) needing evaluation and resolution may be addressed by contacting the State Dental Supervisor through a completed consultation form, PI 2007. If treatment is approved, arrangements should be made to transport the inmate to the nearest State Prison that can provide the requested service. If the needed service is deemed routine, the inmate will be scheduled for the service in the order in which the request was received. At the appointed time, he will be transported back and forth, between the County Institution and the State Prison until the treatment is complete. Urgent/emergent care will be offered at the initial assessment.

5. Services to be Rendered to Diagnostic Inmates:

Diagnostic inmates are eligible for the following dental care:

a. Inmates will receive a dental screening (within 7 days) and an examination (within 30 days)

after arrival. Both will usually be done at the same visit.

b. Inmates will be eligible for emergency/urgent dental care for severe pain, swelling, or other condition where in a dentist's opinion delaying treatment would damage their health.

c. When inmates are transferred to their resident facility, they will be eligible for dental care as outlined in this document.

d. Inmates, who spend six (6) months in a diagnostic facility without permanent assignment, become eligible for routine care at the diagnostic facility.

6. Dental Treatment for Maintenance Inmates

Inmates who are permanent residents at Transitional Centers will have access to urgent/emergent and routine dental care. Arrangements will be made by the Transitional Center with a State Prison that has a dental unit.

7. Dental Treatment for Inmates Temporarily Assigned to a Facility

Inmates temporarily assigned to a facility will have access to emergency dental care only.

D. Paying for Dental Services

Each dental appointment will incur a fee for service with the exception of certain services as specified in this policy. Inmate/probationers in Transitional and Diversion centers are responsible for their own dental care.

E. Right to Defer Treatment

The dentist performing treatment on an inmate/probationer will have the right to defer specific treatment when that treatment cannot be adequately rendered because of non-cooperation of the patient (e.g., poor oral hygiene, failure to follow instructions, etc.). The reason for deferring treatment and the behavior modifications needed

prior to re-instituting treatment will be entered in the Dental Progress Record.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Human Resources/Health Services - Physical Health	**Reference Number:** VH66-0004	**Revises Previous Effective Date:** 3/01/04
Subject: Dental Radiographic Services		
Authority: Owens/Smith	**Effective Date:** 1/15/12	Page **1** of **5**

I. POLICY:

Dental radiographic services will be made available for the evaluation and treatment of inmates/probationers in order to provide adequate dental care.

II. APPLICABILITY:

This procedure is applicable to all State, Private and County Prisons, Boot Camps, Detention, Diversion and Transitional Centers.

III. RELATED DIRECTIVES:

A. NCCHC 2003 Adult Standard: PE-06.

B. NCCHC 1999 Juvenile Standard: Y-37.

C. ACA 1990 Standards as amended 1998: 3-4347, 3-4343, 3-4345, 3-4355,3-4350, 3-4353.

D. GDC SOPs:

1. VH07-0001 [Charges to Inmate/Probationer Accounts for Health Care Provided]

2. VH30-0003 [Nursing Sick Call]

3. VH65-0001 [Classification of Dental Units]

4. VH66-0002 [Specialized Dental Services at ASMP]

5. VH67-0001 [Dental Screening, Evaluation and Profiling]

6. VH67-0002 [Dental Treatment Priorities]

7. VH69-0001 [Dental Unit Report]

8. VH69-0003 [Auditing the Dental Unit]

E. GDC R & R: 125-4-4-.07

IV. DEFINITIONS:

None

V. ATTACHMENTS:

None

VI. PROCEDURE:

A. Availability of Radiographic Services

1. Radiological imaging will be available to all Georgia Department of Corrections (GDC) inmates for dental services at locations approved by the State Dental Supervisor.

2. The level of facility radiographic capability will be based upon facility mission, and availability of qualified staff and equipment.

3. Whenever possible radiographic services will be provided within a GDC facility. However, if the duration of any delay or the length of trip to another facility is potentially harmful to an inmate, radiographic services may be obtained from the nearest appropriate community facility.

4. Emergency radiographic services will be provided by the closest appropriate source.

5. All radiological services will be provided by qualified dental or radiographic staff as defined by the Rules and Regulations for x-rays, Diagnostic Services Unit/Georgia Department of Human Resources.

B. Reading of Radiographic Images

All dental imaging performed within GDC facilities will be read by licensed dentists only. If films are forwarded

for interpretation, a qualified dentist or radiologist will read them and a typed report received within 72 hours. In emergent cases, the appropriate physician or dentist at the location where the services are provided will read imaging.

All consultation reports will be written on Consultation Form PI 2007. The report original will be placed in the Dental Record. If image(s) also includes medical images, a copy of the report will be placed in the Dental Record.

C. Orders for Radiographic Procedures

1. Radiographic procedures will be performed in accordance with the guidelines of the American Radiological Association or the American Dental Association and will not generally be conducted as a screening measure.

2. Only a licensed dentist or physician can order dental radiographic procedures.

D. Employee Safety

1. Before installing and operating a radiographic unit, the Radiological Health Unit of the Georgia Department of Human Resources/Diagnostic Services/X-ray Unit will be notified of the intent and a request will be made for an inspection and approval to operate the unit.

2. Rules and Regulations for x-rays (Chapter 290-5-22), Diagnostic Services Unit/Georgia Department of Human Resources, regarding radiographic safety will be available within the facility.

3. Only dental staff meeting the training requirements of the Georgia Board of Dentistry will provide dental radiographic services.

4. Notices will be placed in the location of the radiographic unit(s) to inform other facility employees of potential hazards.

5. Only individuals required for the radiographic procedure will be in the area during radiographic procedures.

6. All staff members providing radiographic services and any other employee in the immediate area where radiographic images are obtained will be instructed regarding the use of radiation monitoring badges, will wear monitoring badges during working hours and will change those badges minimally once per month. The badges will be obtained from a reputable firm whose reliability is assured.

   a. Monthly Radiation Dosimeter Reports will be reviewed, signed, and dated by a facility dentist and maintained in a department file.

   b. The monitoring badge service provider will be notified of additions and/or deletions in personnel within one month.

7. Equipment will be maintained as defined by manufacturer and only personnel as defined by State Rules and Regulations or the manufacturer if no such state rules exist will perform maintenance. Written documentation of each maintenance activity will be retained.

8. All hazardous or potentially hazardous materials such as darkroom chemicals will be kept in a secure locked area in accordance with institutional guidelines. Additionally, all equipment will be kept secure.

E. Inmate Safety

1. 1. Inmates will be exposed to the minimum amount of radiation necessary in order to obtain a diagnostic radiograph. Guidelines include:

   a. Collimation of the field to include only the part being examined.

   b. Gonadal protection from the direct beam.

c. If pregnancy is suspected and dental x-rays can be deferred with no harm to either the mother or fetus, dental x-rays will be deferred.

F. Statistical Documentation

A monthly count of dental x-rays will be provided to the Office of Health Services in accordance with VH69-0002 [Dental Statistical Report] and will be based upon daily logs.

G. Documentation and Storage

1. Each time radiographs are obtained, the following information will be entered into the inmate's dental chart on the progress of treatment record:

   a. Date.

   b. Radiographs taken (e.g., PAX # 5, 4 BWX).

2. Intraoral radiographs will be mounted and labeled to identify the inmate and date taken and secured in the back of the Dental Record. Panoramic images will be labeled and secured in the front of the Dental Record. Medical Departments will store other images (e.g., skull films).

H. Inmate Movement and Radiographic Films

1. Radiographic films related to a health problem necessitating consultation/treatment will accompany every inmate being moved for consultation/treatment.

2. Scheduling of radiographic procedures at another GDC facility will be made as far in advance as possible.

I. Retention

Retention for dental films will be the same as that for health records.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Human Resources/Health Services - Physical Health	**Reference Number:** VH67-0001	**Revises Previous Effective Date:** 3/01/04
Subject: Dental Screening, Examination and Profiling		
Authority: Owens/Smith	**Effective Date:** 1/15/12	Page **1** of **4**

I. POLICY:

Within seven days of entry into the system all inmates/probationers will receive a dental screening. Those expected to be housed in State or County Prisons will also receive a dental examination within thirty days of entry.

II. APPLICABILITY:

This procedure is applicable to all State, Private and County Prisons, Boot Camps, Probation, Detention, Diversion and Transitional Centers.

III. RELATED DIRECTIVES:

A. NCCHC 1997 Adult Standard: P-36.

B. NCCHC 1999 Juvenile Standards: Y-37.

C. ACA 1990 Standards as amended 1998: 3-4347, 3-4343, 3-4345, 3-4353.

D. GDC SOP:

1. VH07-0001 [Charges to Inmates/Probationers Accounts for Health Care Provided]

2. VH26-0001 [Medical Classification and Profiling]

3. VH31-0001 [Urgent/Emergent Care Services]

4. VH66-0004 [Dental Radiologic Services]

5. VH66-0002 [Specialized Dental Services at ASMP]

6. VH67-0002 [Dental Treatment Priorities]

7. VH67-0004 [Entering Dental Data in the Physical Health Record]

8. VH69-0002 [Dental Statistical Report]

9. VH69-0003 [Auditing the Dental Unit]

10. VH78-0001 [Health Record Management, Format and Contents]

IV. DEFINITIONS:

A. Dental Screening: An evaluation by a trained health care professional to rule out acute dental problems requiring immediate treatment.

B. Dental Examination: An examination by a dentist to include a review of dental history, teeth charting, and a hard and soft tissue evaluation.

V. ATTACHMENTS:

A. None

B. All forms associated with this SOP may be found on the GDC Intranet at Captiva/Human Resources Division/Health Services/02 Physical Health/Health Record Manual.

VI. PROCEDURE:

A. Dental Form

Facilities providing on site dental care for the inmates/probationers will use the Dental Examination, Treatment Plan, and Forensic Record Form, PI-1152.

B. The Intake Facility

1. Mission: The dental mission at the intake diagnostic facility is to:

a. Provide a dental screening within seven (7) days and a dental examination within thirty (30) days of arrival at the institution.

b. Profile the inmate/probationer via form PI-2051 and SOP VH26-0001 (Medical Classification and Profiling).

2. The examination will usually be performed in conjunction with the screening. The dental examination, by a dentist, will include a review of the inmate's/probationer's dental history, teeth charting, and a hard and soft tissue evaluation. If the dentist feels that the inmate/probationer would benefit from routine dental treatment, he will be advised to seek treatment upon permanent assignment. Inmates/probationers requiring immediate attention will be referred for evaluation. Instructions in oral hygiene and how to access dental care will be provided during the intake process.

3. Inmates/probationers in Diversion and Probation Centers are eligible for the dental screening only. The screening will be by a trained health care provider and the results will be noted on the Intake Physical Examination form, P-25-0003-01.

C. Data to be entered:

1. The intake facility dentist will be responsible for entering the following data on form D-67-0001-01

a. Inmates/probationer's: Name, ID number, DOB, Race, Sex, Facility, Date, and Intake Dentist (IN INK).

b. A soft tissue exam will be performed and any abnormalities noted in that section. (IN PENCIL)

c. A hard tissue exam will be performed. Existing pathology, missing teeth and existing restorations will be charted in their respective areas. (IN PENCIL)

2. A dental profile number will be assigned on Form PI-2051. The profile numbers range from 1 to 5, indicating the inmate's/probationer's probable need to access dental services: 1=minimum, 2=moderate, 3=extensive, 4=urgent, 5=emergent.

a. Inmates/probationers with Profile 4 or 5 should be treated prior to transfer to another facility.

b. Inmates/probationers with Profile 2 or higher should be assigned to a resident a facility that has a staff dentist.

D. General Guidelines.

If an inmate/probationer leaves the GDC and then returns to the system, a new Dental Screening, Examination, Treatment Plan and Forensic Record will be filled out for that inmate/probationer as if the patient had never been in the system.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Human Resources/Health Services - Physical Health	**Reference Number:** VH67-0002	**Revises Previous Effective Date:** 3/01/04
Subject: Dental Treatment Priorities		
Authority: Owens/Smith	**Effective Date:** 1/15/12	Page **1** of **3**

I. POLICY:

An established priority system will be used to guide treatment decisions.

II. APPLICABILITY:

This procedure is applicable to all State, Private and County Prisons, Boot Camps, Probation, Diversion and Transitional Centers.

III. RELATED DIRECTIVES:

A. NCCHC 2003 Adult Standard: PE-06.

B. NCCHC 1999 Juvenile Standard: Y-37.

C. ACA 1990 Standards as amended 1998: 3-4347, 3-4350, 3-4343.

D. GDC SOPs:

1. VH31-0001 [Urgent/Emergent Care Services]
2. VH66-0001 [Guidelines for Dental Treatment]
3. VH66-0002 [Specialized Dental Services at ASMP]
4. VH66-0004 [Dental Radiological Services]
5. VH67-0001 [Dental Screening, Evaluation and Profiling]
6. VH69-0004 [Auditing the Dental Unit]

IV. DEFINITIONS:

None

V. ATTACHMENTS:

A. None

B. All forms associated with this SOP may be found on the GDC Intranet at Captiva/Human Resources Division/Health Services/02 Physical Health/Health Record Manual.

VI. PROCEDURE:

A. The following are the priority codes to be used. They will be entered on the Dental Daily Report form (D-69-0001.02) as an aid to the CQI process. They are listed in order of priority of treatment both for the patient pool within a facility and for an individual inmate/probationer.

1. Emergency :(E)

a. This classification will take precedence over all others. These patients require immediate care which includes those conditions that are:

1) Potentially life-threatening (e.g., severe infections hemorrhage).

2) Where delay would be inappropriate to insure safe treatment or proper healing (e.g., some facial fractures).

3) Where there is a significant degree of pain or infection involved (to be determined by the examining dentist or designee according to guidelines established by each facility for acute emergencies).

b. When necessary, inmates/probationers in this group may be transferred on an ASAP basis to Augusta State Medical Prison via the Utilization Management process. Life threatening emergencies may be treated by local

specialists and then transferred to ASMP for recovery. See VH66-0002.

2. Urgent :(U)

   a. These inmate/probationers, if treatment is requested, should receive treatment within seven (7) days. It includes these conditions:

      1) Where the patient is in moderate pain (to be determined by the examining dentist).

      2) Where a chronic or acute infection is involved and a significant delay could compromise the patient's health.

   b. Patients with Urgent (U) or Emergent (E) needs should be treated, prior to non-medical transfer to another facility.

3. Routine :(R)

   Access to routine services will be provided to those inmates housed at their resident facility. Generally, this will be in the order in which the request for treatment was received. Inmates at intake facilities over six months may also be eligible for routine treatment. Routine treatment will be provided in accordance with VH66-0001 [Guidelines for Dental Treatment].

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Human Resources/Health Services - Physical Health	**Reference Number:** VH67-0004	**Revises Previous Effective Date:** 3/01/04
Subject: Entering Dental Data in the Physical Health Record		
Authority: Owens/Smith	**Effective Date:** 1/15/12	Page **1** of **4**

I. POLICY:

Standardized dental data entry will be used in the Physical Health Record to document dental conditions and procedures to enhance communication among providers.

II. APPLICABILITY:

This procedure is applicable to all State, Private and County Prisons, Boot Camps, Probation, Diversion and Transitional Centers.

III. RELATED DIRECTIVES:

A. NCCHC 2003 Adult Standard: PE-06.

B. NCCHC 1999 Juvenile Standards: Y-37.

C. ACA 1990 Standards as amended 1998: 3-4347, 3-4343, 3-4345, 3-4353.

D. GDC SOPs:

1. VH66-0002 [Specialized Dental Services at ASMP]

2. VH67-0001 [Dental Screening, Evaluation and Profiling]

3. VH67-0002 [Dental Treatment Priorities]

4. VH69-0004 [Auditing the Dental Unit]

5. VH78-0001 [Health Record Management, Format and Contents]

IV. DEFINITIONS:

None

V. ATTACHMENTS:

A. None

B. All forms associated with this SOP may be found on the GDC Intranet at Captiva/Human Resources Division/Health Services/02 Physical Health/Health Record Manual.

VI. PROCEDURE:

A. Dental Screening, Examination, Treatment Plan, and Forensic Record (Form PI-1152).

1. All entries in the section "Missing Teeth/ Extractions/Restorations Forensic" will initially be done in pencil at the intake facility. They will be redone in ink if a treatment plan is completed at the resident facility.

2. All entries in the section "Existing Pathology/ Treatment Plan" will be done in pencil and erased as work is completed or pathology eliminated. Completed work will be charted in ink in the section Missing Teeth/Extraction/Restorations/Forensic.

3. Supernumerary teeth may be diagrammed in place or written about under "Special Comments".

4. All temporary crowns, bridges and restorations, if they are to be charted, will be entered in the "Existing Pathology/Treatment Plan" section.

5. Orthodontic treatment that is in progress will be entered under the section "Special Comments".

6. When a comprehensive examination and treatment plan are completed, the date, facility, and dentist will be entered under the Comprehensive Examination section.

7. The lined Treatment Plan section may be used to aid case planning.

B. Progress Record

1. All Progress Record entries will be standardized to the extent possible to aid in the continuity of treatment between facilities. Practitioners should use the sequence as listed below:

   a. Date

   b. Time

   c. Facility

   d. Medical history review

   e. SOAP Format

      (S) Subjective complaint

      (O) Objective observation

      (A) Assessment, including radiographs taken, clinical findings, and diagnosis

      (P) Plan or treatment rendered

   f. Signature of person making the entry

2. Each time an inmate is seen for dental care, a review of the inmate's medical history should be documented prior to initiating treatment.

3. An entry will be made on the Progress Record, dated, and signed by the dentist for every treatment contact with an inmate.

C. Placement of Dental Forms in the Health Record

1. All dental forms will be placed in the Dental Section of the Health Record.

2. The bottom-up order of the dental forms in the dental Section of the Health Record will be as follows:

a. Dental radiographs will be mounted and placed in a 6x9 envelope and attached to the record.

b. Consent form, P-67-0002-01 if applicable.

c. All consultation forms in order by date with the oldest on bottom.

d. Refusal of Treatment forms.

e. Progress Record.

f. Dental Examination, Treatment Plan, and Forensic Record.

3. If more than one copy of a particular form exists (e.g. Progress Record that is full and another one is started), the oldest dated form will go under the one currently in use.

D. Orders

a) All orders will be entered in the 'orders' section of the Physical Health Record. The progress notes should also reflect those orders.

b) Consultation requests will be submitted using PI 2007, as outlined in VH-66-0003.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Human Resources/Health Services - Physical Health	**Reference Number:** VH68-0001	**Revises Previous Effective Date:** 3/01/04
Subject: Refusal of Dental Treatment		
Authority: Owens/Smith	**Effective Date:** 1/15/12	Page **1** of **2**

I. POLICY:

Inmates/probationers will have the right to refuse dental treatment.

II. APPLICABILITY:

This procedure is applicable to all State, Private and County Prisons, Boot Camps, Probation, Diversion and Transitional Centers.

III. RELATED DIRECTIVES:

A. NCCHC 2003 Adult Standard: PE-06.

B. NCCHC 1999 Juvenile Standard: Y-37.

C. ACA 1990 Standards as amended 1998: 3-4347, 3-4350, 3-4343.

IV. DEFINITIONS:

None

V. ATTACHMENTS:

A. None

B. All forms associated with this SOP may be found on the GDC Intranet at Captiva/Human Resources Division/Health Services/02 Physical Health/Health Record Manual.

VI. PROCEDURE:

All inmates/probationers have the right to refuse treatment that has been recommended. While an inmate/probationer does not have the right to dictate his/her own treatment, an expressed desire to decline treatment will be honored. Inmates/probationers who refuse dental treatment will be required to sign a Refusal of Treatment Form (P-82-0002-01.) This form will be placed in the dental section of the medical/dental chart and will become part of the dental record. An entry of "Patient refuses treatment - see Refusal of Treatment Form" will be made on the Dental Progress Record, dated and signed by the practitioner.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Human Resources/Health Services - Physical Health	**Reference Number:** VH68-0002	**Revises Previous Effective Date:** 3/01/04
Subject: Infection Control Precautions		
Authority: Owens/Smith	**Effective Date:** 1/15/12	Page **1** of **2**

I. POLICY:

Proper infection control procedures will be utilized for all dental procedures.

II. APPLICABILITY:

This procedure is applicable to all State, Private and County Prisons, Boot Camps, Detention and Transitional Centers.

III. RELATED DIRECTIVES:

A. NCCHC 2003 Adult Standard: PE-06.

B. NCCHC 1999 Juvenile Standard: Y-37.

C. ACA 1990 Standards as amended 1998: 3-4343, 3-4347, 3-4350.

D. GDC SOP: VH54-0001 [Infection Control Program]

IV. DEFINITIONS:

Dental Personnel: Includes those individuals actively engaged in patient treatment and includes but is not limited to the dentist, dental assistants and dental hygienist.

V. ATTACHMENTS:

None

VI. PROCEDURE:

A. All dental personnel will read and be familiar with the information and dental guidelines contained in the GDC,

Office of Health Services, Infection Control Manual. There will be a yearly documented review of the written infection control policy by all dental staff.

B. All GDC dental personnel who treat patients will use Universal Precautions. These will include at least the following:

1. The use of masks, gloves, protective eyewear and gowns.

2. Hand washing before and after direct patient care.

3. Needle disposal in puncture resistant containers without breaking or recapping needles.

4. Autoclaving (where applicable) of all instruments used on a patient.

5. All trays, table or shelf surfaces, hoses, equipment, furniture, etc., which may have come into contact with the patient's body fluids either by aerosolization or direct spillage will be disinfected with an ADA approved disinfectant (i.e., a solution of 5.25% sodium hypochlorite, household bleach diluted 1:1).

6. Prosthetic procedures will require the usual precautions. All models, impressions, wax, set-ups, final dentures, etc. are to be decontaminated prior to sending to any laboratory. If these precautions are taken, no other special measures are necessary nor is any special labeling or handling required.

7. All disposable supplies (x-ray film wrappers, gauze, saliva ejectors, etc.) will be placed in a plastic bag, sealed, labeled with "H/A Precautions" labels and disposed of according to facility procedures for the disposal of biohazardous waste.

8. All specimens (from biopsies, smears, etc.) must be labeled with "H/A Precautions" labels and placed in plastic bags for transport. The lab slip will also be labeled and attached to the outside of the bag.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Human Resources/Health Services - Physical Health	**Reference Number:** VH69-0003	**Revises Previous Effective Date:** 1/01/04
Subject: Auditing the Dental Unit		
Authority: Owens/Smith	**Effective Date:** 1/15/12	Page **1** of **1**

I. POLICY:

The State Dental Supervisor or designee will conduct periodic evaluation of dental units at all facilities.

II. APPLICABILITY:

This procedure is applicable to all State Prisons, Private Prisons, Boot Camps, Probation, Diversion and Transitional Centers.

III. RELATED DIRECTIVES:

A. NCCHC 2003 Adult Standard: P-E-06

B. NCCHC 1999 Juvenile Standards: Y-37.

C. ACA 1990 Standards as amended 1998: 3-4347, 3-4343, 3-4345, 3-4353

D. GDC SOP: VH03-0002 [Continuous Quality Improvement]

IV. DEFINITIONS:

None

V. ATTACHMENTS:

None

VI. PROCEDURE:

A. On a periodic basis, each facility will have its Dental services evaluated by the State Dental Supervisor or designee. The audit may take place in conjunction with Health Services' audit of the medical unit.

B. A copy of that evaluation will be sent to the facility's Warden/Superintendent and Dental Director.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Human Resources/Health Services - Physical Health	**Reference Number:** VH69-0004	**Revises Previous Effective Date:** 1/01/04
Subject: Interviews for Dental Candidates		
Authority: Owens/Smith	**Effective Date:** 1/15/12	Page **1** of **2**

I. POLICY:

The State Dental Supervisor will evaluate and approve all dentist candidates for both contract and state positions within the GDC.

II. APPLICABILITY:

This procedure is applicable to all State Prisons, Private Prisons, Boot Camps, Diversion, Probation and Transitional Centers.

III. RELATED DIRECTIVES:

A. NCCHC 2003 Adult Standard: P-E-06.

B. NCCHC 1999 Juvenile Standard: Y-37.

C. ACA 1990 Standards as amended 1998: 3-4347, 3-4350, 3-4343

D. GDC SOPs: VH04-0001 [Licensure and Credentialing Verification]

IV. DEFINITIONS:

None

V. ATTACHMENTS:

None

VI. PROCEDURE:

A. Resumes of candidates for dentist positions, contract or state, within the GDC will be submitted to the State Dental Supervisor for review and evaluation.

B. The State Dental Supervisor will interview all candidates for dentist positions.

C. The results of the interview process will be forwarded to the Warden/Superintendent of the facility along with the State Dental Director's approval or disapproval for the proposed candidate(s). When applicable, the vendor for dental contract employees will also be notified of the candidate’s suitability for the position.

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: Human Resources/Health Services - Physical Health	**Reference Number:** VH69-0005	**Revises Previous Effective Date:** 1/01/04
Subject: Peer Review (Dental Only)		
Authority: Owens/Smith	**Effective Date:** 1/15/12	Page **1** of **5**

I. POLICY:

A Peer Review Committee will be formed to investigate complaints of improper conduct or treatment of patients filed against dental professionals in the discharge of their duties for the Georgia Department of Corrections (GDC). The purpose of the committee is to evaluate and improve the quality and efficiency of health care rendered and/or reducing morbidity.

II. APPLICABILITY:

This procedure is applicable to all State, Private and County Prisons, Boot Camps, Detention and Transitional Centers.

III. RELATED DIRECTIVES:

NONE

IV. DEFINITIONS:

None

V. ATTACHMENTS:

None

VI. PROCEDURE:

A. Composition.

A Dental Peer Review Committee will be composed of three (3) dentists. The State Dental Supervisor will chair the committee and the two (2) remaining dentists will be full-time employees of the GDC or contract provider with at least two (2) years experience each. The State Dental Supervisor will appoint these two (2) committee members.

B. Term.

The State Dental Supervisor is permanently assigned to the Dental Peer Review Committee. All other members are appointed on an Ad Hoc basis and will serve a term as long as the committee is in session regarding a particular case or as directed by the State Dental Supervisor.

C. Filing of Charges.

1. Prior to the filing of any charges by designated facility staff with the Dental Peer Review Committee, efforts will be made to resolve the problem(s) at the facility level. If the problem(s) cannot be resolved at the facility level, the charges will be sent directly to the State Dental Supervisor. The following information must be provided:

   a. Name of the individual against whom the charges are filed.

   b. Facility name.

   c. Name(s) of third parties involved, including ID number(s).

   d. Date(s) of all alleged offenses.

   e. Collaborating data.

   f. Signature of the individual submitting the charge and the date of filing.

2. The charge(s) will be submitted on the form "Witness Statement" (PI 515) and the person submitting will complete the affidavit section.

3. All charges and supporting material(s) will be forwarded to the State Dental Supervisor and copies provided to the appropriate individuals at the facility (Warden, D/W Care & Treatment, Medical Administrator/Director).

D. Who May File Charges.

The following may file charges:

1. Dental staff.

2. Warden/Superintendent.

3. Deputy Warden for Care and Treatment.

4. Responsible Facility Health Authority.

E. Handling of Charges.

1. The State Dental Supervisor, upon receiving the charges, will send a copy to each of the two (2) other committee members. All committee members will review the information provided and agree on a course of action. The choices are:

   a. Investigation by the State Dental Supervisor or a Dental Peer Review Committee member designated by him, or;

   b. Investigation by the entire committee.

2. All committee members will make the decision on a course of action within two (2) weeks of receipt of the charges.

F. Notifying the Accused.

The State Dental Supervisor will notify the individual who is charged and will send copies of the charges to him/her at the same time that copies are sent to the other committee members. The accused will have a maximum of one (1) week from date of receipt to voluntarily respond to the charge(s). Any response should be forwarded to the State Dental Supervisor only.

G. Investigation of the Charges.

1. The State Dental Supervisor, his designee, or the entire committee will visit the facility for the investigation where they will review all pertinent data, conduct relevant interviews, examine any patient(s) necessary, and, evaluate anything else deemed appropriate.

2. During any interviews or other aspects of the investigation, an individual may have present legal counsel and/or witnesses who they feel may strengthen their position. The individual is directly and totally responsible for any compensation to the counsel or witnesses. The GDC will assume no responsibility for the compensation of anyone other than that provided by their merit position or contract with the GDC.

3. If the committee believes that expert testimony is necessary to fully evaluate the charges, it must arrange for such testimony in coordination with the GDC Health Services Administrator.

4. If the committee requires expert testimony to fully evaluate the charges, the State Dental Supervisor must arrange for such testimony in coordination with the GDC Health Services Administrator.

H. Report of the Investigation.

The individual(s) who conduct the investigation will submit a written report of their findings, conclusions and recommendations within thirty (30) days of completion of the investigation to the State Dental Supervisor. The State Dental Supervisor will distribute copies of this report to the accused, State Health Services Director, Warden/Superintendent of the facility, Office of Health Services, and to any other boards, organizations, or individuals who might find it necessary to have a copy of the report to enforce the recommendations of the committee. The distribution to anyone or any organization other than the accused, the Health Services Director, the Warden/Superintendent, and the Office of Health Services Administrator requires a unanimous vote of the committee and that vote must be recorded in writing, signed and dated by all committee members. Any discussion of the report, its findings or recommendations by a committee member will be included in the report, signed and dated. Legal Services of the GDC must review all recommendations before said recommendations can be distributed outside the GDC.

I. Actions Recommended by the Committee.

The committee may recommend any of the following actions:

1. The accused is exonerated of all charges.

2. The accused alters certain aspects of their practice of dentistry.

3. Recommend the accused receive additional training approved by the committee.

4. That the accused alters certain aspects of the way they practice dentistry.

5. A reprimand.

6. Follow-up site visits to the facility be performed to ascertain the status of the committee's recommendations. These visits may be on a scheduled basis or unannounced and will be done by a member of the investigating committee.

7. That the accused be suspended from practicing dentistry in their current correctional position(s) pending further investigation and recommendations.

8. That the recommendations be forwarded to the GDC hiring authority or contractor for further action in accordance with the State Merit System Rules or other contractual provisions.

9. That the case be reviewed by the State Board of Dentistry.

J. Appeals.

Any individual investigated by the committee and against whom any action is recommended may appeal the findings within two (2) weeks. The reasons for the appeal are to be submitted in writing, dated and signed by the accused. The appeal is to be submitted to a committee composed of three (3) other dentists appointed by the Office of Health Services Administrator. These new appointees will meet the original committee assignment criteria of employment and experience. The assignment term will be for the period of the appeal.

K. Keeping the Report.

The State Dental Supervisor will keep the Report on file for a period of seven (7) years.

L. Access to the Report.

When an investigation is completed, access to the Report will be limited to the State Dental Supervisor, the Office of Health Services Administrator, Health Services Director, Legal Services, and to those whom the above named determine have the need for such information.

M. Liability of Committee Members.

All committee members have immunity from both civil and criminal liability under Georgia Statute 43-11-16 (Cross reference 31-7-130ET seq.): Liability of Committee Members.

OVERVIEW OF GEORGIA's CORRECTIONAL MENTAL HEALTH SERVICE DELIVERY

A Brief History of Georgia's Correctional Mental Health Delivery System (1980-2013):

The history of Georgia's correctional mental health program can be divided into four periods, namely: the creation, enhancement, consolidation and expansion of mental health.

The first period lasted for approximately 10 years from the early '80s to the early '90s. During this time, mental health services began to be provided at a number of prisons as a result of some Wardens who were responsive to inmate's mental health needs. While these services were being offered at specific facilities, there was also an initiative to develop a coordinated state-wide mental health delivery system. This initiative was in response to civil rights litigation filed in Texas (Estelle v Gamble and Ruiz v Estelle) and in Georgia (Guthrie v Evans). By the mid '80s, GDC published its first edition of the Mental Health Standard Operating Procedures (SOPs). For the next five years, the Georgia Department of Corrections (GDC) debated whether or not to let mental health stand alone or to integrate it with medical, general population counseling, or security. After a number of political battles, a decision was made to establish an autonomous mental health program with its own budget, policies, and staffing resources.

The second period began when an old civil rights complaint, namely Cason v Seckinger came to life after allegations of staff and inmate sexual misconduct. For approximately the next ten years, GDC was in federal court. Both the medical and mental health delivery systems were charged with Deliberate Indifference. The state contracted with Dr. Jeffrey Metzner and Dr. Ronald Shansky to be expert witnesses for mental health and medical respectively. From '94 to '96, medical and mental health SOPs were revised and from '96 to '98, both plaintiffs and defendants agreed to quarterly implementation audits. In 1998 the court closed both the mental health and medical parts of Cason v Seckinger. While GDC was in federal court, it contracted with Mental Health Management (MHM) in 1997 to provide psychiatrists and psychologists. To provide medical services, GDC had successively contracted with Correctional Medical Services (CMS), Prison Health Services (PHS), and Georgia Correctional Health Care (GCHC) which is an affiliate of the Medical College of Georgia.

OVERVIEW OF GEORGIA's CORRECTIONAL MENTAL HEALTH SERVICE DELIVERY

The third period began with the end of Cason v Seckinger and lasted for approximately the next ten years. It was characterized by consolidating GDC's mental health delivery system through the elimination of redundancies, irrelevancies, and inefficiencies. Policies and forms were revised and staffing ratios were changed. The mental health counselor-to-inmate ratios were increased and the psychiatry, psychology, and mental health nursing ratios were eliminated. During this time, another civil rights complaint was filed regarding the mental health delivery system at Phillips State Prison (Fluellen v Wetherington), alleging that the state was deliberately indifferent to the needs of its mentally ill inmates. The complaint was filed in 2002 and withdrawn by plaintiffs in 2004. While GDC was consolidating its mental health resources, it decided to expand its contract with MHM, converting the following GDC positions to MHM positions through attrition: mental health counselors, behavior specialists, mental health unit managers, activity therapists, and clerical staff. The contract with GCHC was also continued.

The fourth period began with the financial crisis of 2008. It's characterized by Criminal Justice Reform with a focus on tearing down silos and adopting a holistic integrative approach to doing business. An example of this approach includes the integration of facilities and probation, with an emphasis on Diversion and Re-entry. For mental health, this emphasis resulted in an expansion of mental health services to Day Reporting Centers (DRCs), Community Impact Programs (CIPs), Probation Offices, Transitional Centers, and Integrated Treatment Facilities. Within facilities, GDC mental health began partnering with: 1) risk reduction to develop Integrated Dual Diagnosis Treatment programs; 2) medical to develop a Behavioral Medicine program; and with security to develop Behavioral Management Plans for disruptive inmates.

The expansion of GDC's mental health delivery system is anticipated to continue well into the future as we interface with both State Agencies (i.e., Department of Behavioral Health and Developmental Disabilities, Department of Community Health, Department of Juvenile Justice, Department of Community Affairs, Department of Labor, and Social Security Administration) and Advocacy Groups (i.e., National Alliance on Mental Illness, Georgia Mental Health Consumer Network, and Mental Health America).

OVERVIEW OF GEORGIA's CORRECTIONAL MENTAL HEALTH SERVICE DELIVERY

Integrated Treatment Facilities:

The number of offenders diagnosed with behavioral health disorders (i.e., mental illness, substance use disorders, or both) is large and complex. Additionally, it poses a number of challenges to administrators and clinicians responsible for security, budgets, treatment and supervision. Overtime, this population has increased at a much faster rate than the general inmate population, resulting in Georgia having one of the highest proportion of adult residents under correctional control, (i.e., 1 in 70 Georgian adults at year end 2007 vs 1 in 100 nationally). This growth has also resulted in substantial costs to Georgia taxpayers.

To address this growth, the Georgia legislature created an inter-branch Special Council on Criminal Justice Reform for Georgians in 2011. This council began identifying ways to improve public safety such as simultaneously reducing Georgia's prison population and investing the savings in evidence-based practices that will reduce recidivism. One of this council's recommendations was to expand access to effective treatment and programming options in communities around the State. Consequently, the number of residential substance abuse treatment programs (RSATs), Day Reporting Centers (DRCs), and Accountability Courts are in the process of being increased and integrated treatment facilities (ITFs) have been created for male and female probationers who have co-occurring mental illness and substance use disorders. The ITF residents will be probationers who have been diagnosed with both a mental illness and a substance use disorder and who are at risk of having their probation revoked. The overall structure of this program will be based on evidence based research funded by The Council of State Governments in partnership with the National Institute of Corrections (NIC) and the Bureau of Justice Assistance (BJA) and summarized in the Criminogenic Risk and Behavior Health Needs Framework.

The Integrated Treatment Program is a nine-month highly structured program that actively combines intervention intended to address substance abuse and mental disorders with the goal of treating both of the above disorders, including the offender's criminogenic needs (those dynamic factors that contribute to the likelihood of reoffending).

There are two (2) Integrated Treatment Programs in Georgia. The West Central ITF is a 138 bed facility for female probationers; and Appling ITF is a 200 bed facility for male probationers.

Special Mental Health Treatment Units

	Unit Name	Location	Beds	Definition
1	Seriously Mentally Ill (SMI)	ASMP	25	These offenders will be level III and IV mental health patients who exhibit dysfunctional behaviors primarily due to their mental illness. Admission criteria consist of previously being in a Tier II mental health unit, dysfunctional behavior due to mental illness, on the mental health caseload, length of sentence allows for treatment between 9-12 months
2	SMI with Severe Personality Disorder	ASMP	25	These offenders consistently experience difficulty with emotional regulation, have dysfunctional interpersonal relationships, and/or severely disorganized personality. Admission criteria consist of having a principle diagnosis of a personality disorder, may have been housed in the Tier II mental health unit, on the mental health caseload, length of sentence allows for treatment between 9-12 months
3	Dementia and Traumatic Brain Injury	ASMP	25	These offenders have evidence of Dementia and/or history of traumatic brain injury. Admission criteria consist of evidence through diagnosis or documented history of head trauma or declining memory/cognitive ability, principle diagnosis of Dementia/Diagnosis relation to general medical condition, or a neurocognitive diagnosis, on the mental health caseload, length of sentence allows for treatment between 9-12 months
4	Severe Impulse Control	Phillips SP	25	These offenders have a history of requiring outside medical treatment multiple times due to chronic and severe self-injurious behaviors. Admission criteria consist of 5-6 hospitalizations in the past 1-3 months, increased number of Crisis Stabilization Unit admissions, may have disruptive, impulse-control or conduct disorder diagnoses, on the mental health caseload, length of sentence allows for treatment between 9-12 months
5	Developmental Defects	Valdosta SP	25	These offenders have evidence of not being able to work through the Tier program and/or are unable to adapt to the environment and/or are cognitively delayed. Admission criteria consist of being in Tier II for 2+ years and still in phase I, may have a primary diagnosis related to a Neurodevelopmental Disorder (i.e. Intellectual Disability), on the mental health caseload, length of sentence allows for treatment between 9-12 months
6	SMI with Violent Behavior	GDCP	25	These offenders may already be identified as violent and may already have a significant mental illness that may contribute to future dangerous behavior. Admission criteria consist of a history of extremely assaultive behavior on an offender or staff, 2 disciplinary records for assault, already in the Tier program, on the mental health caseload, length of sentence allows for treatment between 9-12 months

7	Transitional Program	Valdosta SP	24	These offenders have completed their program and are ready to transition back into general population. These units have the full support of the Commissioner and are an innovative way to increase mental health services and decrease punitive measures for those suffering with mental illness

MH/MR Inmate Count By Institution
October 2012

GDC Programs						Private Programs		PDC Programs				
Institution	Level II Out Pt	Level III SLU	Level IV SLU	Level V SLU	Total	Institution	Level II Out Pt	Institution	Level II Out Pt	Level III SLU	Level IV SLU	Total
ASMP	216	187	199	0	602	Coffee CF	297	Bainbridge PDC	66	0	0	66
Autry SP	621	0	0	0	621	Wheeler CF	335					
Baldwin SP	272	204	3	4	483	Riverbend	67	Emanuel PDC	122	0	0	122
								Patten PDC	87	0	0	87
Central SP	245	219	1	0	465			Whitworth PDC	67	0	0	67
Coastal SP	241	0	0	0	241							
GDCP	524	70	3	3	600			DC & PRC Programs				
GSP	418	95	1	1	515			Albany DC		0	0	0
Hays SP	521	0	0	0	521			Appling PRC	49	0	0	49
Johnson SP	378	208	0	0	586							
Phillips SP	229	117	124	0	470							
Rogers SP	352	0	0	0	352							
Rutledge SP	102	307	1	0	410							
Valdosta SP	352	257	1	0	610							
SubTotal Male	4471	1664	333	8	6476			SubTotal Male	391	0	0	391
Emanuel WF	224	0	0	0	224							
Pulaski SP	642	0	0	0	642			Women's PDC	100	1	0	101
LASP	699	41	14	0	754			West Central PDC	32	0	0	32
LASP RSAT	96	0	0	0	96							
SubTotal Female	1661	41	14	0	1716			SubTotal Female	132	1	0	133
SubTotal Inst	6132	1705	347	12	8192	SubTotal Priv	699	SubTotal PDC	523	1	0	524
Total Inst	8891					Total Priv	699	Total PDC	524			
Grand Total	**9415**											

Medication Count by Institiution
October 2012

GDC Programs					
Institution	Level II Out Pt	Level III SLU	Level IV SLU	Level V SLU	Total
ASMP	186	143	165	0	494
Autry SP	295	0	0	0	295
Baldwin SP	144	176	3	3	326
Central SP	154	191	0	0	345
Coastal SP	171	0	0	0	171
GDCP	250	56	2	1	309
GSP	412	95	4	0	511
Hays SP	360	0	0	0	360
Johnson SP	245	177	0	0	422
Phillips SP	139	97	93	0	329
Rogers SP	248	0	0	0	248
Rutledge SP	48	221	0	0	269
Valdosta SP	241	208	1	0	450
SubTotal Male	2893	1364	268	4	4529
Emanuel CF	143	0	0	0	143
Pulaski SP	556	0	0	0	556
LASP	493	41	14	0	548
LASP RSAT	89	0	0	0	89
SubTotal Female		41	14	0	55
SubTotal Inst	2893	1405	282	4	4584
Total Inst	5025				
Grand Total	**5444**				

Private Programs	
Institution	Level II Out Pt
Coffee CF	201
Wheeler CF	205
Riverbend	35
SubTotal Priv	441
Total Priv	441

PDC Programs				
Institution	Level II Out Pt	Level III SLU	Level IV SLU	Total
Bainbridge PDC	46	0	0	46
Emanuel PDC	100	0	0	100
Patten PDC	61	0	0	61
Whitworth PDC	46	0	0	46
DC & PRC Programs				
Albany DC		0	0	0
Appling PRC	38	0	0	38
SubTotal Male	291	0	0	291
Women's PDC	96	1	0	97
West Central PDC	31	0	0	31
SubTotal Female	127	1	0	128
SubTotal PDC	418	1	0	419
Total PDC	419			

Facilities	Male/ Female	Number of Inmates (capacity)	Number of MH Offenders	Security Level	Number of Pill Calls a Day	Telemedicine
Arrendale SP	Female	1500	762	Close		Yes
ASMP	Male/Female	1326	583	Close	4	Yes
Autry SP	Male	1712	403	Medium	3	Yes
Baldwin SP	Male	981	523	Close	3	Yes
Burruss CTC	Male	758	36	Min/ Med	2	No
Calhoun SP	Male	1639		Med	3 pill/ 3 insulin	Yes
Central SP		1153	445			
Coastal SP	Male	1839	309	Med	3	No
Dodge SP	Male	1236		Min/ Med	4	Yes
Dooly SP	Male	1679		Med	2	No
Emanuel Facility	Female	415	112	Med	2	No
GDCP	Male	2710	383	Max	3	Yes
GDCP SMU	Male	192		Close	38	Yes, main unit
GSP	Male	1537	545	Med	2	Yes
Hancock SP	Male	1201		5	2	Yes
Hays SP	Male	1100	730	Close	3	Yes
Helms Facility	Male/ Female	M-19 F-36		Med	4	No
Johnson SP	Male	1612	588	Medium	3	Yes
Lee SP	Male	762		Med	3	No
Long Unit	Male	212		Med	4	No
Macon SP	Male	1762		5	4	Yes

Montgomery SP	Male	418		Min/ Med	1 SAM	No
Phillips SP	Male	928	471	Close	10	Yes
Pulaski SP	Female	1211	746	Med	3	Yes
Rogers SP	Male	1391	271		8	No
Rutledge SP	Male	640	367	Med		No
Smith SP	Male	1562		5	2	No
Telfair SP	Male	1410		Close	2	No
Valdosta SP	Male	1200	822	Close	3	Yes
Walker SP	Male	444		Med	4	No
Ware SP	Male	1530		Close	6	Yes
Washington SP	Male	1350		Med/Close	2	No
Whitworth WF	Female	442	222	Min/ Med	2	Yes
Wilcox SP	Male	1840		Med	3	Yes
Appling ITF	Male	206	191	Med	3	No
West Central ITF	Female	171	138	Med	3	No

Facilities	Telepsych	Physical, Mental, Dental	Pharmacy	Regular Infirmary	Mental Health Levels 1-5 Housed	Diagnostics	Total Number of Beds
Arrendale SP	Yes	P,M,D	Yes	Yes	2,3,4	Yes	1786
ASMP	No	P,M,D	Yes	Yes	5	Yes	1197
Autry SP	Yes	P, M, D	Yes	No	2	Yes	1712
Baldwin SP	Yes	P,M,D	No	Yes	1,2,3,5	No	880
Burruss CTC	Yes	P,M,D	No	No	1,2 Juveniles	Yes, Juveniles & Probation Boot Camp	808
Calhoun SP	Yes	P, D	No	No	No	No	1639
Central SP							
Coastal SP	No	P, M, D	No	Yes	2	Yes	1836
Dodge SP	No	P, D	No	No	1	No	1236
Dooly SP	No	P,D	No	No	1	No	1608
Emanuel Facility	Yes	P,M,D	No	No	1,2	No	415
GDCP	Yes	P,M,D	Yes	Yes		Yes	2458
GDCP SMU	No	P,M,D	Yes	Yes	1,2	Yes	192
GSP	Yes	P,M,D	Yes	Yes	ALL	No	1537
Hancock SP	No	P, D	No	No	No	No	1164
Hays SP	Yes	P,M,D	No	Yes	1,2	No	1100
Helms Facility	Yes	P, M	No	Yes	M- L3 F-1,2	No	55
Johnson SP	Yes	P, M, D	No	No	2, 3	No	1612
Lee SP	No	P,D	No	No	No	No	762
Long Unit	No	P	No	N/A	No	No	212
Macon SP	Yes	P, D	Yes	Yes	No	No	1762

Montgomery SP	No	P,D	No	No	N/A	No	418
Phillips SP	No	P,M,D	No	Yes	2,3,4		836
Pulaski SP	Yes	P, M, D	Yes	Yes	2,3	No	1211
Rogers SP	Yes	P, M, D	No	No	1, 2	No	
Rutledge SP	Yes	P, M, D	No	No	1,2,3	No	640
Smith SP	No	P, D	No	No	1	No	1562
Telfair SP		D	No	No	1	No	1410
Valdosta SP	Yes	P, M, D	Yes	Yes	2,3	Yes RSAT	1212
Walker SP	No	P	No	No		Yes RSAT	
Ware SP	Yes	P,D	No	Yes	1	No	1546
Washington SP	No	P, D	No	No	1	No	1350
Whitworth WF	Yes	P,M	No	No	1,2	No	436
Wilcox SP	No	P, D	No	No	1	No	1840
Appling ITF	Yes	P	No	No	2	No	206
West Central ITF	Yes	P	No	No	2	No	171

Facilities	Number of CIC Patients	Number of Acute Care/ Infirmary Beds	Number of Observation (Only) Beds	Number of Accommodative Living Beds	CSU	Number of CSU Beds	Number of Satellite Medical Units	Number of ISO/ SEG Beds
Arrendale SP	533	12	-	-	Yes	13	-	133
ASMP	575	75	-	20	Yes	35	2	50
Autry SP	596	-	-	42	No	-	2	48
Baldwin SP	472	17	-	-	Yes	7	-	1-Jan
Burruss CTC	99	-	-	-	No	-	-	14
Calhoun SP	606	-	-	-	No	-	1	191
Central SP								
Coastal SP	419	14	-	-	No	-	2	74
Dodge SP	712	-	-	-	No	-	-	50
Dooly SP	842	-	-	-	No	-	-	96
Emanuel Facility	193	N/A	N/A	N/A	No	N/A	N/A	7
GDCP	669	22	-	-	Yes	6	3	-
GDCP SMU	39	-	-	-	-	-	-	-
GSP	517	12	-	-	Yes	6	4	3-Mar
Hancock SP	280	-	-	-	No	-	-	319
Hays SP	413	9	-	-	No	-	2	Tier 1-16- Tier 2-218
Helms Facility	4	14	14	14	No	No	No	No
Johnson SP	858	-	4	-	No	No	-	68
Lee SP	208	-	-	-	No	-	-	32
Long Unit	94	N/A	N/A	N/A	No	N/A	N/A	4
Macon SP	658	8	-	-	No	-	2	Tier 1-166 Tier 2-144

Montgomery SP	129	-	-	-	No	-	-	24
Phillips SP	348	7	-	-	Yes	5	-	100
Pulaski SP	647	8		In process Dorm E7	No	-	-	43
Rogers SP	561	N/A	N/A		No	-	N/A	-
Rutledge SP	325	-	-	-	No	-	32	No
Smith SP	365	-	336	-	-	-	-	IER Prograr
Telfair SP	352	N/A	N/A	N/A	N/A	N/A	2	Tier 1-16- Tier 2-11-
Valdosta SP	380	7	N/A	N/A	Yes	4	2	316
Walker SP	232	No	No	No	No	No	1	16
Ware SP	246	12	-	-	No	-	3	250
Washington SP	534	No	No	No	No	No	1	90
Whitworth WF	152	-	-	-	No	N/A	-	6
Wilcox SP	769	-	-	-	No	-	1	168
Appling ITF			No		No			
West Central ITF			No		No			

Facilities	On-site X-Ray
Arrendale SP	Yes
ASMP	Yes
Autry SP	Yes
Baldwin SP	No
Burruss CTC	Yes
Calhoun SP	No
Central SP	
Coastal SP	No
Dodge SP	No
Dooly SP	Yes, once a week
Emanuel Facility	No- Tech care comes in weekly to do x-rays
GDCP	Yes
GDCP SMU	Yes, Global
GSP	Yes
Hancock SP	Yes, one day every other week
Hays SP	Yes
Helms Facility	No
Johnson SP	
Lee SP	No, vendor weekly
Long Unit	No
Macon SP	Yes Mon/ Wed

Montgomery SP	No- mobile x-ray one day per week
Phillips SP	No
Pulaski SP	One day per week
Rogers SP	Yes, weekly
Rutledge SP	
Smith SP	Yes, one time per week
Telfair SP	Yes, One half day a week
Valdosta SP	Yes, once a week
Walker SP	No
Ware SP	Yes, 1 day per week
Washington SP	Yes
Whitworth WF	Yes, one day per week
Wilcox SP	No
Appling ITF	No
West Central ITF	No

GEORGIA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES
Mental Health Department
300 Patrol Road
Forsyth, GA 31029
Information (478) 992-5861
Fax # (478) 992-5865

Nathan Deal
Governor

Brian Owens
Commissioner

May 24, 2013

MEMORANDUM

TO: Jeff Pearce, Warden
Appling Integrated Treatment Facility
Georgia Department of Corrections

Veronica Williams, LPC
Program Director
Appling Integrated Treatment Facility
Georgia Department of Corrections

FROM: Eleanor Brown, Director of Probation MH Programs
Health Services, Programs Division
Georgia Department of Corrections

James F. DeGroot, PhD.
Director of Mental Health Services
Health Services, Programs Division
Georgia Department of Corrections

RE: **APPLING INTEGRATED TREATMENT FACILITY MENTAL HEALTH AUDIT (May 8, 2013)**

On May 8, 2013 the MH/MR program at the Appling Integrated Treatment Facility was audited by Dr. Mckinnon, MHM Psychiatrist; Carole Seegert, MHM Clinical Director; Joanne Smith, Mental Health Clinical Program Consultant; Lesa Shoe, Program Development

Consultant; Rhonda Tillman, Social Services Program Consultant; Sandra Reeves, MH/MR Quality Assurance Specialist; and Eleanor Brown, Director of Probation Mental Health Programs. Records were reviewed and staff/detainee surveys were completed.

I. Program Description

A. Facility Missions
   1. Integrated Treatment Facility
   2. Male population
   3. MH/MR Services

B. MH/MR Missions
   1. MH/MR Level II Outpatient Services

C. Population Demographics (April Data)
   1. Total facility MH/MR population was **142.**

D. Workload/Trends (April Data)
   1. **16** of the disciplinary reports written were on mental health offenders.
   2. There were **14** isolation admissions.
   3. There was **1** self-injury.
   4. There were **90** medication reviews and **23** initial psychiatric evaluations.
   4. The primary diagnosis by the percentage of detainees with that diagnosis is given below:
      Psychotic Disorders = 30%
      Mood Disorders = 42%
      Bipolar Disorder = 13%
      Anxiety Disorder = 8%
      Others = 7%

Findings during this audit were based on NCCHC, and ACA standards, TIP42 SAMSHA protocol, and relevant MH/MR SOPs.

High compliance was found in the following areas: (90% - 100%)

- Diagnostic Referral Log (100%)
  Excellent Work
- *Medical Records (100%)*
  Excellent Work
- MH/MR Services (100%)
  Excellent Work

- *Diagnostic Evaluations (95%)*
  Excellent Work
- Medication Non-adherence (100%)
  Excellent Work
- Medication Education (100%)
  Excellent Work
- Medication non-adherence statistics (100%)
  Excellent Work
- Qualitative Issues (98%)
  Ensure to allow an appropriate time for trials on medications before changes are made in dosage or medication.

Minor deficiencies were found in the following areas: (70% - 89%)

- Quantitative Issues (85%)
  Ensure the medical record contains a signed medication informed consent for the current medication prescribed. The psychiatric progress notes should include effects for the medication prescribed and laboratory results for tests related to the medication prescribed. There should be a psychiatric note for each order of psychotropic medication.

- Medical Files (85%)
  Ensure records are released to third parties only after the receipt of a valid Release of Information form has been signed by the offender.
  A release of information should be obtained for previous treatment records.
  Ensure "Consent for Evaluation" forms are signed and there is an Initial Psychiatric evaluation in the file.
- Initial Psychiatric Evaluations (80%)
  Ensure the Initial Psychiatric Evaluations include the referral information/chief complaint; relevant mental health history; substance abuse history and treatment; medication history; drug allergies; medication regimen and provides the DSM criteria for the diagnosis or diagnostic impression. The psychiatrist needs to use the up-dated Initial Psychiatric Form.
- Heat Plan (83%)
  Ensure offenders on selected medications are receiving education on dehydration, heat and photosensitivity issues in the spring. Fans should be used to increase air flow.
- *Medication Administration (85%)*
  Ensure there is a progress note that corresponds to each initial medication order and date started on the medication.
- Counseling Documentation (76%)
  Ensure progress notes are signed, dated and affixed with the printed, typed or stamped name of the Master's Degree Counselor. The progress notes

should state if the problem/target symptoms are new, worse, unchanged, improved or eliminated since the previous session. The progress notes should identify the problem and/or target symptoms (MH and SA) for the session. Progress notes should discuss the problem, intervention, observations, etc. There should be a plan of intervention in terms of the problem/target symptoms (MH and SA). Interventions should be appropriate to the diagnosis and problems and consistent with the treatment plan interventions. Counseling sessions, including plan for intervention, should reflect continuity of care. There should be a minimum of two progress notes each month.

Significant deficiencies were noted in the following areas: (0% - 69%)

- Isolation/Segregation Evaluations (100%)
- *Discharge Log (0%)*
- In- Service Training (17%)

  Ensure there is documentation that the counselor has completed the mandatory MH/MR training. Ensure staff receives a minimum of two hours of in-service training each month (Ethics should be offered every year).

- *Non-pharmacological Intervention (0%)*
- *Clinical Supervision (61%)*
- Diagnosing SMI/MR (15%)

  Ensure the diagnosis on the MH/MR Diagnosis List and on the Treatment Plan are the same.
- *Isolation Segregation (33%)*

  Ensure offenders placed in Isolation/Segregation receive an MH/MR Screen within 2 working days of placement
- Laboratory Follow-up (36%)

  Antipsychotic medication (60%): AIMs should be performed every six months. Tegretol (56%): Ensure the initial work up indicates the psychiatrist has reviewed a recent CBC with Differential and LFT's. Lithium (26%): Ensure the initial work up indicates the psychiatrist has reviewed a recent CBC, BUN, electrolytes, Cr, UA, and thyroid profile. A lithium level should be done every year. Valproic Acid: (20%).
- *Comprehensive Treatment/Habilitation Plans (41%)*

  Ensure that all Treatment/Habilitation Plans are completed within 30 days of arrival. Ensure that only Masters degreed counselors complete the Treatment Habilitation Plans. Problems should be individualized, specific, and consistent with the primary diagnosis. Substance Abuse Dependence should not be the primary diagnosis on AXIS I. The goal description should be individualized, behavioral, and appropriate. Interventions strategies should be individualized and appropriate to the diagnosis and level of functioning. The class of medication should be listed on the plan as an

intervention strategy with a specific goal targeted toward a specific problem.

- *Ensure all unlicensed staff receives a minimum of three (3) hours of Clinical Supervision each month.*
- *Ensure that all staff attends in-service each month focused on treating individuals with Co-occurring Disorders.*
- *Individualize mental health treatment for the offenders based on their diagnosis and symptomatology.* ***Note: Do not have all offenders attending the same mental health group if there is not a documented need. Groups should be driven by diagnosis or treatment plans.***
- *Develop a mechanism to handle crisis for offenders during and after hours.*
- *Ensure that when an offender returns to the facility from CSU/ACU, he is seen by the Counselor within 24 hours.*
- *Develop a formal mechanism for Continuous Quality Improvement.*
- *Progress notes should address the problem and/or target symptoms for the session. Progress notes should discuss the problem, intervention, observations, response, etc. There should be a plan of intervention in terms of the problem and/or target symptoms. Interventions should be appropriate to the diagnosis and problems, and consistent with the treatment plan interventions. Each counseling session should reflect continuity of care. There should be a minimum of two (2) progress notes each month.*
- *Ensure that a Monthly status report is completed each month and sent to the Chief Probation Officer.*
- *Ensure that the assigned multifunctional Correctional Officer is documenting once a week in Scribe regarding the offenders progress, lack of progress, Disciplinary sanctions, Phase movements, etc.*
- *Ensure the Diagnosis on the Treatment Habilitation Plan is the same as the diagnosis on the Diagnosis List.*
- *Ensure that all correctional officers receive CIT training.*

- ***Recommendation**: All staff should have clinical consultation and supervision from a Licensed Psychologist. The purpose of clinical consultation and supervision is to provide a mechanism for improving the quality of service provision and to assist mental health personnel in professional growth and development. A psychologist provides not only staff oversight but clinical oversight of the program. Clinical staff and program oversight ensures patient care is not jeopardized.*
- ***Dual Diagnosis Capability in Addiction Treatment (DDCAT):** A Dual Diagnosis capable programs should have no barriers to providing mental health treatment or treating co-occurring disorders within the context of addiction treatment. Display and distribution of literature and patient educational material should be available for both mental health and substance abuse disorders. There should be routine documentation of both mental health and substance abuse disorder. There should be a clinical focus in the treatment plan and progress notes on mental health*

problem change. There should be on-site supervision for mental health education. Direct care staff should have basic training in prevalence, common signs and symptoms, screening and assessment for psychiatric symptoms and disorders. Direct care staff members are cross-trained in mental health and substance use disorders, including pharmacotherapies, and have advanced specialized training in treatment of persons with co-occurring disorders.

III. Surveys

Offender Surveys

A total of **14** detainee surveys were reviewed. The detainees appeared to be classified at the appropriate Mental Health level. Survey tool identifies areas as poor to excellent. Percentages reflect areas with the highest percentage.

Customer Satisfaction

Poor	Fair	Good	Very Good	Excellent
1(1%)	**4(29%)**	3(21%)	3(21%)	3(21%)

21% reported major problems or concerns with their mental health treatment. Major problems or concerns reported by detainees about their mental health treatment was concerns about side effects of medication, and the need for psychiatrist getting to know the patient better before changing their medication.

36% made suggestions for change or improvement in the program. Suggestions made to change or improve the program were the need for more one on one counselor (MH & SA) meetings, a more thorough mental health screening prior to arrival to the program, and the program should be based on mental capability (states some offenders can finish quicker than others.) Most recommendation for change was the need for more counseling sessions with spectrum counselors.

Staff Surveys

A total of **2** Georgia Department of Corrections Mental Health Staff surveys were reviewed. The staff rated the overall performance of the mental health program as "Good". They rated cohesiveness, effectiveness and ethics of the mental health team with spectrum as "good". Suggestions made to change or improve the program was the need for more mental health training other than substance abuse, better communication between site staff and being educated in what a dual diagnosis means.

Please comply with the following **IMPORTANT DEADLINES**:

MANDATE	DUE DATE	E-MAIL OR FAX TO:
Correction Action Plan (CAP)	June, 2013*	-Rhonda Tillman, Program Consultant, & -Eleanor Brown, LPC
Monthly Reports	5th of each month	-Central Office

*Note: CAPs should be received within 30 days after you received the written report.

Your hospitality and cooperation are appreciated. Please don't hesitate to call if you have any questions.

Cc: **Jim Degroot,** Director of Mental Health Services
Mark Morris, Deputy Director of Probation Operations
Mike Kraft, Director, Probation Operations
Chandra Fussell, Director, Substance Abuse Unit

JFD/eb

Georgia Department of Corrections
Operations, Planning and Training Division
Office of Health Services
Mental Health Unit
Appling Integrated Treatment Facility

June	2013
Total Census	162
Census by Race	
White	79
Black	82
Other	1

Diagnosis						
Schizophrenia	Bipolar	PTSD	ADHD	Depression	Other	Deferred
47	21	9	3	72	5	5
29%	**13%**	**6%**	**2%**	**44%**	**3%**	**3%**

Referring Probation Offices	
Albany	10
Americus	3
Athens	11
Atlanta Ct. Svcs	9
Augusta	12
Blairsville	1
Brunswick	2
Cartersville	2
Columbus	15
Cumming	3
Dalton	4
Dahlonega	1
Dallas	1
Ellijay	1
Fitzgerald	1
Gainesville	2
Griffin	3
Gray	1
Hinesville	1
Jasper	1
Leesburg	1

Referring Probation Offices	
Macon	25
Marietta	1
McDonough	1
Milledgeville	2
Moultrie	2
Morrow	1
Nashville	1
Rome	10
Savannah	3
Smyrna	1
Springfield	1
Sylvania	1
Thomasville	6
Thomson	1
Tifton	1
Toccoa	1
Warner Robins	4
Washington	1
Waycross	9
Winder	4
Woodbine	1

Phase Status	
Ph. I - Orientation	57
Ph. II - Active	52
Ph. III - ReEntry	27
Ph. IV - Rel Prev.	25
Admin. Status	0
Unassigned	1

CSU Admissions	0
Self Injurious Beh.	0
Disciplinary Rpts	21
#Receiving Med	144

Population Movement	
Admissions	34
Discharges	2
Graduates	13

Primary Drug of Choice	
Alcohol	20
Cocaine	54
Opiates	17
Meth	25
Marijuana	44
Other	2

Georgia Department of Corrections
Operations, Planning and Training Division
Office of Health Services
Mental Health Unit
Appling Integrated Treatment Facility

Judicial Circuit	Alcohol	Cocaine	Opiates	Meth	THC	Other	Totals
Albany	2	3	0	1	4	0	10
Americus	2	0	0	0	0	1	3
Athens	1	4	0	0	6	0	11
Atlanta	0	6	0	0	3	0	9
Augusta	0	5	1	2	4	0	12
Blairsville	0	0	1	0	0	0	1
Brunswick	0	1	0	0	1	0	2
Cartersville	0	0	0	2	0	0	2
Columbus	3	6	2	1	2	1	15
Cumming	0	2	0	0	1	0	3
Dahlonega	0	0	1	0	0	0	1
Dalton	1	0	0	2	1	0	4
Dallas	0	0	0	1	0	0	1
Ellijay	1	0	0	0	0	0	1
Fitzgerald	0	0	1	0	0	0	1
Gainesville	0	0	0	2	0	0	2
Gray	0	1	0	0	0	0	1
Griffin	1	2	0	0	0	0	3
Hinesville	0	0	0	0	1	0	1
Jasper	0	0	0	1	0	0	1
Leesburg	0	0	0	0	1	0	1
Macon	2	10	4	4	5	0	25
Marietta	0	0	0	1	0	0	1
McDonough	0	0	0	0	1	0	1
Milledgeville	1	1	0	0	0	0	2
Moultrie	0	1	0	1	0	0	2
Morrow	0	1	0	0	0	0	1
Nashville	0	0	0	1	0	0	1

Georgia Department of Corrections
Operations, Planning and Training Division
Office of Health Services
Mental Health Unit
Appling Integrated Treatment Facility

Judicial Circuit	Alcohol	Cocaine	Opiates	Meth	THC	Other	Totals
Rome	1	1	2	2	4	0	10
Savannah	0	0	0	0	3	0	3
Smyrna	0	0	1	0	0	0	1
Springfield	0	0	0	0	1	0	1
Sylvania	1	0	0	0	0	0	1
Thomasville	2	2	1	0	1	0	6
Thomson	0	0	0	1	0	0	1
Tifton	0	1	0	0	0	0	1
Toccoa	1	0	0	0	0	0	1
Warner Robins	1	0	0	1	2	0	4
Washington	0	0	0	1	0	0	1
Waycross	0	4	3	1	1	0	9
Winder	0	2	0	0	2	0	4
Woodbine	0	1	0	0	0	0	1
	20	54	17	25	44	2	162

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Nathan Deal
Governor

Brian Owens
Commissioner

May 14, 2013

MEMORANDUM

TO: Edd Sanders, Superintendent
West Central Integrated Treatment Facility
Georgia Department of Corrections

Faye Greer-Cook, LPC, NCC, CAMS
Clinical Supervisor
West Central Integrated Treatment Facility
Georgia Department of Corrections

FROM: Eleanor Brown, Director of Probation MH Programs
Health Services, Programs Division
Georgia Department of Corrections

James F. DeGroot, PhD.
Director of Mental Health Services
Health Services, Programs Division
Georgia Department of Corrections

RE: **WEST CENTRAL INTEGRATED TREATMENT FACILITY MENTAL HEALTH AUDIT (April 25, 2013)**

On April 25, 2013 the MH/MR program at the West Central Integrated Treatment Facility was audited by Ben Bennett, MHM Psychiatrist; Carole Seegert, MHM Clinical Director; Joanne Smith, Mental Health Clinical Program Consultant; Bankston Dozier, MHM Special Program

Manager ; Calvin Brown, Deputy Director of Mental Health Services; Rhonda Tillman, Social Services Program Consultant; Sandra Reeves, MH/MR Quality Assurance Specialist; and Eleanor Brown, Director of Probation Mental Health Programs. Records were reviewed and staff/detainee surveys were completed.

I. Program Description

A. Facility Missions
   1. Integrated Treatment Facility
   2. Female population
   3. MH/MR Services

B. MH/MR Missions
   1. MH/MR Level II Outpatient Services

C. Population Demographics (March Data)
   1. Total facility MH/MR population was **83.**

D. Workload/Trends (March Data)
   1. **6** of the disciplinary reports written were on mental health offenders.
   2. There were **8** isolation admissions.
   3. There were **2** self-injuries.
   4. There were **79** medication reviews and **9** initial psychiatric evaluations.
   4. The primary diagnosis by the percentage of detainees with that diagnosis is given below:
      Psychotic Disorders = 16%
      Mood Disorders = 22%
      Bipolar Disorder = 27%
      Others = 35%

Findings during this audit were based on NCCHC, and ACA standards, TIP42 SAMSHA protocol, and relevant MH/MR OSPs.

High compliance was found in the following areas: (90% - 100%)

- Sexual Allegation Logs (100%)
  Excellent Work

- Discharge Log (100%)
  Excellent Work
- Diagnostic Referral Log (100%)
  Excellent Work

- MH/MR Services (100%)
  Excellent Work
- Isolation/Segregation Evaluations (100%)
  Excellent Work
- Quantitative Issues (97%)
  Ensure the medical record contains a signed medication information consent for the current medication prescribed. The psychiatric progress notes should include effects for the medication prescribed and laboratory results for tests related to the medication prescribed
- Qualitative Issues (98%)
  Ensure the type of psychotropic medication prescribed fits with the symptoms described in the treatment plan and progress notes. Psychotropic medications used should match the diagnosis or diagnostic impression given in the psychiatric report. Psychotropic medications used should be the best medications to treat the symptoms described.
- *Valproic Acid (100%):*
  Excellent Work.

Minor deficiencies were found in the following areas: (70% - 89%)

- In- Service Training (81%)
  Ensure there is documentation that the counselor has completed the mandatory MH/MR training.
- Medical Files (88%)
  Ensure records are released to third parties only after the receipt of a valid Release of Information form has been signed by the offender.
- Diagnostic Evaluations (82%)
  A release of information should be placed to obtain previous treatment records. Ensure "Consent for Evaluation" forms are signed and there is an Initial Psychiatric evaluation in the file.
- Initial Psychiatric Evaluations (72%)
  Ensure the Initial Psychiatric Evaluations include the referral information/chief complaint; relevant mental health history; substance abuse history and treatment; medication history; drug allergies; medication regimen and provides the DSM criteria for the diagnosis or diagnostic impression.
- Laboratory Follow-up (83%)
  Antipsychotic medication (75%): AIMs should be performed every six months. Tegretol (75%): Ensure the initial work up indicates the psychiatrist has reviewed a recent CBC with Differential and LFT's. Lithium (82%): Ensure the initial work up indicates the psychiatrist has

reviewed a recent CBC, BUN, electrolytes, Cr, UA, thyroid profile and pregnancy test. A lithium level should be done every year.

- Heat Plan (83%)

  Ensure offenders on selected medications are receiving education on dehydration, heat and photosensitivity issues in the spring. Fans should be used to increase air flow.

- Diagnosing SMI/MR (75%)

  Ensure the diagnosis on the MH/MR Diagnosis List and on the Treatment Plan are the same.

- Counseling Documentation (72%)

  Ensure progress notes are signed, dated and affixed with the printed, typed or stamped name of the Master's Degree Counselor. The progress notes should state if the problem/target symptoms are new, worse, unchanged, improved or eliminated since the previous session. The progress notes should identify the problem and/or target symptoms (MH and SA) for the session. Progress notes should discuss the problem, intervention, observations, etc. There should be a plan of intervention in terms of the problem/target symptoms (MH and SA). Interventions should be appropriate to the diagnosis and problems and consistent with the treatment plan interventions. Counseling sessions, including plan for intervention, should reflect continuity of care. There should be a minimum of two progress notes each month.

Significant deficiencies were noted in the following areas: (0% - 69%)

- *Ensure that all staff receives training in mental health diagnosis and symptomatology, psychopathology, and treatment strategies to treat both substance abuse and mental disorders.*
- *Ensure all staff attends ethics training.*
- *Ensure that only Masters degreed counselors complete the Treatment Habilitation Plans. Problems should be individualized, specific, and consistent with the primary diagnosis. The goal description should be individualized, behavioral, and appropriate. Interventions strategies should be individualized and appropriate to the diagnosis and level of functioning. The class of medication should be listed on the plan as an intervention strategy with a specific goal targeted toward a specific problem.*
- *Ensure all unlicensed staff receives a minimum of three (3) hours of Clinical Supervision each month.*
- *Ensure that all staff attends in-service each month focused on treating individuals with Co-occurring Disorders.*
- *Individualize mental health treatment for the offenders based on their diagnosis and symptomatology.* ***Note: Do not have all offenders attending the same mental***

health group if there is not a documented need. Groups should be driven by diagnosis or treatment plans.

- *Develop a mechanism to handle crisis for offenders during and after hours.*
- *Ensure that when an offender returns to the facility from CSU/ACU, she is seen by the Counselor within 24 hours.*
- *Develop a formal mechanism for Continuous Quality Improvement.*
- *Progress notes should address the problem and/or target symptoms for the session. Progress notes should discuss the problem, intervention, observations, response, etc. There should be a plan of intervention in terms of the problem and/or target symptoms. Interventions should be appropriate to the diagnosis and problems, and consistent with the treatment plan interventions. Each counseling session should reflect continuity of care. There should be a minimum of two (2) progress notes each month.*
- *Ensure that a Monthly status report is completed each month and sent to the Chief Probation Officer.*
- *Ensure that the assigned Multifunctional Correctional Officer is documenting once a week in Scribe regarding the offenders progress, lack of progress, Disciplinary sanctions, Phase movements, etc.*
- *Ensure the Diagnosis on the Treatment Habilitation Plan is the same as the diagnosis on the Diagnosis List.*
- *Ensure that all correctional officers receive CIT trainings.*
- *Ensure the Initial Psychiatric Evaluation includes the referral information; chief complaint; relevant mental health history; substance abuse history and treatment; medication history; drug allergies; medication regimen; and provides the DSM-IV criteria for the diagnosis or diagnostic impression.*
- *Ensure AIMS are performed every six (6) months.*
- *Ensure the initial work up indicates that the psychiatrist has reviewed a recent CBC with Differential and LFTs prior to starting Tegretol.*
- *Ensure the initial work up indicates that the psychiatrist has reviewed a recent CBC, BUN, electrolytes, Cr, UA, thyroid profile, and pregnancy test prior to starting Lithium.*
- *Ensure that the nurses are documenting medication Non-compliance and interventions to address reasons for non-adherence.*
- *Ensure that the nurse gives Spectrum staff a copy of all offenders who are non-compliant on a weekly basis.*
- *Ensure that the MARs are copied for psychiatry clinics.*
- *Ensure that the nurses develop a system for performing medication education in groups or individually. There should be documentation of the medication education.*
- *Ensure offenders on selected medication are receiving education on dehydration, heat and photosensitivity issues in the spring.*

- ***Recommendation:*** *All staff should have clinical consultation and supervision from a Licensed Psychologist. The purpose of clinical consultation and supervision is to provide a mechanism for improving the quality of service provision and to assist mental health personnel in professional growth and development. A psychologist provides not only staff oversight but clinical oversight of the program. Clinical staff and program oversight ensures patient care is not jeopardized.*
- ***Dual Diagnosis Capability in Addiction Treatment (DDCAT):*** *A Dual Diagnosis capable programs should have no barriers to providing mental health treatment or treating co-occurring disorders within the context of addiction treatment. Display and distribution of literature and patient educational material should be available for both mental health and substance abuse disorders. There should be routine documentation of both mental health and substance abuse disorder. There should be a clinical focus in the treatment plan and progress notes on mental health problem change. There should be on-site supervision for mental health education. Direct care staff should have basic training in prevalence, common signs and symptoms, screening and assessment for psychiatric symptoms and disorders. Direct care staff members are cross-trained in mental health and substance use disorders, including pharmacotherapies, and have advanced specialized training in treatment of persons with co-occurring disorders.*

Surveys

Offender Surveys

A total of **10** detainee surveys were reviewed. The detainees appeared to be classified at the appropriate Mental Health level. Survey tool identifies areas as poor to excellent. Percentages reflect areas with the highest percentage.

Customer Satisfaction

Poor	Fair	Good	Very Good	Excellent
0(0%)	1(10%)	**3(30%)**	**3(30%)**	**3(30%)**

40% reported major problems or concerns with their mental health treatment. Major problems or concerns reported by detainees about their mental health treatment was questioning if they were on the right medication; concerns that a lot of focus was on discipline and not on mental health issues; and the accuracy of their diagnosis.
50% made suggestions for change or improvement in the program. Suggestions made to change or improve the program were the need for mental health groups, more mental health Doctors, more of a consultation on the diagnosis and have more time with the psychiatrist to discuss your needs, and a clear understanding of how things work

Staff Surveys

A total of **2** Georgia Department of Corrections Mental Health Staff surveys were reviewed. The staff rated the overall performance of the mental health program as "Good". They rated cohesiveness and ethics of the mental health team with spectrum as "good". Effectiveness of the team with spectrum was rated as "fair". Suggestions made to change or improve the program was the need for more training, ensuring treatment is focused on the detainees mental health needs and a need for therapy process groups and trauma groups. Staff reported having adequate workspace.

The staff appears to be very dedicated and loyal to the department. They are invested in the program and motivated to provide good mental health services. Please review the above findings and develop a correction action plan addressing these issues and concerns.

Please comply with the following **IMPORTANT DEADLINES**:

MANDATE	DUE DATE	E-MAIL OR FAX TO:
Correction Action Plan (CAP)	June, 2013*	-Rhonda Tillman, Program Consultant, & -Eleanor Brown, LPC
Monthly Reports	5th of each month	-Central Office

*Note: CAPs should be received within 30 days after you received the written report.

Your hospitality and cooperation are appreciated. Please don't hesitate to call if you have any questions.

Cc: **Jim Degroot,** Director of Mental Health Services
Mark Morris, Deputy Director of Probation Operations
Mike Kraft, Director, Probation Operations
Chandra Fussell, Director, Substance Abuse Unit

JFD/eb

Georgia Department of Corrections
Operations, Planning and Training Division
Office of Health Services
Mental Health Unit
West Central Integrated Treatment Facility

June 2013

Total Census	98
Census by Race	
White	72
Black	26
Other	0

Diagnosis						
Schizophrenia	Bipolar	PTSD	ADHD	Depression	Other	Deferred
13	23	28	6	22	2	4
13%	**23%**	**32%**	**3%**	**23%**	**1%**	**5%**

Referring Probation Offices	
Adel	1
Albany	3
Athens	11
Atl Ct Svcs	1
Atlanta S. West	1
Augusta	9
Blairsville	1
Blue Ridge	1
Brunswick	1
Cartersville	1
Clarkesville	1
Columbus	13
Dahlonega	2
Dallas	1
Dalton	3
Eastman	1
Fayette	2
Gainesville	2

Referring Probation Offices	
Macon	6
Marietta So.	1
Milledgeville	2
Moultrie	1
Rome	11
Savannah	3
Thomasville	4
Warner Robins	1
Waycross	13

Phase Status	
Ph. I - Orientation	39
Ph II - Active	18
Ph III - ReEntry	29
Ph IV - R. Prev	9
Admin. Status	2
New - Unassignd	1

CSU Admissions	0
Self Injurious Beh	0
Disc Reports	0
# Receiving Med	96

Population M
Admissions
Discharges
Graduates

Primary Drug
Alcohol
Cocaine
Opiates
Meth
Marijuana
Other

Griffin	1

Judicial Circuit	Alcohol	Cocaine	Opiates	Meth	THC	Other	Total
Adel	0	1	0	0	0	0	1
Albany	0	2	0	0	1	0	3
Athens	4	2	2	2	1	0	11
Atlanta Ct. Svcs.	0	1	0	0	0	0	1
Atlanta SW	0	1	0	0	0	0	1
Augusta	2	3	1	2	1	0	9
Blarisville	0	0	1	0	0	0	1
Blue Ridge	1	0	0	0	0	0	1
Brunswick	0	0	1	0	0	0	1
Cartersville	0	0	0	1	0	0	1
Clarkesville	0	0	0	0	0	1	1
Columbus	2	6	0	4	1	0	13
Dahlonega	0	1	0	1	0	0	2
Dallas	0	1	0	0	0	0	1
Dalton	0	0	3	0	0	0	3
Eastman	0	0	0	0	0	1	1
Fayette	1	0	0	0	1	0	2
Gainesville	0	0	1	0	0	1	2
Griffin	0	1	0	0	0	0	1
Macon	0	3	2	1	0	0	6
Marietta	0	0	0	0	1	0	1
Milledgeville	0	2	0	0	0	0	2
Moultrie	0	0	1	0	0	0	1
Rome	3	4	1	2	0	1	11
Savannah	0	3	0	0	0	0	3
Thomasville	0	2	2	0	0	0	4
Warner Robins	0	0	1	0	0	0	1
Waycross	2	3	3	2	1	2	13

lovement
15
1
8

; of Choice
15
36
19
15
7
6

	15	36	19	15	7	6	98

May	2013
Total Census	143
Census by Race	
White	69
Black	73
Other	1

Diagnosis						
Schizophrenia	Bipolar	PTSD	ADHD	Depression	Other	Deferred
45	19	9	1	62	3	4
31%	**13%**	**6%**	**1%**	**43%**	**2%**	**3%**

Referring Probation Offices	
Albany	11
Americus	3
Athens	13
Atlanta Ct. Svcs	8
Augusta	13
Blairsville	1
Brunswick	1
Cartersville	1
Columbus	15
Cumming	2
Dalton	2
Dahlonega	1
Ellijay	1
Fitzgerald	1
Ft. Valley	1
Gainesville	2
Griffin	3
Gray	1
Jasper	1

Referring Probation Offices	
Leesburg	1
Macon	23
Marietta	2
McDonough	1
Milledgeville	2
Moultrie	2
Morrow	1
Nashville	1
Rome	8
Savannah	3
Thomasville	3
Thomson	1
Tifton	1
Toccoa	1
Warner Robins	2
Washington	1
Waycross	4
Winder	4
Woodbine	1

Phase Status	
Ph. I - Orientation	46
Ph. II - Active	32
Ph. III - ReEntry	29
Ph. IV - Rel Prev.	24
Admin. Status	1
Unassigned	11

CSU Admissions	0
Self Injurious Beh.	0
Disciplinary Rpts	23
# Receiving Med	130

Population M
Admissions
Discharges
Graduates

Primary Dru
Alcohol
Cocaine
Opiates
Meth
Marijuana
Other

Facility	Eman
Program Activity	Dental Health
Activity Period	01/01/2017 - 12/27/2017

Dentist Patient Visits	368
Hygienist Patient Visits	0
Intake Exams	0
Comprehensive Exams	0
Sick Call Exams	273
X-rays	239
Fillings	13
Simple Extractions	230
Surgical Extractions	16
Other Surgeries	0
Cleanings	0
Dentures Repaired	0
Dentures Completed	0
Partial Dentures Completed	0
Other (DNA,etc)	0
# of Co-pays	194
Prescriptions	37
No Shows	13
Dental Appointments Scheduled	368
Dental Appointments Seen	355

Supplier General Information Worksheet

Supplier General Information			
THIS FORM SHOULD ONLY BE USED FOR SUPPLIERS RESPONDING TO SOLICITATIONS POSTED DIRECTLY TO THE GEORGIA PROCUREMENT REGISTRY. IT SHOULD NOT BE USED WITH ELECTRONIC BIDS SOURCED THROUGH TEAM GEORGIA MARKETPLACE™ OR ESOURCE. This spreadsheet requests basic information concerning the Supplier and may establish other requirements the Supplier must meet to be considered eligible for award. Read each question carefully and provide all requested answers.			
Question #	**Description**		
1	**Provide Company Information:**		
	Description	**Response**	
	Company Name (Provide full legal name)		
	Address 1		
	Address 2		
	City		
	State		
	Zip Code		
	Authorized Person's Name		
	Telephone Number		
	eMail Address		
2	**Reciprocal Preference Law O.C.G.A. §50-5-60(b) In which state is your company domiciled?**		**Supplier's Domicile (State)**
	For the purposes of evaluation only, Suppliers resident in the State of Georgia will be granted the same preference over Suppliers resident in another state in the same manner, on the same basis, and to the same extent that preference is granted in awarding bids for the same goods or services by such other state to Suppliers resident therein over Suppliers resident in the State of Georgia. NOTE: For the purposes of this law, the definition of a resident Supplier is a Supplier who is domiciled in the State of Georgia.		
3	**Small Business: Can your company be classified as a Small Business?**		**Response**
	A **Small Business** is defined as a business which is independently owned and operated. In addition, such business must have either fewer than 300 employees or less than $30 million in gross receipts per year. Also, the State encourages all companies to sub-contract portions of any state contract to small and minority business enterprises. Suppliers interested in taking advantage of the Georgia income tax incentives provided for by the Official Code of Georgia Annotated Section 48-7-38, relative to the use of minority subcontractors in the performance of contracts awarded by the State of Georgia, should contact the Supplier Relations Administrator: Supplier Relations Administrator Department of Administrative Services 200 Piedmont Avenue, S.E. Suite 1308, West Tower Atlanta, Georgia 30334 9010 Telephone: (404) 657-6000 Fax: (404) 657-8444		
4	**Georgia Resident Business: Can your company be classified as a Georgia Resident Business?**		**Response**
	Georgia Resident Business means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.		

Supplier General Information Worksheet

5	**Georgia Resident Small Business: Can your company be classified as a Georgia Resident Small Business?**	**Response**
	Georgia Resident Small Business means any business that satisfies **both** requirements: 1) **Georgia Resident Business** - regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure. 2) **Small Business** - defined as a business which is independently owned and operated. In addition, such business must have either fewer than 300 employees or less than $30 million in gross receipts per year.	

6	**Minority Business: Can your company be classified as a Minority Owned Business? Indicate below the percentage of company ownership/control attributable to each of the minority groups listed:**	
	A **Minority Business** enterprise means a small business concern which is at least 51% owned and controlled by one or more minorities and is authorized to do and is doing business under the laws of the State of Georgia, paying all taxes duly accessed and domiciled within this state (Official Code of Georgia Annotated §50-5-131).	

Minority Group	Percentage of Ownership
African American	%
Hispanic / Latino	%
Native American	%
Asian American	%
Pacific Islander	%

7	**Is your company a scrutinized company? Please answer either a, b, or c as**	**Response**
	Any Supplier that currently and/or previously, within the last three years, has had business activities or other operations outside of the United States, must certify that it is not a "scrutinized company." A **scrutinized company** is a company conducting business operations in Sudan that is involved in power production activities, mineral extraction activities, oil-related activities, or the production of military equipment, but excludes a company which can demonstrate any of the following exceptions noted in O.C.G.A. Section 50-5-84. False certification hereunder may result in civil penalties, contract termination, ineligibility to bid on state contractors for three or more years, and/or any other available remedy. If the Supplier is a **scrutinized company**, the Supplier shall not be eligible to bid on or submit a proposal for a contract with the State Entity unless DOAS makes a determination in accordance with O.C.G.A. Section 50-5-84 that it is in the best interests of the State to permit the scrutinized company to submit a bid or proposal. Any scrutinized company desiring DOAS to make such a determination should contact both DOAS and the Issuing Officer immediately. Please answer either a, b or c in the response column of this worksheet to indicate your answer: a. I certify my company is NOT a "scrutinized company." b. I certify my company is a "scrutinized company." c. I certify I have requested and received written permission from DOAS to submit a response to this Event in accordance with O.C.G.A. Section 50-5-84.	

8	**Have you submitted a completed Tax Compliance form?**	**Response**
	To be eligible for contract award, the supplier must not owe taxes to the State of Georgia. Also, in accordance with Official Code of Georgia Annotated §50-5-82, the State Entity is prohibited from awarding any contract valued at more than $100,000.00 to a nongovernmental vendor if that vendor or an affiliate of the vendor is a "dealer" failing or refusing to collect sales or use taxes on its sales delivered to Georgia. Each Supplier must submit a completed Tax Compliance Form (SPD-SP045), which has been provided as a downloadable document by accessing the link below. In the event the Supplier is being considered for contract award (and the contract is valued at more than $100,000.00), the information provided in the Tax Compliance Form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the Supplier is a "prohibited source" or has other tax deficiencies. The State Entity reserves the right to submit the Supplier's completed form to DOR for review even if the contract is valued at less than $100,000.00. Download the Tax Compliance form using the link below and upload the completed form as part of your response: http://doas.ga.gov/state-purchasing/seven-stages-of-procurement/stage-3-solicitation-preparation	

Supplier General Information Worksheet

	Any Offeror identified as a prohibited source will be ineligible for award. Accordingly, the Offeror is strongly encouraged to check its tax status now and resolve any outstanding tax liabilities prior to submitting this response. Department of Revenue has identified the following source to allow Offerors to check current tax status: https://gtc.dor.ga.gov/_/	



TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS
Please complete the following information:

- Supplier's Name:
- Physical Location Address:
- Federal Identification Number (FEI):
- Have you ever been registered in the State of Georgia?
- If so, please provide the following information, if applicable:
    - State Taxpayer Identification Number (STI):
    - Sales and Use Tax Number:
    - Withholding Tax Number:
- What type of service will you perform?
- Will you sell any tangible personal property or goods?
- Supplier's Affiliate's Name:
    - FEI:
    - STI:
    - Sales and Use Tax Number:
    - Withholding Tax Number:

  If there is more than one affiliate, please attach a separate sheet listing the information above.
- Person responsible for handling supplier's tax issues (such as the CFO, the company tax officer, etc.):
    - Name:
    - Telephone Number:
    - E-mail Address:

NOTICE TO SUPPLIER:
In the event the supplier is considered for contract award, the information provided in the form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the supplier is a "prohibited source" (as defined by O.C.G.A. §50-5-82) or whether there are any other outstanding tax issues. MISSING, INCOMPLETE, OR ERRONEOUS DATA MAY DELAY OR PROHIBIT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARD. NO PROHIBITED SOURCE MAY RECEIVE CONTRACT AWARD; THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.

STATE ENTITY: Please submit this form via email to DOR at tsd-state-contractors@dor.ga.gov for processing in accordance with the *Georgia Procurement Manual*.

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

_____
Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 201__ in _____(city), _____(state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,201__.

_____
NOTARY PUBLIC

My Commission Expires:
_____

Supplier Q & A Template

RFX Number:	**RFX Title:**
Requesting State Entity:	Date:
Issuing Officer:	RFX Initially Posted to Internet:
eMail Address:	Telephone:

The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.

Note: This document is intended for informational purposes only. Any changes to the RFX must occur through a published addendum (or through publication of a new version of the RFX in Team Georgia Marketplace™). If multiple Q & A documents are posted, the most recent Q & A shall govern in the event of a conflict.

QUESTIONS AND ANSWERS

#	Questions	Referenced RFX Section	Answers
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

#	Questions	Referenced RFX Section	Answers
9.			
10.			

Supplier Q & A Template

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: **Georgia Department of Corrections**	Date: **2/13/2018**
Issuing Officer: **Carrie Steele**	RFX Initially Posted to Internet: **12/29/2017**
eMail Address: **carrie.steele@doas.ga.gov**	Telephone: **4044635556**

The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.

Note: This document is intended for informational purposes only. Any changes to the RFX must occur through a published addendum (or through publication of a new version of the RFX in Team Georgia Marketplace™). If multiple Q & A documents are posted, the most recent Q & A shall govern in the event of a conflict.

#	QUESTIONS	Referenced RFX Section	ANSWER
7	Please provide the current dental vendor (MHM's) contract for dental services as well as any contract modifications for the past 5 years.	N/A	The current contract for dental services has been provided as attachment Attachment U- Current MH and DH Contract
13	Statewide, please provide the average salary for Dentists, Dental Assistants and Hygienists.	N/A	GDC current pays a flat rate and is not able to speak to the specifics of these rates.
66	What is the current required FTEs per dental clinic for: • Dentist • Dental Hygienist • Dental Assistants	General	The current required FTE's per dental clinic can be found on Attachment Z - Dental Staffing Matrix.
67	Please provide the current vacancies per dental clinic for: • Dentist • Dental Hygienist • Dental Assistants General	General	GDC currently has only one dental vacancy.

#	QUESTIONS	Referenced RFX Section	ANSWER
85	Please clarify how the supplier will be reimbursed for services. Will the contract be reimbursed a fixed monthly fee? If the supplier is only reimbursed for actual hours provided, please describe how the supplier is compensated for other direct costs as well as administrative oversight and a management fee?	Tour	The supplier will be reimbursed based on the number of filled position per facility and any additional administrative cost.
94	The listing of facilities included on the Cost Worksheets includes three facilities with names that do not appear on the 14th amendment of the professional services agreement effective July 1, 2017 for services. These include Burress Training, Patten PDC and Whitworth Woman's Facility. Could the GDC clarify if these are new facilities to be covered under the agreement resulting from this eRFP. If these are not new facilities, could the GDC clarify how these three facilities are related to any of the facilities named in the current contract?	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	The provision of Psychological and Psychiatric services to those facilities is shared with the larger parent facility that oversees select facilities in their catchment area
96	The RFP states, *"This penalty shall be based on the number of days vacant beyond the 30th day divided by the current salary for that position."* Will the basis for this vacancy penalty be only the salary for the position or an amount based on salary and employee benefits and payroll taxes for the position?	*Staff Coverage, Attachment B, Scope of Services - MH, Page 2*	The determination of the prorated amount created by a vacancy greater than 30 days should be based on salary, benefits, and payroll taxes.

#	QUESTIONS	Referenced RFX Section	ANSWER
97	The RFP calls for a 95% fill rate of staff *"per facility"* . Although this fill rate minimum is ideal and desired, given the varying numbers of staff at each facility, with some facilities having relatively few staff, it means a single vacancy could cause the facility to dip below the 95% target, thus causing penalties to be assessed against the vendor even if the vendor is otherwise fully staffed. This type of facility-based fill rate requirement will cause vendors to factor additional costs into their price proposals for unavoidable penalties, thus inflating the costs of the contract for the State. A more industry standard model is to establish fill rate minimums of 85-90% across multiple, or all, facilities, or across job categories. The cost proposal worksheet instructions indicate that suppliers should reflect their costs at no less than 95% staffing. Would the GDC consider revising the cost proposal worksheet to 90% to avoid vendors adding penalty dollars into their price?	*Attachment J, Cost Proposal Worksheet*	The 95% fill rate will be used as a perfomance measure and GDC maintains that they wish to maintain a 95% fill rate at facilities. Any position vacant for greater than 30 days, supplier shall credit GDC for such unfilled hours.
99	The RFP makes reference to SOPs for Co-occurring services. Please provide the referenced SOPs.	*Attachment B, Counseling Services for ITFs, Page 48*	Please reference the MH SOPs. The information needed by the supplier to respond to this RFP is included on page 48 & 49 of Attachment B items 1 - 11
100	The RFP makes reference to *"SOP Integrated Treatment Programs"* . Please provide the program descriptions.	*Attachment B, Employment Standards for ITFs, Page 40*	Mental Health Service will be adding ITF with this new contract. Therefor the current SOP for Integrated Treatment Programs has yet to be created. The statement of work is simply making the supplier that an SOP will be established for this program.
101	The RFP states, *"As required by the GDC's SOP for MH services, the Medication Clinic Coordinator will provide the following services…"* The role of the Medication Clinic Coordinator could not be located in the provided SOPs. Please clarify and/or provide the referenced SOP with this information.	*Attachment B, Medication Clinic Coordinator, Page 50, and Medication Clinic Coordinator for ITFs, Page 13*	GDC does not have a specific SOP for Medication Clinic Coordinators. The services expected of the coordinator are listed on Attachment B page 50.

#	QUESTIONS	Referenced RFX Section	ANSWER
112	At the bidders conference it was referenced Staffing Plan at 95% per facility. Many dental clinics only employee 3 - 4 staff members. If one staff member is unfilled out of four this would drop the fill rate to 75% - a failure. We are requesting the fill rate for the dental vendor be calculated on a state wide basis by labor type (Statewide Dentists at 95%, Statewide Dental Assistants at 95% and Statewide Hygienists be at 95%).	N/A	The 95% fill rate will be used as a perfomance measure and GDC maintains that they wish to maintain a 95% fill rate at facilities. Any position vacant for greater than 30 days, supplier shall credit GDC for such unfilled hours.
114	Supplier shall be required to furnish a performance bond of no less than 25%. We believe the 25% is out of line with assumed risk. We respectfully request the bond to be significantly lowered.	Attachment A, Page 13, Section 3.2, Bonds and/or Letter of Credit.	GDC expectation is for the supplier to provide a 25% performance bond.
116	Please provide the average salary for each position in the current staffing plan.	Att. J, Cost Worksheet	GDC current pays a flat rate and is not able to speak to the specifics of these rates.
122	Will the Department consider a reduced performance bond as 25% of annual total amount of the contract will likely prove burdensome for otherwise highly qualified respondents?	Attachment A;Supplier's General Information;Bonds and/or Letter of Credit;Section 3.2,Page 13	GDC expectation is for the supplier to provide a 25% performance bond.
134	Is the GDC willing to consider alternatives—such as holding a portion of the successful Vendor's payment or establishing a reserve fund—to the performance bond described in the RFP? Unlike other common forms of guaranty, the expense associated with implementing a performance bond will add unnecessary dollars to the contract price.	eRFP §3.2: Bonds and/or Letter of Credit	The supplier should expect there to be a 25% performance bond. Any alternatives a supplier would like to proposed GDC to consider should be included in expections.
135	The RFP states, "In the event any position remains unfilled for thirty {30) Calendar days, a penalty will be incurred." Please elaborate on (a) the amount and (b) the basis for calculating any such penalties.	eRFP Attachment B, Page 2, #2	Any position vacant for greater than 30 days, supplier shall credit GDC for such unfilled hours.
145	Please elaborate on "Fixed Rate for Concurrent Software Use Licenses 1-5 Per Facility/Per Year". We do not see any reference to this cost in Attachment A or C.	Attachment H (Cost): DENTAL - TOTAL COST	The software in question is for dental scheduling software.
258	Are substance use services provided by any other vendor or community resource? If so, please describe the nature and intensity of the services provided.	N/A	RSAT program will continue as independent program at this time.

#	QUESTIONS	Referenced RFX Section	ANSWER
266	Please provide the salaries/wages your incumbent Vendor is paying to its staff at the GDC facilities. • How old is this data? • Where did this data come from, e.g., State records, data from the incumbent Vendor, etc.?	eRFP Attachment B, Section H.1	GDC current pays a flat rate and is not able to speak to the specifics of these rates.
290	Please provide damages, penalties or fines imposed over the last 3 calendar years on the current supplier broken down into relevant categories including vacancies, backlogs or other related reasons.	Tour	Please contact GDC open records to request the desired information.
316	With regard to lawsuits (frivolous or otherwise) pertaining to Mental Health and Dental Health care: • How many have been filed against the GDC and/or the incumbent health care provider in the last three years? • How many have been settled in that timeframe?		Please contact GDC open records to request the desired information.

Supplier Q & A Template

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: **Georgia Department of Corrections**	Date: **2/13/2018**
Issuing Officer: **Carrie Steele**	RFX Initially Posted to Internet: **12/29/2017**
eMail Address: **carrie.steele@doas.ga.gov**	Telephone: **4044635556**

The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.

Note: This document is intended for informational purposes only. Any changes to the RFX must occur through a published addendum (or through publication of a new version of the RFX in Team Georgia Marketplace™). If multiple Q & A documents are posted, the most recent Q & A shall govern in the event of a conflict.

#	QUESTIONS	Referenced RFX Section	ANSWER
1	Please provide a copy of the Dental Dashboard for required statistics to be maintained.	Attachment C, Scope of Work, Dental Services, Documentation and Statistics for Dental Hygienist	Please refer to Attachment M, Column A which contain the Dashboard data elements.
2	Please confirm that the State wants only those contracts similar in size and scope where dental services are provided.	Attachment G, Mandatory Scored Questions, Dental Health Services, Q.1 and Q.3	Yes, the State wants only those contracts similar in size and scope where dental services are provided.
3	Please provide a sample of the Dental Evaluation Audit	SOP VH69-0003	Please refer to Attachment X, added to offer an example of the Dental Evaluation Audit.
4	Is the supplier financially responsible for the cost of laboratory tests requested by the dental staff? If so, please provide the number of tests and monthly cost for dental labs over the last 2 calendar years	Attachment C Scope of Services Dental General question	No. The Supplier will not be responsible for any costs associate with laboratory test.

#	QUESTIONS	Referenced RFX Section	ANSWER
5	A minimum or required staffing matrix was not provided with the RFP for dental services. This may result in bidders submitting proposals based on significantly different staffing patterns with significant variations in proposal costs – making it difficult or impossible for the evaluation committee to compare proposals and prices from bidders. In addition, certain positions in the dental program, like the mental health program, are filled by a mix of both supplier-employed staff and state-employed staff. Would the GDC consider revising the RFP to list a required staffing matrix for dental positions by facility based on current or desired staffing patterns to be provided by the supplier?	*n/a*	Each facility should have access to dentist, dental assistant and dental hygienist. Intake facilities, lee arrendale state prison and Georgia Diagnostic and Classification State Prison, require two (2) denist. Additional staffing may proposed based on the Suppliers service model for the population volume and/or number of available chairs. Please refer to NCCHC standard of 3.5 hours /week per 100 offenders.
6	With regard to an electronic dental record system, will this system be hosted on GDC servers in the GDC data center? If not, what is the expectation for the hosting of the dental system?	Attachment G, Question 12, Page 5	GDC is open to both a hosted and on premise solution.
7	Please provide the current dental vendor (MHM's) contract for dental services as well as any contract modifications for the past 5 years.	N/A	The current contract for dental services has been provided as attachment Attachment U- Current MH and DH Contract
8	Please provide the names of all Prisons/facilities that provide dental services, have dental clinics and have dental staff with their respective inmate populations.	N/A	Refer to Attachment S titled "Dental Catchment and Dental Equipment" to reference the facilities and populations numbers, where Dental Services are provided.
9	Please provide a list of all facilities without dental clinics and which dental clinic/facility they will go to receive dental services with number of inmates at each.	N/A	Refer to Attachment S titled "Dental Catchment and Dental Equipment" to reference the facilities and populations numbers, where Dental Services are provided.
10	Please list which Prisons/facilities will be vendor responsibility, which will remain GDC employees and which ones will be Augusta University Employees.	N/A	For the purposes of developing a proposal response, please consider that all staff will be filled by the Supplier.

#	QUESTIONS	Referenced RFX Section	ANSWER
11	Please provide the number of dental staff currently at each facility by labor type; Dentists, Dental Assistant and Hygienists. If the recommended number of staff is different than the current, please provide the recommended staff at each facility.	N/A	Each facility should have access to dentist, dental assistant and dental hygienist. Additional staffing may proposed based on the Suppliers service model for the population volume and/or number of available chairs. Please refer to NCCHC standard of 3.5 hours /week per 100 offenders.
12	How many dental chairs are in each facility that provides dental services?	N/A	Attachment S has been added to provide number of dental chairs in each facility that provide dental services.
13	Statewide, please provide the average salary for Dentists, Dental Assistants and Hygienists.	N/A	GDC current pays a flat rate and is not able to speak to the specifics of these rates.
14	The Dental vendor will not be responsible for the procurement of and paying of dental supplies, purchase of or repair of dental equipment to include hand piece purchases and repairs or contracting and paying for the procurement of the prosthetic dental lab services for the construction of partials and dentures, correct?	N/A	Correct. The supplier is not responsible for costs associated with dental supplies, dental equipment, repairs, dental prosthetic/ partials and dentures.
15	If medical procedures are required to perform dental treatment, EKG's, CT, MRI's, Blood work – any medical procedures, the dental vendor is not responsible for obtaining or paying for any of these procedures, correct?	N/A	Correct. Supplier is not responsible for costs associated with dental supplies, dental equipment, lab services, blood work or related mendical procuredures. GDC will provide provisions for these services to be ordered, as needed and required.
16	With all off site OS procedures completed at ASMP or other facilities, the dental vendor is not responsible for those costs (salaries or supplies associated with those procedures) or any costs related to the transportation of the inmates for the procedures, correct?	N/A	Correct. Oral surgery completed at ASMP or other facilities

#	QUESTIONS	Referenced RFX Section	ANSWER
17	The primary purpose of the Electronic Dental Record (EDR) is to store the hard copy of the dental record where the dental record will no longer be needed. However, the hard dental record will still be required as the GDC does not deploy a mechanism to transmit radiographs into the EDR. Hence the hard dental record will still be required to store radiographs, correct?	Attachment C, Page 5, Electronic Dental Record	GDC will continue to use hard copy medical record. The dental software currently used, is primarily for scheduling, logging and tracking requests, treatments and generating reports.
18	Would the GDC consider pricing to integrate a methodology to transmit radiographs into the EDR? This would eliminate the need for the hard dental record to store radiographs.	Attachment C, Page 5, Electronic Dental Record	For the purposes of the evaluation of proposal responses, it is best to quote pricing to support processes described in the scope of work.
19	The EMR being implemented by the GDC/CERNER does not have a dental component, an EDR (Electronic Dental Record), correct?	N/A	For the purposes of the evaluation of proposal responses, it is best to quote pricing to support processes described in the scope of work.
20	What are the names of the intake facilities and do they have panorexs, if so how many?	N/A	LASP and GDCP are the two intake facilities. Each have panorexs that are not currently operable.
21	How many other facilities have a panorex? If so, what are the names of the facilities and how many panorexs?	N/A	ASMP has 1. GSP system not working.
22	It was mentioned on the tours that the vendor is expected to provide a dental software program. Please confirm the Department will supply the computers.	Att. C, EDHR	Yes. GDC will supply the required computers.
23	Is there dental digital radiography at any of the facilities? If not, are there plans for such in the future?	Att. C, Dental Services	Dental digital radiography is not available at this time. For the purposes of the evaluation of proposal responses, it is best to quote pricing to support processes described in the scope of work.
24	It was mentioned that at GDCP there is a state dentist and a vendor's dentist? One is currently part-time. Are we to bid on all dental positions at all facilities?	Att. C, Staff Coverage	For the purposes of developing a proposal response, please consider that all staff will be filled by the Supplier.
25	Does the prospective supplier bid on any dental staff at ACMI?	Att. C, Staff Coverage	Suppliers should propose to staff each facility, based on the population count and minimum staff requirements.
26	Please provide the current Dental software being utilized.	Att. C, EDHR	Smallwood Dental Software is current supplier.
27	Is wifi available in the treatment areas in any of the facilities? If so, which ones?	Att. C, EDHR	All facilities are scheduled for wifi installation

#	QUESTIONS	Referenced RFX Section	ANSWER
28	How long is the typical wait to see the dentist?	Att. C, Dental Services	The standard wait differs based on security level and facility mission. Urgent cases are seen within 24-72 hours and emergent case may be taken to outside Emergency Department if indicated.
29	Please provide a copy of the most recent dental health audit for each site.	Att. C, EDHR	No completed audits available for review; however, a sample of the audit template is attached as "X". Audit processes are to be reinstutied by the State Dental Director.
30	Will the facilities IT infrastructure support EDHR installation or will additional cabling and drops be required?	Att. C, EDHR	Yes, GDC facilities have required IT infrasture.
31	If additional cabling/drops are required, who will be responsible?	Att. C, EDHR	Additional cabling may be provided based on program layout. GDC will be responsible for providing infastructure.
32	Has the current Vendor incurred staffing penalties? If so, what was the amount paid by the current Vendor for staffing penalties in 2016 and 2017?	Attachment C Scope of Work; Staff Coverage; Section 2, Pages 2-3	The current contract model deducts a percentage of costs assumed in a fixed rate, when a key vacancy exceeds 60 days.
33	Are computers currently available at every dental clinic? a) If yes, how many computers are there currently, per dental clinic? Will these computers in the dental clinic remain under the new contract? a) Are the current computers in each dental clinic being provided and maintained by GDC? · If not, who is responsible?	Attachment C,Scope of Work; Space Allocation, Equipment and Supplies; Section 2, Page 4	Computers are available at every dental clinic. A. The number of computers at each clinic. B. GDC will be responsible for maintaing the computers.
34	5. What type of capabilities should the vendor-owned computer dental software need to have in order to meet the GDC expectations? b) Please provide a detailed list of reports the GDC requires the dental Vendor to provide and the frequency of each report. Attachment C Scope of Work; Space Allocation, Equipment and Supplies; Section 3 and 6, Page 4	Attachment C Scope of Work; Space Allocation, Equipment and Supplies; Section 3 and 6, Page 4	Please refer to Attachment M, Column A which contain the Dashboard data elements.

#	QUESTIONS	Referenced RFX Section	ANSWER
35	Who is responsible for hazardous waste collection and disposal of such in the dental clinics?	Attachment C Scope of Work; Space Allocation, Equipment and Supplies; Section 5, Page 4	The Supplier is not responsible for costs associated hazerdouse waste collection and disposal.
36	Please provide a list of all office and dental equipment/supplies, per dental clinic, which the new Vendor will need to replace at the commencement of the new contract.	Attachment C Scope of Work; Transition Plan; Section 1, Page 4	The supplier will provide all of its own copier paper. Please refer to Attachment C, Scope of Work; Space Allocation, Equipment and Supplies; Section 2, Page 4 for additoinal information.
37	Electronic Dental Health Record (DHR) in use? • Please describe the capabilities of the system and provide a sample of the reports which are generated by the current DHR in use.	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Smallwood Dental Software supports the management of dental appointments and other statistical information.
38	Does the current DHR system have a scheduling component? Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Smallwood Dental Software supports the management of dental appointments and othe statistical information. Please see Attachment M for additional information.
39	Does the current DHR communicate with the Medical record/system?	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	No. The current DHR does not communicate with the medical system.
40	Does the current DHR share & track X-rays and/or pharmacy?	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	No. The current DHR does not share and track x-rays and/or pharmacy information.

#	QUESTIONS	Referenced RFX Section	ANSWER
41	Who owns the current DHR system/software being used? Attachment	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Smallwood Dental Software supports the management of dental appointments and othe statistical information.
42	Who provides maintenance of the current DHR system?	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Smallwood. Contract should include pricing for maintenance during outyears to include schedule and cost.
43	Is there a Dental Dashboard with the current DHR being used? • If so, please provide a detailed list of the capabilities and a sample of the statistics maintained in the Dental Dashboard.	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Please refer to Attachment M, Column A which contain the Dashboard data elements.
44	Will the current DHR system remain with the award of a new contract to a new Vendor? • If so, what cost will be billed to the new Vendor for the use of the DHR system?	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Proposal responses should include an approach for providing software. Any arrangements made with the current or different provider is at the Supplier's discretion.
45	Please provide statistical information for each of the services provided, per dental clinic, for 2016 and 2017 for the following: • X-rays • Cleanings • Fillings • Extractions	Attachment C Scope of Work; Program Service; Dental Services (Dentist); Routine Dental Services; Page 6	See attachment M to view dental statistical information.
46	Who is financially responsible for dental prosthetics? a) If Vendor, how many full dentures were delivered in 2016 & 2017? b) If Vendor, how many partials were delivered in 2016 & 2017? c) Who is the current dental lab provider?	Attachment C Scope of Work; Program Service; Dental Services (Dentist); Routine Dental Services; Page 6	The supplier is not responsible for costs associated with dental prosthetic/ partials.

#	QUESTIONS	Referenced RFX Section	ANSWER
47	Please provide the offender eligibility protocol for denture/partial(s).	Attachment C Scope of Work; Program Service; Dental Services (Dentist); Routine Dental Services; Page 6	Please refer to SOP VH 66-0001.
48	What electronic system is currently used by the University of Augusta to bridge with the Dental Electronic System? • Please describe the systems capabilities.	Scope of Work; Dental Hygienist; Documentation and Statistics, Page 8	None.
49	21. Please describe the GDC SCRIBE system and the usage. • Please provide a sample of the reports, if any, which are generated by the current GDC SCRIBE system in use.	Scope of Work; Dental Hygienist; Documentation and Statistics, Page 8	Scribe is the offender managment systems. It contains over 70 modules dealing with basic offender information, classification, incident reports, population management, bed utilization, STG group an dporgamming schedules.Database is Oracle. Scribe is able to generates Oral Surgery adhoc consults report. AU is installing Cerner which will not interface with current Dental software.
50	Please provide dental utilization and statistical data for services provided at Lee SP.	Attachment M Dental Utilization	See attachment M.
51	Please provide a list of the GDC facilities included in this RFP which have dental clinics.	General	Please refere to Attachment S which contains a worksheet which provides dental equipment inventory.
52	Please confirm the number of dental chairs per dental clinic.	General	Please refere to Attachment S which contains a worksheet which provides dental equipment inventory.
53	Please confirm the type of x-ray capabilities (intraoral, panoramic, etc.) in each dental clinic.	General	Intra-oral capability at all facilities. Panorex only at ASMP with LASP and GDCP pending.
54	Please provide a list of all dental equipment, per dental clinic, which will remain under the new contract.	General	Please refere to Attachment S which contains a worksheet which provides dental equipment inventory.

#	QUESTIONS	Referenced RFX Section	ANSWER
55	Is the dental equipment which will remain under the new contract fully functional at all dental clinics? a) If not, will it be fully functional at the beginning of the new contract?	General	There are 3 dental chairs and 2 panarex sytems that are currently under consideration for replacement. All other equipment currently adequately functional or work order sin progress.
56	What is the population of each GDC facility included in this RFP with dental clinics?		Please refere to Attachment S and view worksheet titled Dental Catchment.
57	Please provide a list of the GDC facilities without a dental clinic which are included in this RFP to receive dental services. a) What is the population of the GDC sites without dental clinics? b) Where do each of these facilities receive dental services?	General	Please refere to Attachment S and view worksheet titled Dental Catchment.
58	How do patients access/request dental services from the dental clinic? a) Who handles the dental clinic scheduling? c) Are there dental copays? If yes, how much and who collects the copays?	General	The dental staff provide dental scheduling. There is a copy SOP V807-001 in RFP.
59	Augusta State Medical Prison: a) What type of oral surgery is performed at this site? b) How many oral surgeries were performed in 2016 and 2017? d) How are the patients referred for services to the Augusta State Medical Prison Oral Surgery Clinic?	General	See attachment "Augusta State Medical Prison - OMFS"
60	Will the Vendor be responsible for all dental consumable supplies? a) If yes, what were the cost of these items in 2016 and 2017? b) Will the existing Vendor remove all dental consumable supplies if the Vendor is replaced?	General	The Supplier will not be responsible for dental consumable supplies.

#	QUESTIONS	Referenced RFX Section	ANSWER
61	Will the Vendor be responsible for all dental tools/instruments? a) If so, what were the cost of replacing these items in 2016 and 2017? c) Will the existing Vendor remove all dental tools/instruments if the Vendor is replaced?	General	The Supplier will not be responsible for dental tools and instruments.
62	Will the Vendor be responsible for all dental equipment and repairs? a) If so, what were the cost of replacing any dental equipment and repairs in 2016 and 2017? b) Will the existing Vendor remove all dental equipment if the Vendor is replaced? General	General	The Supplier will not be responsible for dental equipment or repairs.
63	Does the Vendor have Internet access at every dental clinic?	General	Yes
64	What are the current waiting periods for routine restorations, extractions, cleanings and dentures for each dental clinic?	General	Waiting periods differ based on security level and facility mission. Urgent cases are seen within 24-72 hours and emergent case may be taken to outside Emergency Department if indicated.
65	When will the current contract expire?	General	The current contract will be in place until such time as a new contract can be awarded.
66	What is the current required FTEs per dental clinic for: • Dentist • Dental Hygienist • Dental Assistants	General	The current required FTE's per dental clinic can be found on Attachment Z - Dental Staffing Matrix.
67	Please provide the current vacancies per dental clinic for: • Dentist • Dental Hygienist • Dental Assistants General	General	GDC currently has only one dental vacancy.
68	Employee time keeping; what are the current procedures for signing in/out at the dental clinics?	General	Current employees have a computer log in or phone in from facility land line process.

#	QUESTIONS	Referenced RFX Section	ANSWER
69	Will all dental staff be direct employees of the Vendor awarded this contract? • If not, please provide position, location and FTEs of dental staff remaining as State Employees under the new contract.	General	That is the goal and plan. May require attrition of a few employees over time.
70	Please provide a detailed list of what is performed during the dental intake process.	General	Refer to SOP VH67-0001 "Dental Screening, Examination and Profiling" and related SOP IIC03-0002 "Diagnostic Reception, Orientation and Processing" and SOP IIA24-0001 "Offender Collection of Samples for the DNA Database"
71	Is the dental Vendor responsible for jaw fractures? • If so, please provide the number of jaw fractures, opened and closed, in 2016 and 2017 and the expenditure for each. General	General	No. Referred to ASMP
72	Please confirm if Endodontic therapy is available to inmates under this RFP? • If so, how many cases were treated for endodontic procedures in 2016 and 2017?	General	Endodontic therapy is allowed, only if approved by Statewide Dental Director and is considered on a case by ase basis. There has been just one approval between 2016-2017.
73	Please confirm how many complications arose in 2016 and 2017 for the following: a) Single implant b) Implant supported prosthesis (denture/partial) c) Implant supported fixed partial denture.	General	There are no records of implant related complications in 2016 and 2017.
74	Is there currently an electronic dental record in place at the GDC facilities? • If so, what vendor, model, and software version?	Attachment C – Scope of Services, Dental (Page 5, DHR).	Smallwood Dental Software is the provider of its proprietary software.
75	The statistics provided on the summary tab 2017 dental statistics does not represent the sum of all of the tabs included in the file. It appears that the statistics on the Lee and Macon tabs are identical. Could the GDC provide an updated schedule for Lee, Macon and the statewide total that covers all facilities where dental services are provided?	Attachment M Dental Utilization	See attachments Lee SP 2016, Lee SP 2017, Macon SP 2016 and Macon SP 2017

#	QUESTIONS	Referenced RFX Section	ANSWER
76	Please provide Attachment H – Cost Worksheet in excel if possible, as this document was not provided on the Team Georgia Marketplace eSource Summary Information with the other eRFP Attachments.	Attachment A. 8. List of RFP Attachments	The Cost Worksheet was posted as part of Addendum 1 on February 2, 2018.
77	The DOC has asked for a "Supplier Qualified Report" from D&B. D&B has confirmed that this report no longer exists. Would the DOC accept a standard DNBi Credit Report?	Attachment G. Section Training. Question 1	Yes, the Standard D&B report is acceptable.
78	Please provide Attachment R Reference Sheet.	Attachment G, Mandatory Scored Questions, Dental Health Services, Q. 2	Attachment R- Reference Sheet has been posted as part of Addendum 1 on February 2, 2018.
79	Attachment G, item 7, asks the vendor to provide the dental staffing plan. However, Attachment F does not ask a similar question for the mental health staffing plan. Where would the GDC like the vendor to submit proposed mental health staffing plans in Attachment F?	Attachment F, Mandatory Scored Questions, Mental Health Services and Attachment G, Mandatory Scored Questions, Dental Health Services	Supplier should provide proposed mental health staffing plan in the response to question 4 of Attachment F - Revised Mandatory Scored Questions.
80	Attachment G, Mandatory Scored Questions, Dental Health Services, requires vendor to use Attachment R to submit References. Is there a similar Attachment that will be provided for vendors to submit references for the Attachment F, Mental Health Services?	Attachment F, Mandatory Scored Questions, Mental Health Services and Attachment G, Mandatory Scored Questions, Dental Health Services	Suppliers should use Attachment R - Reference when submitting reference for Dental Health Services and/or Mental Health Services. Attachment E question 1 has been revised in response to this question.
81	Question 1 in Medication Management references MH SOP 508.01 which was not provided in Attachment J, Standard Operating Procedures – Mental Health. However, MH SOP 508.24 – Psychotropic Medication Use management was provided in Attachment J. Should suppliers use MH SOP 508.24 to respond to Question 1 and/or can MH SOP 508.01 be provided?	Attachment J, Standard Operating Procedures – Mental Health and Attachment F, Mandatory Scored Questions – Mental Health Services	SOP 508.01 is Program Services/Health Service- Mental Health reference number VG01-001. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.
82	Question 1 in Psychologist Diagnostics/Evaluation/Emergency Evaluation references MH SOP 508.15. Please provide a copy of MH SOP 508.15 which was not provided in Attachment J.	Attachment J, Standard Operating Procedures – Mental Health and Attachment F, Mandatory Scored Questions – Mental Health Services	SOP 508.15 is reference number VG31-0001. The subject name of this SOP is MH/MR Evaluations. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.

#	QUESTIONS	Referenced RFX Section	ANSWER
83	Is the supplier's proposed pricing to include only the supplier provided staffing or should it also include all current GDC mental health and dental employees?	Tour	For the purposes of developing a proposal response, please consider that all staff will be filled by the Supplier.
84	Will you please provide or post online the sign-in sheets from each site tour and the pre-bid conference?	Tour	Sign-In sheets for site visits and pre-bid conference were posted as part of addendum 2 on February 16th, 2018.
85	Please clarify how the supplier will be reimbursed for services. Will the contract be reimbursed a fixed monthly fee? If the supplier is only reimbursed for actual hours provided, please describe how the supplier is compensated for other direct costs as well as administrative oversight and a management fee?	Tour	The supplier will be reimbursed based on the number of filled position per facility and any additional administrative cost.
86	Attachment I of the RFP is titled "State of Georgia, State Entity Standard Contract Form" and includes Contract Terms and Conditions for Software Purchases. Please clarify whether this document is an example of the State's standard terms and conditions or if the supplier selected pursuant to this RFP should be prepared to comply to with the terms and conditions specified in this document.	Standard Terms & Conditions	As part of addendum 4, Attachment I - State of Georgia Standar Contract form has been revised. Please reference the revised attachment.
87	Please provide the SOPs below that are mentioned in the RFP but not provided:508.08, 507.04.12, 508.23, MH 508.01, MH 508.01,VB03-003	Various	SOP 508.08 corresponses with SOP subject" Staff Development and Traning" reference number VG17-0001. SOP 507.04.12 corresponses with SOP subject "Continous Quality and Peer Review" reference number VH03-002. SOP 508.23 corresponses with SOP subject "Treatment of Inmates/Probationers in a Behavioral Therapy Unit(BTU)" reference number VG57-0001. SOP 508.01 is Program Services/Health Service- Mental Health reference number VG01-001. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.
88	Please confirm that Attachment J (Cost Proposal) from Addendum #1is intended to cover the requirements originally listed in Attachment A eRFP (as amended), section 8 which lists Attachment H as the Cost Worksheet. If this assumption is not accurate, please provide the requirements of Attachment H – Cost Worksheet.	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	Yes, the cost proposal is intented to cover the requirements stated in the eRFP, section 8. The cost proposal as been revised and the file name corrected. Please reference Attachment H - Cost Proposal posted as part of addendum 4.

#	QUESTIONS	Referenced RFX Section	ANSWER
89	Attachment A eRFP (as amended) notes that Attachment H Cost worksheet includes a tab for a Combined Offer. Attachment J Cost Worksheet does not include a Combined Offer. Please clarify what additional schedule is necessary in order to provide the GDC with a combined offer.	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	No additional schedule is required for Attachment H - Cost Proposal. In a combined award, the State's expectation is to negotiate lower pricing, when compared to pricing offered individually by category.
90	The excel document has formulas and formatting locked. Could the GDC make the following adjustments and release updated Attachment J copies for supplier use:Reformat numbers on all worksheets to comply with required cost proposal formatting as defined on page 15 of Attachment A eRFP, section 5.2., Correct formulas on mental health – total cost worksheet so that data for 2021 – 2028 pulls from the required fields on the mental health worksheet., Reformat mental health worksheet columns so that numbers can be read to the xx,xxx,xxx.xx value., Correct formula on mental health worksheet row 17 so that totals appear for each year., Correct Dental Cost worksheet to allow data entry into columns AC and AD.	Attach A eRFP item 5.2 Cost Proposal, Addendum #1 – Attachment J Cost Proposal	A revised cost proposal as been posted as part of addendum 4. Corrections have been made to the cost proposal.
91	Attachment J Cost Worksheet includes tabs for Mental Health Cost Assumptions and Dental Cost Assumptions. These tabs are noted as not part of the Cost scoring, but included in the evaluation process. Please clarify if the successful supplier will be reimbursed for costs identified in our proposal on these tabs.	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	Yes, suppliers will be reimbursed for the costs indentified in those cost identified in Cost Assumption tabs.
92	Attachment J Cost Worksheet includes tabs for Mental Health Cost Assumptions and Dental Cost Assumptions. These tabs only include labor costs, and do not include other incidental costs that will be incurred prior to a startup and close out of the contracts. Please advise if other costs (i.e. travel, materials, supplies, etc.) should be included in the first and last contract years on the mental health and dental cost worksheets.	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	

#	QUESTIONS	Referenced RFX Section	ANSWER
93	The listing of facilities included on the Cost Worksheets includes fewer facilities than those listed in the 14th amendment of the professional services agreement effective July 1, 2017 for services. The following facilities are excluded: Calhoun, Claxton PDC, Dodge, Dooley, Hancock, Lee State, Macon, Metro, Montgomery, Smith, Telfair, Ware and Wilcox. Please confirm that the institutions above which appear to be part of the current contracted services will not be in a contract resulting from this eRFP. If that is not the case, could the GDC identify where the populations listed in the current contract amendment are allocated on Attachment J, Cost Worksheet?	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	The following facilities are included as part of the cost proposal: Calhoun, Claxton PDC, Dodge, Dooley, Hancock, Lee State, Macon, Metro, Montgomery, Smith, Telfair, Ware and Wilcox. A revised cost proposal as been posted as part of addendum 4. Corrections have been made to the cost proposal to include these facilities.
94	The listing of facilities included on the Cost Worksheets includes three facilities with names that do not appear on the 14th amendment of the professional services agreement effective July 1, 2017 for services. These include Burress Training, Patten PDC and Whitworth Woman's Facility. Could the GDC clarify if these are new facilities to be covered under the agreement resulting from this eRFP. If these are not new facilities, could the GDC clarify how these three facilities are related to any of the facilities named in the current contract?	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	The provision of Psychological and Psychiatric services to those facilities is shared with the larger parent facility that oversees select facilities in their catchment area
95	Attachment N says, "This form should only be used for suppliers responding to solicitations posted directly to the Georgia Procurement Registry. It should not be used with electronic bids sourced through team Georgia Marketplace or esource." Please confirm that suppliers submitting proposals for ES-RFP-46700-415 are not required to fill out and submit Attachment N.		Suppliers are required to complete and submit Attachment N - Supplier Worksheet. This solicitation has been posted directly to the Georgia Procurement Registry.
96	The RFP states, *"This penalty shall be based on the number of days vacant beyond the 30th day divided by the current salary for that position."* Will the basis for this vacancy penalty be only the salary for the position or an amount based on salary and employee benefits and payroll taxes for the position?	*Staff Coverage, Attachment B, Scope of Services - MH, Page 2*	The determination of the prorated amount created by a vacancy greater than 30 days should be based on salary, benefits, and payroll taxes.

#	QUESTIONS	Referenced RFX Section	ANSWER
97	The RFP calls for a 95% fill rate of staff *"per facility"* . Although this fill rate minimum is ideal and desired, given the varying numbers of staff at each facility, with some facilities having relatively few staff, it means a single vacancy could cause the facility to dip below the 95% target, thus causing penalties to be assessed against the vendor even if the vendor is otherwise fully staffed. This type of facility-based fill rate requirement will cause vendors to factor additional costs into their price proposals for unavoidable penalties, thus inflating the costs of the contract for the State. A more industry standard model is to establish fill rate minimums of 85-90% across multiple, or all, facilities, or across job categories. The cost proposal worksheet instructions indicate that suppliers should reflect their costs at no less than 95% staffing. Would the GDC consider revising the cost proposal worksheet to 90% to avoid vendors adding penalty dollars into their price?	*Attachment J, Cost Proposal Worksheet*	The 95% fill rate will be used as a perfomance measure and GDC maintains that they wish to maintain a 95% fill rate at facilities. Any position vacant for greater than 30 days, supplier shall credit GDC for such unfilled hours.
98	There is reference to a number of SOPs in the Psychiatry Services section (e.g., 508.01, 508.15, 508.19, 508.08, 508.23). Only SOP 508.24 was made available. Please provide the additional SOPs.	*Attachment B, Psychiatry Services, Page 5*	SOP 508.15 is reference number VG31-0001. The subject name of this SOP is MH/MR Evaluations. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.
99	The RFP makes reference to SOPs for Co-occurring services. Please provide the referenced SOPs.	*Attachment B, Counseling Services for ITFs, Page 48*	Please reference the MH SOPs. The information needed by the supplier to respond to this RFP is included on page 48 & 49 of Attachment B items 1 - 11
100	The RFP makes reference to *"SOP Integrated Treatment Programs"* . Please provide the program descriptions.	*Attachment B, Employment Standards for ITFs, Page 40*	Mental Health Service will be adding ITF with this new contract. Therefor the current SOP for Integrated Treatment Programs has yet to be created. The statement of work is simply making the supplier that an SOP will be established for this program.
101	The RFP states, *"As required by the GDC's SOP for MH services, the Medication Clinic Coordinator will provide the following services…"* The role of the Medication Clinic Coordinator could not be located in the provided SOPs. Please clarify and/or provide the referenced SOP with this information.	*Attachment B, Medication Clinic Coordinator, Page 50, and Medication Clinic Coordinator for ITFs, Page 13*	GDC does not have a specific SOP for Medication Clinic Coordinators. The services expected of the coordinator are listed on Attachment B page 50.

#	QUESTIONS	Referenced RFX Section	ANSWER
102	Do suppliers need to include Attachments N, O, and P with their submission?	*Attachment A, Page 20*	Yes suppliers are required to include attachments N, O, and P with there submissions.
103	The RFP discusses in Section 6.2.2, review of additional scored information. There is no reference to this in Section 6.4, Scoring Criteria. Is there any option for additional scored criteria to be submitted with this RFP response?	*Attachment A, Pages 16-17*	No, additional scored question are not include in this RFP.
104	Should supplier's responses within Attachment G be strictly limited to dental services, and similarly, should vendors' responses to Attachment F be limited to mental health services only?	*Attachment G, Attachment F*	Yes, supplier's responses within Attachment G be strictly limited to dental services, and similarly, should vendors' responses to Attachment F be limited to mental health services only.
105	The RFP includes an attached contract (Attachment I). This appears to be a sample contract for software/hardware, not professional services. Please clarify that this is a sample contract and will not be the contract executed to the winning supplier.	*Attachment I*	As part of Addendum 4, a corrected contract template will be posted.
106	Please provide clarification regarding how the supplier will be reimbursed. As stated in the question above, the sample contract included in the RFP appears to be for an IT and Software contract, and the payment provisions described in that sample contract do not seem to fit the services sought under this procurement. The pricing worksheets given as Attachment J require total prices on a prison-by-prison basis, however, under the current contract the vendor is reimbursed on a position-by-position basis for filled positions. What payment methodology should vendors anticipate?	*Attachment I*	As part of Addendum 4, a corrected contract template will be posted and provides responsible payment terms. The payment methodology that will be used for the new contract established as a result of this RFP will be a fixed rate amount per facility.
107	The professional liability insurance requirements within the RFP's Standard Insurance Requirements list $3M, but do not designate whether that amount is per claim or in the aggregate, and does not state whether excess insurance can be utilized to reach this coverage amount. If a supplier carries professional liability insurance of $2M/$6M with an excess policy of $10M/$10M, does it satisfy the professional liability insurance requirements for this RFP?	*Attachment A, Section 31 - Standard Insurance Requirements, Page 12*	Yes, professional liability insurance of $2M/$6M with an excess policy of $10M/$10M,will satisfy the professional liability insurance requirements for this RFP.

#	QUESTIONS	Referenced RFX Section	ANSWER
108	Within Attachment G, Section 13, the RFP discusses system security and service level agreements. Is this referring to security and service level agreements for the electronic dental record system? Is there any other software or system this section is referring to?	Attachment G, Question 13, Page 5	Yes, Attachment G, Section 13 is refering to security and service level agreements for electronic dental record system.
109	In the first uploaded version of Attachment G, there is reference to D&B reports. The revised version no longer includes this. Please confirm that the supplier does not need to provide D&B reports with any portion of their submission.	Attachment G, Financial Stability	No the supplier is not required to provide a D&B report.
110	What will be the basis for awarding the 400 points assigned to the cost proposal in the bid evaluation process? How will points be awarded to the lowest-cost proposal versus proposals at varying degrees of higher cost? If a formula will be used, could the GDC please provide an example?	Attachment A, Cost Proposal Evaluation, Page 17	The supplier deemed to have the most competitive cost proposal per category, as determined by the State Entity, will receive the maximum weighted score for the cost criteria. Other proposals will receive a percentage of the weighted score based on the percentage differential between the most competitive cost proposal and the specific proposal in question.
111	With the Cost Worksheet, where should the vendor input expenses for the Electronic Dental Record (EDR)?	Attachment J - Cost Worksheet	The cost for Electonic Dental Records should be inputted on the tab labeled DENTAL - TOTAL COST in column B (Fixed Rate for Concurrent Software Use Licences)
112	At the bidders conference it was referenced Staffing Plan at 95% per facility. Many dental clinics only employee 3 - 4 staff members. If one staff member is unfilled out of four this would drop the fill rate to 75% - a failure. We are requesting the fill rate for the dental vendor be calculated on a state wide basis by labor type (Statewide Dentists at 95%, Statewide Dental Assistants at 95% and Statewide Hygienists be at 95%).	N/A	The 95% fill rate will be used as a perfomance measure and GDC maintains that they wish to maintain a 95% fill rate at facilities. Any position vacant for greater than 30 days, supplier shall credit GDC for such unfilled hours.

#	QUESTIONS	Referenced RFX Section	ANSWER
113	Attachment J - Cost Worksheet for Dental. Dental Total Cost and Dental Cost Worksheet tabs. We assume the only facilities listed would have the capability to provide dental services. However, some facilities listed do not have dental clinics and some not listed - do have dental clinics. We are to price per facility, are the facilities listed on these tabs accurate?	Attachment J – Cost Worksheet	A corrected Cost Proposal as been posted as part of Addendum 4. This cost proposal list all facilities that currently have a dental unit. Additional Attachment S has been added to the RFP which provides supplier with reference information concerning facility capacity per facility and indicates catchment facilities for those facilities that do not have dental units.
114	Supplier shall be required to furnish a performance bond of no less than 25%. We believe the 25% is out of line with assumed risk. We respectfully request the bond to be significantly lowered.	Attachment A, Page 13, Section 3.2, Bonds and/or Letter of Credit.	GDC expectation is for the supplier to provide a 25% performance bond.
115	Based on the responses to these questions posed, we respectfully request to have another opportunity to submit a 2nd set of questions.	N/A	As part of Addendum 3, Attachment A-eRFP document was revised to a second round of questions.
116	Please provide the average salary for each position in the current staffing plan.	Att. J, Cost Worksheet	GDC current pays a flat rate and is not able to speak to the specifics of these rates.
117	Please confirm that costs shown on the Mental Health and Dental Cost Assumptions (for Implementation) tab should not be included in the Mental Health and Dental Worksheet.	Att. J, Cost Worksheet	Correct, the costs shown on the Mental Health and Dental Cost Assumptions (for Implementation) tab should not be included in the Mental Health and Dental Worksheet.
118	Please clarify who will be financially responsible for the cost of medications.	Att. J, Cost Worksheet	GDC will be responsible for medication cost.
119	Please confirm the Department will provide dental equipment, such as chairs, x-ray machines, autoclaves, tools, etc.	Att. J, Cost Worksheet	Yes, GDC will provide dental equipment, such as chairs, x-ray machines, autoclaves, tools, etc.
120	The RFP instructions state to not alter the pricing forms and Section 5.2 states to not use the “currency” format and dollar signs; however, the forms provided use the “currency” format including the dollar sign. Please confirm what is acceptable.	Att. J, Cost Worksheet	The Cost Proposal Worksheet is formatted for currency. Suppliers need only to enter the amounts and the worksheet will automatically defualt to a currency format.
121	Please provide the payment terms for this contract.	Att. J, Cost Worksheet	The payment terms will be net 30.
122	Will the Department consider a reduced performance bond as 25% of annual total amount of the contract will likely prove burdensome for otherwise highly qualified respondents?	Attachment A;Supplier’s General Information;Bonds and/or Letter of Credit;Section 3.2,Page 13	GDC expectation is for the supplier to provide a 25% performance bond.

#	QUESTIONS	Referenced RFX Section	ANSWER
123	In what format should the bidder present “Corporate composition and demographics”?	Attachment A; Supplier’s General Information;Section 4.2,Page 14	The supplier should complete Attachment N - Supplier Worksheet to present “Corporate composition and demographics”?
124	22. The Dental Total Cost tab includes a column for “Fixed Rate for Concurrent Software Use Licenses 1-5 Per Facility/Per Year”. a) Is this software provided by GDC? • If so, what is the name of the software? b) What is the cost to the Vendor for use of the software? (Per user? Per facility?) c) How often is Vendor billed for use of the software? d) How will cost information be provided to the Vendor?	Attachment J; Cost Worksheet	a.The expectation of this RFP is for the supplier to provide the Dental Software. In response b, c, and d portion of this question the following information will be provided concerning the current suppliers subcontract agreement with Smallwood Dental. GDC pays $12,500/month for used of the electronic dental software. GDC is billed monthly for use of this software by the current dental health services supplier. The current dental health supplier has neogiated the current cost for electronic dental software with the subcontractor.
125	The last attachment provided in this RFP is Attachment Q (Supplier Q & A Template), are there any Attachment(s) missing in the RFP? • Is there an Attachment H? • Please provide a current listing of all Attachments for this RFP as there are currently two attachments listed as “J”.	General	In Addendum three, a correction will be posted. Attachment H-Cost Proposal will be posted. The cost proposal was posted earlier and the file name was labeled incorrectly. In attachment A-eRFP document a list of all attached documents can be located.
126	What is the date the new contract will be awarded?	General	Please refere to page 2 of the eRFP schedule of events. This date is subject to change as indicated in the eRFP.
127	What is the anticipated start date for the new contract?	General	Please refere to page 2 of the eRFP schedule of events. This date is subject to change as indicated in the eRFP.
128	How will services be bridged during the transition?	General	Supplier are asked to provide a tranition plan as part of their technical responses. Attachment F - Revised Mandatory Scored Mental Health Services question 7 request "7.

#	QUESTIONS	Referenced RFX Section	ANSWER
129	The eRFP states that “Suppliers are required to download, complete and then upload the Worksheets titled “*Mandatory Response Worksheet* ,” “Mandatory Scored Requirement Worksheet,” “Cost Proposal,” and “Additional Scored Response Worksheet,” found as attachments in the Sourcing Event. However, we do not see a file titled “Mandatory Response Worksheet” for this Sourcing Event. Please confirm the GDC means the file titled “Attachment E: Mandatory Questions.” If not, please supply the required “Mandatory Response Worksheet.”	eRFP §4.4 (page 14 of 20)	Yes,the mandatory response worksheet is titled Attachment E - Mandatory Questions.
130	The eRFP states that “Suppliers are required to download, complete and then upload the Worksheets titled “Mandatory Response Worksheet,” “Mandatory Scored Requirement Worksheet,” “*Cost Proposal* ,” and “Additional Scored Response Worksheet,” found as attachments in the Sourcing Event. However, we do not see a file titled “Cost Proposal” for this Sourcing Event. Please confirm the GDC means the file titled “Attachment J: Cost Worksheet.” If not, please supply the required “Mandatory Response Worksheet.”	eRFP §4.4 (page 14 of 20)	In Addendum 4, the file name has been corrected to state Attachment H- Cost Proposal.
131	The eRFP references a “*Technical Proposal Introduction* ” document, for which each bidder must “indicate its willingness and ability to satisfy these requirements. However, we do not see a file titled “*Technical Proposal Introduction* ” for this Sourcing Event. Can the GDC please provide the required “Technical Proposal Introduction”?	eRFP §4.4.1 (page 14 of 20)	Attachment A- eRFP section 4.4 provides instructions for technical responses. It states "As specified with each requirement listed in the Mandatory Scored Response Document, the supplier must indicate whether it will meet the individual requirement (if any) and provide a supporting narrative in the space provided. To be considered responsive, responsible and eligible for award, any and all requirements identified in the Mandatory Scored Response Document must be met. "
132	The eRFP references a “*Supplier General Information* ” document. However, we do not see a file titled “*Supplier General Information* ” for this Sourcing Event. Please confirm the GDC means the file titled “Attachment N: Suppliers Worksheet.” If not, please supply the required “Supplier General Information” document.	eRFP §4.4.2 (page 14 of 20)	Yes, Attachment N - Suppliers Worksheet is the required document refered to in the eRFP as Suppliers General Information."

#	QUESTIONS	Referenced RFX Section	ANSWER
133	The eRFP states, “In the event all four worksheets are not available as downloadable forms to this eRFP, **please confirm with the Issuing Officer** that all four worksheets are not required.” Therefore, please confirm that as stated in Section 4.5, bidders do not need to provide an ““Additional Scored Response Worksheet.”	eRFP §4.5 (page 15 of 20)	Correct, the additional Scored Response Worksheet is not required.
134	Is the GDC willing to consider alternatives—such as holding a portion of the successful Vendor’s payment or establishing a reserve fund—to the performance bond described in the RFP? Unlike other common forms of guaranty, the expense associated with implementing a performance bond will add unnecessary dollars to the contract price.	eRFP §3.2: Bonds and/or Letter of Credit	The supplier should expect there to be a 25% performance bond. Any alternatives a supplier would like to proposed GDC to consider should be included in expections.
135	The RFP states, “In the event any position remains unfilled for thirty {30) Calendar days, a penalty will be incurred.” Please elaborate on (a) the amount and (b) the basis for calculating any such penalties.	eRFP Attachment B, Page 2, #2	Any position vacant for greater than 30 days, supplier shall credit GDC for such unfilled hours.
136	Please provide SOP 508.01. We cannot locate it in the RFP materials.	eRFP Attachment B, Page 5, #1	SOP 508.01 is Program Services/Health Service- Mental Health reference number VG01-001. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.
137	Please provide SOP 508.015 and SOP 508.019. We cannot locate them in the RFP materials.	eRFP Attachment B, Page 5, #2	
138	Are juvenile services required in the scope of services? If so, please provide information on scope; if not, please provide information on current contract provider.	N/A	No, juvenile services are not required in the scope of services.
139	Attachment J of the SOPs includes MH/MR Evaluations Reference Number VG31-0001. Please provide SOP 508.15 referenced in Attachment F.	Attachment F: Mandatory Scored Questions, Mental Health Services. (Section: Psychologist Diagnostics/Evaluation/Emergency Evaluation, Question 1).	SOP 508.15 is reference number VG31-0001. The subject name of this SOP is MH/MR Evaluations. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.
140	Please clarify the origin of the “Project deliverables” bidders must discuss in this response; are these deliverables **(a)** Vendor-defined or **(b)** the program components outlined in eRFP Attachment B?	Attachment F, Question #16	Supplier proposal should provide a narrative on both supplier defined and program components outlined in RFP when discussing "project deliverables."

#	QUESTIONS	Referenced RFX Section	ANSWER
141	Rows 11-36 for Columns 2021-2028 have the wrong formula and do not pull from the Mental Health Worksheet. Can the GDC please provide a corrected Excel file?	Attachment H (Cost): MENTAL HEALTH - TOTAL COST	As part of Addendum 3, Attachment H- Cost Proposal has been revised with corrected formulas for Rows 11-36 in Columns 2021-2028 and reflect the correct amounts from the Mental Health Worksheet.
142	Row 17 (Emanual Women's Facility) has the wrong formula for all years. Can the GDC please provide a corrected Excel file?	Attachment H (Cost): Mental Health Worksheet	As part of Addendum 3, Attachment H- Cost Proposal has been revised with corrected formula for Row 17 (Emanual Woman's Facility).
143	Columns G-M (Years 2022-2028) have the wrong formula and do not pull the correct information from Dental Cost Worksheet. Can the GDC please provide a corrected Excel file?	Attachment H (Cost): DENTAL - TOTAL COST	As part of Addendum 3, Attachment H- Cost Proposal has been revised with corrected formulas for Rows 11-36 in Columns 2021-2028 and reflect the correct amounts from the Dental Health Worksheet.
144	Please confirm the formula in Column N (Total) is correct. Should the formula multiply column B by 10 or by 12?	Attachment H (Cost): DENTAL - TOTAL COST	Yes the formula in Column N (Total) is correct on the Dental - Total Cost Worksheet. The fourmula is correct to mutply column B by 10. The number of years the contract will be in place is 10.
145	Please elaborate on “Fixed Rate for Concurrent Software Use Licenses 1-5 Per Facility/Per Year”. We do not see any reference to this cost in Attachment A or C.	Attachment H (Cost): DENTAL - TOTAL COST	The software in question is for dental scheduling software.
146	Please clarify whether the supplier is required to obtain a license to operate the current residential treatment programs. If so, what type of license is required? And if no license is required, please confirm that the supplier is expected to provide staffing and counseling for the already licensed and established treatment program(s).	Attachment B, Scope of Services – Mental Health	All ITF programs must be CARF accredited. There is not a requirement for the supplier to obtain a license to operate the Intensive Treatment Facilities. The Supplier is expected to provide staffing and counseling for the already established Intensive Treatment Facilities.
147	There are 5 RSAT Programs for 800 males and 96 females, 2 Integrated Treatment Programs 200 male, 138 female, and 934 male Parole Violators, and 198 female Parole Violators. Please provide the staffing plan for each of these programs. What is the Level of Care for the inmates in the Integrated Treatment Programs? Is there a required staff to inmate ratio?	Attachment B, Scope of Services – Mental Health	The staffing plan at the small facilities, including the RSAT Programs is based on 1:75 MH Counselors per offenders. However, the ratio for the ITFs is 1:20. There is not a MH Unit Manager for programs with less than 225 Mental Health offenders.
148	What are the provisions for the MAT Program and what is expected for the supplier? For example will medical detox be used and what other medications will be allowed?	Attachment B, Scope of Services – Mental Health	The MAT program is a pilot program. The supplier's role is minimal because it is an after-care pilot program that is initiated upon the offender's release. Medical detox is not provided within the GDC facilities.

#	QUESTIONS	Referenced RFX Section	ANSWER
149	Is the ITP Program Workbook limited to 1 workbook or can there be a workbook for each phase of treatment?	Attachment B, Scope of Services – Mental Health	The Supplier may take the liberty to develop one or more workbooks for the ITP Program.
150	The RFP states, “Participation in 12 Step shall be a part of the curriculum the supplier will provide. 12 Step and Double Trouble Groups will be in the ITF Program”, however courts have ruled these are religious programs and cannot be mandated that people attend. Will this be a requirement for all of the Substance Use Disorder Programs?	Attachment B, Scope of Services – Mental Health, ITP Program Services	The supplier can provide a best practice, evidence-based program for consideration. The supplier should conduct a 12-step Education group.
151	Please clarify, in regards to this contract, if the supplier is responsible only for the two (2) Integrated Treatment facilities.	Attachment B, Scope of Services – Mental Health ITP Program Services	The supplier is responsible for all MH programs, whether they are at an ITF, TC, PDC, PRC, PRSAT or prison. There are currently a total of 29 facilities that have a MH Unit. In addition, there are 5 non-MH facilities
152	Please provide information as to the unduplicated numbers of offenders served in the ITFs in 2017.	Attachment B, Scope of Services – Mental Health ITP Program Services	The male unit (Appling ITF) has a bed capacity of 200. The female unit (West Central ITF) has a bed capacity of 138. They are 9-month programs. The programs run at full capacity.
153	Please provide information as to how individuals are eligible for services provided within the ITFs.	Attachment B, Scope of Services – Mental Health ITP Program Services	They are referred by the Court. They tend to be probationers who have violated their probation due to a drug charge. In addition, they are positive for their need for mental health services or have had a history of mental health services. They are referred by the Courts and or the Department of Community Supervision. They have been convicted with a crime that stems from drug usage/abuse.Some have viotlated their Community Supervsion by testing positive for alcohol or durgs. All have a Substance Use Disorder in addition to a Mental Health illness .
154	Please clarify, is it the expectation that the Program Director noted to be required for the West Central ITF, also be required to oversee the Appling ITF?	Attachment B, Scope of Services – Mental Health ITP Program Services	The supplier is expected to have one Program Director to oversee the MH/ITF programs Units. However, the structure of the Supplier's Central Office can be determined by the Supplier. The Program Director and all MHUMs report to the Office of Health Services' designee

#	QUESTIONS	Referenced RFX Section	ANSWER
155	Who does the current ITF Program Director currently report to?	Attachment B, Scope of Services – Mental Health ITP Program Services	The RFP is requesting a change to the configuration of the current structure. The proposed change is to have one Program Director overseeing all the MH Units as stated above. The Program Director would report to GDC's MH Director/designee. The program director and all MHUM report to the OHS designee.
156	Please clarify, are Activity Therapist utilized at the ITFs? If yes, do these position also provide services outside of the ITFs, or are they solely supporting the ITFs.	Attachment B, Scope of Services – Mental Health ITP Program Services	Written into the RFP is a provision to provide activity therapy at the ITFs. The Activity Therapist position(s) are also provided at GDC facilities with Level III - IV offenders and the Juvenile offenders.
157	Which facilities house the following units: Crisis Stabilization Units, Acute Care Units, Special Mental Health Treatment Units, Supportive Living Units	Attachment B, Scope of Services – Mental Health	There are 8 facilities with ACUs/CSUs: (ASMP, Baldwin, GDCP, GSP, Phillips, Valdosta (for males), and Lee Arrendale and Pulaski (for females) . There are 3 facilities with SMHTUs: ASMP, Phillips, and Valdosta. There are 11 facilities with an SLU: in addition to the 8 mentioned above, Central, Johnson, and Rutledge.
158	Please provide the number of beds available for each facility and each unit combination listed in the above question?	Attachment B, Scope of Services – Mental Health	There is an inmate count by institution that would provide the number of currently filled beds.
159	Please provide 2017 data related to the admission, discharge and length of stay for those who were housed in each of the Crisis Stabilization Units, Acute Care Units, Special Mental Health Treatment Units, and Supportive Living Units.	Attachment B, Scope of Services – Mental Health	Avg stay for those in the CSU is 3 - 5 days; in the ACU, 8 - 10 days, (both have transient populations); the SMHTUs 9 - 12 months, and in the SLU it varies with ability to stabilize and length of sentence. The SMHTUs and SLUs house more of a permanent population.
160	Please provide a list of the current staffing by facility, specialty unit, job title and full time equivalent (FTE), to include credentials associated with each facility.	Attachment B, Scope of Services – Mental Health	Larger MH programs (offender count over 250) have 1 MH Unit Manager, 1 Clinical Director, Counselors (1:60 for close security; 1:75 for medium security); Activity Therapist
161	Are all psychiatry services to be provided by a psychiatrist or can other disciplines be utilized?	Attachment B, Scope of Services – Mental Health, A. Psychiatry Services	Psychiatrists and Advance Practice Nurses (APRN) provide the psychiatry services. Per SOP, after 1 FTE an APRN can provide any additional hours.

#	QUESTIONS	Referenced RFX Section	ANSWER
162	Please provide a definition for the position of “Multifunctional Officer.” Who is responsible to staff this position? What facilities/units have such a position?	Attachment B, Scope of Services – Mental Health, D. Mental Health Counseling Services	A Multifunctional Correctional Officer (MFCO) is filled by correctional staff and are supervised primarily by the Security leadership. Some MH oversight is provided by the MH Unit Manager and Clinical Director when the MFCO's work in the SLUs.
163	Please clarify if the GDC has set minimum and/or maximum percentages of MH caseload contacts that can be provided through tele-mental health.	Attachment B, Scope of Services, Mental Health, R. Tele-Mental Health	The Supplier can propose their minimum and maximum percentages of MH caseload contacts.
164	Are tele-mental health service only to be allowed for the delivery of psychiatric services or can this service also be allowed for agreed upon services provided by psychologist?	Attachment B, Scope of Services, Mental Health, R. Tele-Mental Health	The Supplier can propose their delivery of services and if it would include tele-mental health for psychiatry and psychology.
165	Meaningful contacts are to be documented at a minimum of two per month. Please clarify, contacts by what position/profession will be allowed to meet this requirement.	Attachment B, Scope of Services, Mental Health, SMHTUs	That refers to MH/co-occurring Counselor contacts for the ITF offenders and those offenders living in an SLU.
166	Please more information as to what “SCRIBE” is.	Attachment B, Scope of Services, Mental Health, SMHTUs	It an enterprise system accessed via the GDC Intranet and is designed to be the electronic Offender Management System. It uses internet technology and standard navigation tools to track offender court documents, case management, movement, Special housing etc.
167	Regarding the Augusta State Medical Prison, please clarify the programs and number of beds that are excluded from the scope of the RFP.	Attachment B, Scope of Services, Mental Health	At this time, the ASMP program is a Level II - V program and all aspects of the program should be included.
168	Please provide current Performance Measures in place for the SMHTUs.	Attachment B, Scope of Services, Mental Health	The Performance Measures to be used for the SMHTUs is at the discretion of the Supplier.
169	Please clarify the educational and license requirement for the Mental Health Unit Managers (MH Unit Manager).	Attachment B, Scope of Services, Mental Health	Master's Level-license eligible
170	Can coverage for staff on leave be provided by tele-health?	Attachment B, Scope of Services, Mental Health, Staff Coverage	This would be at the discretion of the Supplier
171	Does telecommunication provided by GDC also include installation and maintenance of lines specifically for tele-mental health?	Attachment B, Scope of Services, Mental Health, Space Allocation, Equipment, and Supplies	No

#	QUESTIONS	Referenced RFX Section	ANSWER
172	Does equipment the supplier brings into the facilities become the property of GDC?	Attachment B, Scope of Services, Mental Health, Space Allocation, Equipment, and Supplies	Yes
173	Do the face to face interventions for psychiatry include tele-psychiatry?	Attachment B, Scope of Services, Mental Health, Psychiatry Services	The Supplier should reveal what is proposed for face to face interventions for psychiatry.
174	Please clarify “Psychiatrists will provide services according to the current DSM”. As the DSM is a diagnostic manual, is there an implication that certain medications will automatically be used to treat certain diagnoses?	Attachment B, Scope of Services, Mental Health, Psychiatry Services	Treatment will be based on diagnoses and standard practices utilized to treat various diagnoses. GDC does have a standard formulary for medication usage
175	Are Psychiatric Nurse Practitioners allowed to conduct services as Psychiatrists or does a Psychiatrist have to conduct the services as outlined?	Attachment B, Scope of Services, Mental Health, Psychiatry Services	They are allowed to conduct services under the supervision and protocol of a Psychiatrist.
176	Is psychological testing up to the discretion of the Psychologist or are there standardized testing batteries that are required in the GDC?	Attachment B, Scope of Services, Mental Health, Psychology Services	The Supplier will determine the nature of psychological testing.
177	Is it the expectation of the GDC that all Mental Health Counselors, both licensed and unlicensed, will rotate an after- hours on-call schedule?	Attachment B, Scope of Services, Mental Health, Mental Health Counseling Service	Yes
178	Does the Activity Therapist have to be a certified or licensed Therapeutic Recreation Therapist in the state of Georgia?	Attachment B, Scope of Services, Mental Health, Activity Therapist	No, but will need to receive supervision from an Activity Therapy Supervisor and Psychologist.
179	Please clarify if the Activity Therapists are to provide or offer three hours of therapeutic activities per day.	Attachment B, Scope of Services, Mental Health, Activity Therapist	The Supplier will need to outline the Activity Therapists provision of services. All SLU offenders must receive a minimum of 3-4 of Activity Therapy groups each day.
180	Can the Physician assigned to the P&T Committee be a Psychiatrist?	Attachment B, Scope of Services, Mental Health, Pharmacy & Therapeutics Committee	Yes
181	Please clarify: “Psychiatrists will provide face to face services according to current DSM criteria” as the DSM is only a diagnostic manual.	Attachment B, Scope of Services, Mental Health, Psychiatry Services for SMHTUs	Treatment will be based on diagnoses and standard practices utilized to treat various diagnoses.

#	QUESTIONS	Referenced RFX Section	ANSWER
182	Are all counselors in the SMHTU to be licensed or license-eligible?	Attachment B, Scope of Services, Mental Health, Counseling Services For SMHTUS	That is the preference since the SMHTU population is the most severely mentally ill.
183	Can the GDC supply the current SMHTU manual for review?	Attachment B, Scope of Services, Mental Health, Counseling Services For SMHTUS	Refer to the SOPs. The Supplier can add an additional SMHTU manual.
184	Can the GDC share a copy of the current ITF Participant Workbook for review?	Attachment B, Scope of Services, Mental Health, ITF Participant Workbook (ITF)	GDC would like to view the Supplier's development of an ITF Participant Workbook without influence of what is already in place. They should develop their own based on best practices for co-occurring disorders
185	What is the process and protocol for care provided to inmates needing detoxification? Please also specific any variations to care for parole violators, and / or individuals identified to receive ITF treatment.	Attachment B – Scope of Services Mental Health – Integrated Treatment Facilities	Detoxification does not occur within a GDC facility. Local medical centers are contacted and the offender is transported for detox.
186	Is IT developing a separate set of EHR files for substance use programs to comply with 42cfr, which requires substance use records be stored separate from medical records?	Attachment B – Scope of Services Mental Health – Electronic Health Records	Yes
187	At intake facilities, please describe the duties of the counselors and psychologists as they relate to initial assessments and evaluations. Is a psychologist required to see each and every person that comes through intake?	Tour	The MH Counselor conducts a screen and evaluation. The Psychologist provides an initial psychological evaluation. The Psychologist sees every offender with a positive screen.
188	During the tours there was minimal mention of suicide watch cells or procedures. Please clarify where suicide watch activities take place.	Tour	"Suicide watch" takes place in an Acute Care Unit or Crisis Stabilization Unit. Or approved observation cell which cannot exceed 24 hours. Please refer to the SOPs
189	Are the supplier's MH staff involved in any aspect of the execution process?	Tour	Yes, the MH Director is required to see the condemned offender daily for two weeks prior to the execution date. In addition, the Warden require a MH staff member to remain at the institution until the execution is completed.

#	QUESTIONS	Referenced RFX Section	ANSWER
190	Please indicate which facilities provide tele-health/psychiatry/psychology services	Attachment B - Scope of Services, Mental Health – R. Tele-Mental Health	The Supplier is not expected to replicate what is in place. Currently, remote facilities utilize those services.
191	What type of tele-health equipment is utilized?	Mental Health – R. Tele-Mental Health	This is provided by the Supplier.
192	Will the current equipment be used in the contract going forward? Is the incoming supplier required to reimburse the GDC or outgoing vendor for any of the equipment? If so, please describe the estimated cost of the equipment.	Mental Health – R. Tele-Mental Health	NONE
193	Where is the equipment housed?	Mental Health – R. Tele-Mental Health	In the Supplier's Central Office; in the facilities in the medical or mental health unit, depending on the facility
194	What MH staff are responsible to assist with the delivery or the setup and monitoring of tele health/psychiatry services	Mental Health – R. Tele-Mental Health	Varies, depending on the MH Unit's resources; the Supplier also has employed Clinic Coordinators. The Supplier can determine responsible staff to assist, setup and monitor those services.
195	Are tele-health services being provided with the SMUs?	Mental Health – R. Tele-Mental Health	Yes, however the preference is for face-to-face contact with offenders in all special housing.
196	How are individuals identified to attend the ITFs?	Tour	This is determined by the courts /Department of Community Supervision across the state and the previous infractions/convictions of the offenders.
197	Who currently is responsible for the provision of services in the ITFs?	Tour	A Vendor
198	What happens if an offender does not successfully complete treatment at the ITF programs?	Tour	The offender is returned to the court for the judge's determination of next steps, which often results in the offender serving the remainder of their probation time within a prison.
199	Are there any current delays in individuals getting into the ITFs?	Tour	Yes, at times determined by bed availability.
200	Is the supplier financially responsible for the cost of testing materials for mental health services?	Attachment B Scope of Services Mental Health, General question	The cost is shared between the supplier and GDC.
201	Is the supplier financially responsible for the cost of laboratory tests requested by the mental health staff? If so, please provide the number of tests and monthly cost for mental health labs over the last 2 calendar years	Attachment B Scope of Services Mental Health, General question	No

#	QUESTIONS	Referenced RFX Section	ANSWER
202	The required minimum staff-to-offender ratios for mental health positions listed in the RFP will dramatically increase the number of positions and costs over the current staffing levels under the current contract. For example, the RFP requires a 1:200 ratio for psychiatrists, which would, in effect, double the number and costs for psychiatrists over current contract levels. In years past, the GDC moved away from rigid ratios for mental health staffing requirements to the current contract method of establishing staffing levels facility by facility based on caseload, acuity levels, mission, programming, etc. Is the GDC intending to return to the use of strict ratios for determining staffing levels, as indicated in the RFP, and thus dramatically increasing the number of mental health staff throughout the system, and increasing costs, or would the GDC consider revising the RFP to list a required staffing matrix by facility based on current or desired staffing patterns to be provided by the supplier?	*Staff Management, Attachment B, Scope of Services, Page 16*	The Supplier can determine and submit their proposed staffing patterns. Suggested ratios based on current guides will be provided.
203	In addition, there are currently some mental health positions listed as required in the RFP that are filled by a mix of state employees and contractor employees (e.g., counselors, clerks, activity therapists). Is the GDC intending to terminate its existing state-employee positions and assign them to the supplier under the new contract? If not, the use of staffing ratios means a portion of the ratio will be met by state employees. Would the GDC consider revising the RFP to list a required staffing matrix by facility based on current or desired staffing patterns to be provided by the supplier?	*Staff Management, Attachment B, Scope of Services - MH, Page 16*	the Supplier can propose their desired staffing patterns and preferred method of developing a full slate of contract employees.
204	If staffing ratios are to be used by bidders in calculating staff requirements based on the RFP provided staff-to-offender ratios for mental health positions, should the bidder include or exclude the number of mental health services positions currently occupied by state-employed staff, and if so, would the GDC provide a list of all current state-employed staff that would apply to the required staffing ratios?	*Staff Management, Attachment B, Scope of Services – MH, Page 16*	The Supplier should propose staff ratios/ calculate staff requirements inclusive of all positions.

#	QUESTIONS	Referenced RFX Section	ANSWER
205	The RFP calls for a reduction in the volume of telehealth services provided compared to current levels of telehealth services, which may result in lowering the access to care for inmates and present other practical challenges to maintaining required service levels. National trends indicate that the use and popularity of telehealth services in correctional settings will continue to rise, particularly for psychiatry services, and is becoming more and more a standard for the provision of certain services. Would the GDC consider allowing vendors to propose alternative approaches to telehealth services?	*Attachment B, Section R, Tele-Mental Health, Page 23*	Yes, alternative approaches to tele-health services can be proposed.
206	The RFP indicates that there will be a minimum of one computer and one compatible printer provided by the GDC at each facility. Given that there will be a number of staff working at each facility and that there are plans to implement an EHR, will the chosen supplier be able to furnish its staff with additional computers?	*Attachment B, Space Allocation, Equipment and Supplies - #2, Page 3*	Yes, that can be arranged. In addition, GDC will provide additional hardware at each facility once the EHR is implemented.
207	The RFP calls for the successful supplier to *"develop a participant workbook"* for participants. Would the GDC be open to the supplier purchasing evidenced-based workbooks developed by a third party to use within the ITF?	*Attachment B, ITF Participant Workbook, Page 55*	Yes, however each offender should have individualized treatment based the severity of the offender's Mental Health status and Substance Use
208	The RFP references the need to report "*The number of successful completions"* and *"The number of unsuccessful completions."* Can the GDC please clarify what these items are referencing?	*Attachment B, Reporting - B.4, Page 61*	This is referencing program completions--those offenders who have completed the ITF programs as opposed to those who may not have completed the program and therefore were revocated.
209	The GDC Standards state that when offenders return after being admitted to the CSU, they should be placed on the mental health caseload, not back to ITF. Please confirm this understanding.	Attachment F, Section: Psychologist Diagnostics/ Evaluation/ Emergency Evaluation, Page 4	The Level I offender admitted to the CSU should not be returned to a Level I facility. All offenders at the ITF are Level II. They can be returned to the ITF, but may need to remain at the facility with the CSU for up to 60 days to ensure stability prior to their return to the ITF.
210	The RFP requires drug testing on all pre-employment applicants and at random times during the course of employment. Does this also apply to independent contractors and temporary personnel (e.g. *locum tenens* psychiatrists)?	Attachment B, Scope of Services, Pages 1 – 2	Yes, all employees are subject to random searches and drug testing.

#	QUESTIONS	Referenced RFX Section	ANSWER
211	Will the supplier be required to complete drug testing on all current incumbent, active employees upon contract start? If so, what is the required timeframe for completion?	Attachment B, Scope of Services, Pages 1 – 2	No, that is not required.
212	The RFP states random drug testing selection should be no less than 5% per month. Would the GDC consider allowing testing on a quarterly basis that would still meet the percentage quota?	Attachment B, Scope of Services, Pages 1 – 2	On a per month basis is preferred to stay on top of potential violators of the policy.
213	Does the GDC have a requirement for non-DOT 5 vs 10 panel drug testing? Please clarify any required specific type of drug testing.	Attachment B, Scope of Services, Pages 1 – 2	Not determined by MH
214	Does the GDC have a requirement for conducting drug testing on site by authorized collectors vs. offsite clinics?	Attachment B, Scope of Services, Pages 1 – 2	For authenticity and verification of the staff member being tested, on site collection is expected.
215	The RFP states, *"the supplier will be responsible to conduct an annual audit (financial and programmatic)".* Will the scope of the financial audit require performance of the audit by an independent third party?	Attachment B Scope of Services, Page 3	This can be determined by the supplier.
216	Please clarify the expectation of coordinating with Augusta University to expand telehealth.	Attachment B, Section R, Tele-Mental Health, Page 23	We would not expect an expansion of Tele-Mental Health
217	The RFP requires the supplier to provide mental health clerical staff. Currently, the medical supplier (GCHC) employs mental health clerks. Will these positions remain under GCHC or will they become part of the mental contract under this procurement?	Appendix B, Section H, Pages 15-17	There are a few GCHC employed MH clerks. Those positions (as well as all the MH positions) would all come under the mental health contract under this procurement.
218	The RFP does not provide required dental staffing ratios or a suggested dental staffing plan. Does this infer that the staffing plan and ratios are under the sole discretion of the supplier? If not, please provide a required dental staffing plan.	A*ttachment C, Scope of Work, Dental Services*	for Dental
219	The RFP lists the Activity Therapist position ratio as 1:150. Under the current contract, the Activity Therapist ratio is 1:50. Please clarify and/or confirm the required ratio for Activity Therapists.	Attachment B Scope of Services - MH, Page 17	A typo - the ideal Activity Therapist ratio is 1:50
220	Please confirm the vendor's mental health staff would not have a role in the treatment or process of execution.	Att. B, GDC Policies and SOPs	One Mental Health staff member is required to remain at the Facility until the execution is carried out.

#	QUESTIONS	Referenced RFX Section	ANSWER
221	It was mentioned that there are state as well as vendor staff. Do they have the same responsibilities? Is the prospective vendor's bid to include all staff or just those that are current vendor staff?	Att. B, GDC Policies and SOPs	The Vendor's bid should include all staff. If the state and vendor staff have the same title, then their job responsibilities are identical. Those who are licensed may have more opportunities to provide therapy/specialized treatment with the special populations.
222	Please clarify if the patient to staff ratios that were presented include vendor and state staff.	Att. B, GDC Policies and SOPs	Yes
223	Please confirm the vendor be allowed to access the Department's intranet on state computers.	Att. B, Space Allocation, Equipment, Supplies	Yes
224	Is there a current electronic health record? If so, please describe. If in process, when is expected full implementation date?	Att. B, Electronic Health Record	No, there is not a current Electronic Health Record. The Electronic Health Record is in the process of being built. A tenative go-live date is Fall 2018.
225	Is tele-psychiatry currently being used? If so, who provides the equipment and software platforms?	Att. B, Tele-Mental Health	Yes, the vendor provides the equipment and software platforms.
226	Please confirm the supplier may propose a tele-psychiatry platform of its own. Please clarify if the Department would provide the hardware.	Att. B, Tele-Mental Health	Yes, the supplier can propose their own platform. Some hardware can be provided by GDC.
227	The Telemedicine policy that was included in the materials sent to prospective suppliers noted that a "shadow file" is created when patients were seen via telemedicine. Is this still the current process and if not please explain documentation process for telemedicine/tele-psychiatry sessions currently?	Att. J, Telemedicine Policy (VH17-0003)	Yes, this is still the current process.
228	Are psychiatric nurses to be included in the vendor's proposed matrix?	Att. B, MH Program Services	Only APRNs are included. If the psychiatric nurse is not an advanced practice nurse, they will not be included in the vendor's proposed matrix. GCHC employs the mental health nurses.
229	Please provide the number of offices provided for mental health staff at each facility in the GDC where mental health services are provided.	Att. B, Space Allocation, Equipment, Supplies	Too varied to provide. Some facilities have space for one office per staff member, in other cases the spaces are shared.
230	At GDCC, where are patients housed when they are placed on suicide watch?	Att. B, MH Program Services	They are placed in either ACU or CSU; an approved Observation cell can be utilized for up to 24 hours.

#	QUESTIONS	Referenced RFX Section	ANSWER
231	Please describe the "treatment modules" that were mentioned as a new program at ACMI.	Att. B, MH Program Services	The treatment modules (modeled after the California Prison Industry Authority (CALPIA) modules) are used to provide therapeutic programming. They house one offender per unit to keep the environment safe while programming occurs.
232	During the bid tour it was mentioned that some of the current psychology staff work for a different vendor than the other staff. Please clarify what mental health positions the supplier is to bid on at ACMI.	Att. B, MH Program Services	Currently, the ITF psychology staff work for a different vendor. The supplier should bid for all mental health positions.
233	Please provide the average daily population over the past three years.	Att. B, MH Program Services	9300 - 9500; however currently the population is approximately 9600
234	Please confirm if any of the current contractor's staff are covered by a Collective Bargaining Agreement. If so, what positions and what organizations?	Att. B, MH Program Services	No
235	Please provide any current affiliations or programs that are in place for students, interns, residents, and post-doctoral fellows.	Att. B, MH Program Services	No current affiliations; previously MOUs were established with GSU, Argosy and Capella for a doctoral practicum.
236	Please provide the current programs in place for inmates with dementia, head injuries, and personality disorders characterized by acting-out behavior.	Att. B, MH Program Services	The Specialized Mental Health Treatment Units have programs for offenders with those types of conditions.
237	By site, please provider the number of admissions per month for each of the last 24 months.	Att. B, MH Program Services	Admissions primarily come through the Diagnostic facilities GDCP and Lee Arrendale. Burruss, Coastal, the PDCs and ITFs also conduct Diagnostics. Overall, there are approximately 230 females and 1020 males in the Diagnostic process for the month.
238	By site, please provide the number of discharges per month for each of the last 12 months.	Att. B, MH Program Services	Discharges can average between 150 - 210 per month for mental health. Can provide the numbers by level.
239	Please confirm if the Department is currently under any type of consent decree or judgment that might affect this contract.	Att. B, MH Program Services	No there is not a consent decree or judgment that would affect the contract.
240	Please provide a copy of the most recent mental health audit for each site.	Att. B, MH Program Services	The Comprehensive Mental Health Audit tool will be provided.
241	Who is financially responsible for providing necessary equipment in excess of the "one (1) stand-alone personal computer (PC) and a minimum of one (1) compatible printer…provided by GDC at each Facility"?	eRFP Attachment B, Page 3, #2	GDC has limited funds for computer software and hardware.

#	QUESTIONS	Referenced RFX Section	ANSWER
242	We understand that the GDC is working with Cerner to implement an electronic health record at the GDC facilities. Can you please provide a status update on where the GDC is in this process; and a timeframe for full EHR implementation?	eRFP Attachment B, Page 5, #1 (EHR)	The process of implementation continues. The timeframe is somewhat fluid, however is expected to be piloted within the next 10 - 12 months.
243	This section refers to “unlicensed MH counselors.” Please provide the licensing requirements of all mental health staff positions in the GDC.	Attachment B – Scope of Services, Mental Health (Page 8, B. Supervision, 5).	All upper-level providers must possess a GA license. Suppliers are expected to employ licensed MH Counselors. MH Unit Managers, Activity Therapists and Clerical Support do not require a license.
244	What is the educational type, level, and licensing required of the Mental Health Unit Manager position.	Attachment B – Scope of Services, Mental Health (Page 9, C. Mental Health Unit Managers).	The MH Unit Manager must possess a Master's degree in a mental health related field.
245	What is the educational type, level, and licensing required of the Medication Clinic Coordinator position.	Attachment B – Scope of Services, Mental Health (Page 13, E. Medication Clinic Coordinator).	This can be determined by the supplier.
246	Please provide current data for the numbers of offenders for each MH Level during the last year for each site.	Attachment B – Scope of Services, Mental Health (Page 14, F. Activities Therapist, 3).	Can provide the most recent offender count by facility
247	Please provide policy and classification criteria for Mental Health Levels.	Attachment B – Scope of Services, Mental Health (Page 14, F. Activities Therapist, 3).	See SOP 508.16
248	Are the GDC mental health programs currently staffed to meet the “Minimum Staff to Offender Ratios?” If not, please provide data on “Open” positions and related staffing concerns.	Attachment B – Scope of Services, Mental Health (Page 16, H. Staff Management).	There are open positions in the areas of primarily MH Counselor, Psychologists and Psychiatrists. There are also 3 vacant of 35 Activity Therapy positions .
249	Please provide contact information for the Augusta University Department of Correctional Medicine Adult Health.	Attachment B – Scope of Services, Mental Health (Page 22, R. Tele-Mental Health).	Dr. Ricci oversees Psychiatry services for ASMP.
250	What GDC sites currently use tele-mental health?	Attachment B – Scope of Services, Mental Health (Page 22, R. Tele-Mental Health).	Most use it, from 5% to 100%

#	QUESTIONS	Referenced RFX Section	ANSWER
251	Please provide a list of existing telehealth equipment that will be available to the incoming Vendor.	Attachment B – Scope of Services, Mental Health (Page 22, R. Tele-Mental Health).	None
252	We understand that the Vendor is required to “procure” any additional telehealth equipment. Will the GDC reimburse the Vendor for the cost of such equipment?	Attachment B – Scope of Services, Mental Health (Page 22, R. Tele-Mental Health).	No
253	Please clarify the connectivity process for telehealth: Does the GDC connect to external providers (like Augusta University? Or do the external providers connect to the GDC?	Attachment B – Scope of Services, Mental Health (Page 22, R. Tele-Mental Health).	The connectivity process is solely the responsibility of the Vendor
254	Will the Vendor be financially responsible for the cost of any inpatient psychiatric admissions to the Augusta State Medical Prison? If so, please provide what these historic costs have been for the Vendor in each of the past three years.	Attachment B – Scope of Services, Mental Health (Page 58, R. Augusta State Medical Prison).	No
255	Will the Vendor be financially responsible for the cost of any inpatient psychiatric admissions to community hospitals? If so, please provide what these historic costs have been for the Vendor in each of the past three years.	Attachment B – Scope of Services, Mental Health (Page 58, R. Augusta State Medical Prison).	No
256	Are sex offender services required in the scope of services? If so, please provide information on scope; if not, please provide information on current contract provider.	N/A	The GDC Office of Inmate services currently offers SOPP for offenders referred by the Parole Board.
257	Please provide data on self-injurious behaviors, suicide attempts and suicides for the last two years’ time by site and MH level.	N/A	Offenders at Close security sites and MH Level 1 and 2's are most likely to be involved in suicide attempts and completed suicides.
258	Are substance use services provided by any other vendor or community resource? If so, please describe the nature and intensity of the services provided.	N/A	RSAT program will continue as independent program at this time.
259	The position of “Behavior Specialist” is referred to in the SOP, but is not listed in the Job Titles in “SOW Attachment B." If this is a current position, please provide requirements by level of education/licensure and FTEs by facility.	SOP Reference Number: VG01-0001. MH/MR Organization and Administration (Page 13, E. Medication Clinic Coordinator, 3).	The Behavior Specialist may have a Bachelor's degree, with at least 10 hours of training in providing psychological assessments. The Diagnostic facilities have those positions, 1 FTE per facility.

#	QUESTIONS	Referenced RFX Section	ANSWER
260	Does the GDC refer any offenders for inpatient treatment services in a State or community hospital setting or are they treated in the CSU/ACU/Observation Cell?	N/A	They may be sent to an external secured Psychiatric Facility.
261	Please provide the Mental Health Levels for Women in Pulaski SP.	Attachment L: Overview Mental Health System (MH/MR Inmate Count by Institution).	Levels 1 - 3
262	Please outline the mental health services provided at the Metro Re-entry Center and identify the scope of services for which the Vendor will be responsible.	N/A	The offenders will be Level II. The Vendor will provide 1-3 MH Counselors, and a parttime Psychiatrist and Psychologist.
263	For each GDC facility, please provide a listing of any current Mental Health and Dental Health service vacancies, by position.	eRFP Attachment B, Section H.1	Vacancies exist in MH Counselor positions, Psychology positions and Psychiatry positions. There are few vacancies in clerical and activity therapy
264	Please identify the number, type, and timeframes of any mental health or dental care backlogs that currently exist at the GDC facilities.	eRFP Attachment B, Section H.1	Backlogs rarely occur, but when they do, they occur in Diagnostics and possibly when a Psychiatrist is available to see the offender for an initial medication evaluation.
265	Will the GDC allow “grandfathered” credentialing for incumbent staff already employed by (or contracted with) the current Vendor?	eRFP Attachment B, Section H.1	Yes, as long as they are licensed for those positions in which a license is necessary (upper level providers).
266	Please provide the salaries/wages your incumbent Vendor is paying to its staff at the GDC facilities. • How old is this data? • Where did this data come from, e.g., State records, data from the incumbent Vendor, etc.?	eRFP Attachment B, Section H.1	GDC current pays a flat rate and is not able to speak to the specifics of these rates.

#	QUESTIONS	Referenced RFX Section	ANSWER
267	51. At the Bidder's Conference, the GDC mentioned it was interested in the awarded Vendor taking over an additional 25 or so mental health positions that are currently filled by State employees. Please provide a list of these positions to be taken over by the Vendor, including the following information. • Position title • Position duties • Position requirements (licensure, education, experience) • Number of FTEs—by position—to be taken over by the Vendor at each GDC facility eRFP Attachment B, Section H.1	eRFP Attachment B, Section H.1	MH Counselors, Activity Therapists, Clerical staff (refer to the SOP for duties and requirements); The positions will be "taken over" through attrition.
268	At the Bidder's Conference, the GDC mentioned it was interested in the awarded Vendor taking over an additional 25 or so mental health positions that are currently filled by State employees. Please provide the following information on this topic. • What mental health positions are currently filled by State employees? • Please indicate which of these positions will remain filled by State employees under the new contract. • Please indicate how many State-employed mental health FTEs –by position—there currently are at each site.	eRFP Attachment B, Section H.1	MH Counselors, Activity Therapists, Clerical staff (refer to the SOP for duties and requirements); The positions will be "taken over" through attrition.
269	Does the GDC want Vendors to describe our own original mental health programming (as opposed to just agreeing to abide by existing GDC programming)?	Attachment B (all)	Vendors can describe their own original mental health programming, but must be in line with GDC SOPs which are approved by Legal and are ACA compliant.

#	QUESTIONS	Referenced RFX Section	ANSWER
270	The Dental Scope of Work states that the contractor is to provide a Dental Health Record; however, the Mental Health Scope of Services states that the contractor will help assist in selection and implementation of an EHR. Is there a current EHR in place for either the dental or the mental health program? If so, what system is being used? Would the GDC consider selecting a single EHR with a Dental Health Record module in order to sustain seamless data sharing between Medical, Dental, and Mental Health?	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	There is not a current Electronic Health Record in place. The Supplier may propose an Electronic Health Record.
271	Does GDC currently utilize Wi-Fi in any facility that is accessible by medical, dental and mental health staff for the purposes of providing healthcare?	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	No, not for MH
272	If vendor is to provide additional PCs for providing care will those PCs be allowed to use the GDC network or will the contractor have to install a network?	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	The GDC network can be used.
273	Regarding Attachments B, Mental Health Services and C Dental Health Services; there is reference to annual audits under the heading Performance Management. Please provide copies of recent audits.	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	Will provide the current audit tool.
274	Attachments B, Mental Health Services and C Dental Health Services both reference a no-hire list. Will a copy of this be provided to the awarded supplier?	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	Information about individuals can be made available on a "need-to-know basis" through Personnel.
275	In Attachments B (Mental Health Services) and C (Dental Health Services), there is a requirement for the vendor to have drug tests performed on all employment applicants who will be working in GDC Facilities. Does this include staff currently employed by the existing vendor?	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	It does not preclude current staff from being drug tested if there is a need to perform such test.
276	Is there any current litigation pending or previous lawsuits that resulted in consent decrees, orders or findings regarding the delivery of Mental Health Services or Dental Health Services? If so please provide.	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	Previous lawsuits have been resolved.

#	QUESTIONS	Referenced RFX Section	ANSWER
277	During the tours of GDC, there was mention of a blended MH and dental staffing, meaning some staff are employed by the GDC and others are employed by the supplier. Please clarify within the GDC by facility each job titles and how many FTEs are employed by the GDC.	Tour	Employed by GDC are the following FTEs: 69 MH Counselors ; 2 MH Unit Managers; approximately 15 ATs; and 14 Clerical.
278	What are the duties of these GDC MH and dental staff positions?	Tour	Please refer to SOP 508.01 and 508.16.
279	How do the GDC positions interact with the supplier's staff?	Tour	All staff ultimately report to the Deputy Warden of Care and Treatment.
280	To whom do the GDC staff positions report?	Tour	They report to the MH Unit Manager at the facility, and the MH Unit Manager reports to the Deputy Warden of Care and Treatment.
281	Will GDC staff salaries and benefits, be the financial responsibility of the supplier? If so, how and when does the GDC expect the supplier to be reimbursed for the salaries and benefits? Please provide the estimated salary/benefit cost per FTE, by job title and facility.	Tour	The GDC staff salaries and benefits are not the responsibility of the supplier unless the GDC staff member begins employment with the Vendor. The supplier can provide estimated salary/benefit cost per FTE, by job title and facility.
282	Will annual raises for GDC staff be the responsibly of the supplier? If so, please provide the average percentage increase granted on an annual basis.	Tour	No
283	Are there current GDC vacant Mental Health and Dental positions? Please provide the listing of vacant GDC positions by facility, job title and FTE.	Tour	There are 9 vacant MH Counselor positions, there are 2 vacant clerical positions.
284	Are the GDC positions included in any Union agreements?	Tour	No
285	The RFP lays out a ratio grid for staff to offenders. Please clarify and describe how this grid factors in GDC staff vs supplier staff position responsibilities?	Attachment B – Scope of Services, Mental Health – H. Staff Mgmt.	The grid does not factor into position responsibilities by employer. It helps to provide overall responsibilities and to evenly divide the work load. The supplier can propose their own ratio grid.
286	Will any or all current GDC staff positions transfer to supplier positions in the new contract? If so, are there any specific requirements for compensation and benefits that the supplier will be required to offer to current GDC staff? Please describe.	Tour	The supplier can propose their requirements for compensation and benefits. The MH Counselors require licensure in order to be employed by a Vendor.

#	QUESTIONS	Referenced RFX Section	ANSWER
287	Please provide a complete current staffing plan for mental health and dental services by position, shift and facility detailing those positons that are supplier employees and those that are GDC employees.	Tour	The supplier should consider all positions as Vendor positions when providing proposed staffing plan for mental health services.
288	Within the GDC is Wi-Fi available for use by the supplier, and if so, where is it available?	Tour	No
289	Please provide a list of any current backlogs for services; by facility, position and the type of encounter required.	Tour	Addressed earlier; backlogs rarely occur.
290	Please provide damages, penalties or fines imposed over the last 3 calendar years on the current supplier broken down into relevant categories including vacancies, backlogs or other related reasons.	Tour	Please contact GDC open records to request the desired information.
291	Please identify by site if there are any dental and mental health backlogs and if so the number of backlogs and anticipated wait times.	Staff Mgmt.	Rare backlogs that occur in Diagnostics might be seen within 1-2 days (rather than same day) by the Psychologist. Initial medication evaluations may be seen within 15 - 16 days (rather than within 14 days) by the Psychiatrist.
292	Please provide job descriptions of the GDC Dental and Mental Health Staff working at the facilities to include; dental assistants and Hygienists.	Staff Mgmt.	Job descriptions are detailed in the 508.01 and 508.16 SOPs.
293	Attachment C regarding the Dental Health Services requires providers to complete a certain number of hours of training for ACA certification; however, there is no explicit statement regarding maintenance of ACA or NCCHC accreditation. Are the sites accredited by either agency? Will the supplier be required to maintain the accreditation standards for Dental and/or Mental Health? And is supplier subject to any penalty for failure to maintain accreditation?	Accreditation	GDC is in the process of being granted ACA accreditation. The supplier will be required to maintain the accreditation standards. The expectation is that 40 training hours will occur on an annual basis for everyone working within the GDC environment.
294	Please provide SOP VH07-000.	Various	That is a Medical SOP.
295	Please provide SOP or policy(s) regarding Health Service Requests.	Various	That is a Medical SOP.
296	Please provide SOP or policy(s) for Co-pay for Health Services.	Various	That is a Medical SOP.

#	QUESTIONS	Referenced RFX Section	ANSWER
297	Please confirm that the Statements of Work (mental health and dental) are to be based on the Scope of Services provided in Attachment B – Scope of Services – Mental Health and Attachment C – Scope of Services – Dental Health	Attachment F – Revised Mandatory Scored Mental Health, Question 15, Statement of Work and Attachment G, Revised Mandatory, Revised Mandatory Scored Dental Services,Question 14, Statement of Work	The supplier may propose a Statement of Work that corresponds to the GDC SOPs.
298	The eRFP states that terminated staff members cannot be reassigned to another facility without approval. Does this requirement only apply to those individuals who have been terminated for cause? If not, please describe other reasons former members cannot be transferred/rehired.	Attachment B Scope of Services Mental Health p. 2 GDC Policies item 7, Attachment C Scope of Services Dental p. 2 GDC policies item 7	Given GA is an "at will" State, individuals can be terminated without cause. In all cases staff cannot be reassigned without approval from the Office of Health Servicess-MH.
299	If unable to revise the RFP to provide a list of required mental health and dental positions by facility, could the GDC provide a list of mental health and dental services positions currently occupied by state-employed staff, including number of FTEs and salaries by position, by facility?	*n/a*	A full list of MH positions by facility can be provided.
300	If the winning supplier will be assigned new contract positions as of result of attrition in state-employed positions throughout the contract, how, if at all, should bidders account for this in their staffing matrix and proposed personnel costs?	*n/a*	The supplier can propose their plan for handling this, but contract amendments are done.
301	Does the GDC currently have an electronic health record (EHR) system? If yes, where is it hosted and who maintains the server infrastructure on which the EHR resides?	*Attachment B, Page 5*	No

#	QUESTIONS	Referenced RFX Section	ANSWER
302	The RFP states, *"Prior to contract award, the State Entity must be assured that the selected supplier has all the resources to successfully perform under the contract. This includes, but is not limited to, adequate number of personnel with required skills, availability of appropriate equipment in sufficient quantity to meet the on-going needs of the State Entity, financial resources sufficient to complete performance under the contract, and experience in similar endeavors." Regarding equipment, will the mental health supplier need to provide computers to be used in the facilities? If so, how many computers will be needed? Please provide a current computer inventory of computers that will be made available to the supplier upon contract startup.*	Attachment A, Page 5	The supplier may put provision of computers in the proposal, however computers are not the responsibility of the supplier other than what may be necessary for tele-mental health if that is a provided service.
303	With regard to background checks, who is financially responsible for paying for this service: the GDC or the Vendor?	eRFP Attachment B, Page 1, #4	The Vendor is responsible for Vendor background checks; GDC will conduct background checks as well for State employees.
304	With regard to drug testing for potential employees, does the GDC have any requirements on the testing methodology (saliva testing, urinalysis, etc.)?	eRFP Attachment B, Page 1, #5-6	GDC has routinely used urinalysis for drug testing.
305	Please provide (by year) the amounts and reasons for any **non-staffing penalties/ liquidated damages** the GDC has assessed against the incumbent vendor over the term of the current contract.		This is proprietary information. Explain how it might be relevant to this RFP.
306	Please provide (by year) the amounts of any **staffing** paybacks/credits the GDC has assessed against the incumbent vendor over the term of the current contract.	eRFP Attachment B, Page 2, #2	This is proprietary information. Explain how it might be relevant to this RFP.
307	Please confirm that the time Mental Health and Dental Health services staff members spend in orientation, in-service training, and continuing education classes will count toward the hours required by the contract.	eRFP Attachment B, Page 2, #3	Staff who spend time spent away from facilities will have to use any available Personal Leave time when satisfying continuing education classes. GDC -sponsored training does count toward work hours.
308	Please confirm that overtime and agency hours will count toward the hours required by the contract.	eRFP Attachment B, Page 2, #3	Clerical and Activity Therapy staff are considered non-Exempt and overtime would have to be compensated in some form, financially or making up the time. Other positions are exempt and would not count.

#	QUESTIONS	Referenced RFX Section	ANSWER
309	Please confirm that paid-time-off hours will count toward the hours required by the contract.	eRFP Attachment B, Page 2, #3	Yes
310	Will the GDC please provide a list of all office equipment currently in use at the facilities, so bidders can get an idea of how many PCs, printers, copiers, etc. it actually takes to support the contract on a day-to-day basis? Please also indicate who owns each item (the Vendor or the GDC).	eRFP Attachment B, Page 3, #2	GDC own all office equipment and it is provided by GDC.
311	How do personnel currently access the Internet while in the health care unit: (a) through a GDC network or (b) through connectivity provided by the incumbent Vendor? Who will be financially responsible for Internet access in the new contract?	eRFP Attachment B, Page 3, #2	GDC Network access
312	Please confirm that the Vendor will not be responsible for the cost of any medications required to treat Mental Health and Dental Health patients.	eRFP Attachment B, Page 5, #1	Yes, the Vendor is not responsible for medication costs.
313	Please confirm that the Vendor will not be responsible for the cost of any Lab tests/procedures required to treat Mental Health and Dental Health patients.	eRFP Attachment B, Page 5, #1	Confirmed, the Vendor is not responsible for the cost of lab tests/procedures.
314	We understand the Vendor must adhere to the "Minimum Staff to Offender Ratios" in Section H.1 of eRFP Attachment B. However, to assist bidders with creating and pricing their proposed staffing matrices, can GDC please provide the current Mental Health and Dental Health staffing complement—by position—for each facility?	eRFP Attachment B, Section H.1	GDC would like to entertain what the supplier proposes regarding pricing based on the staff to offender ratios.
315	Are any of the GDC facilities currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.	N/A	No
316	With regard to lawsuits (frivolous or otherwise) pertaining to Mental Health and Dental Health care: • How many have been filed against the GDC and/or the incumbent health care provider in the last three years? • How many have been settled in that timeframe?		Please contact GDC open records to request the desired information.

Supplier Q & A Template

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: **Georgia Department of Corrections**	Date: **2/13/2018**
Issuing Officer: **Carrie Steele**	RFX Initially Posted to Internet: **12/29/2017**
eMail Address: **carrie.steele@doas.ga.gov**	Telephone: **4044635556**

The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.

Note: This document is intended for informational purposes only. Any changes to the RFX must occur through a published addendum (or through publication of a new version of the RFX in Team Georgia Marketplace™). If multiple Q & A documents are posted, the most recent Q & A shall govern in the event of a conflict.

#	QUESTIONS	Referenced RFX Section	ANSWER
1	Please provide a copy of the Dental Dashboard for required statistics to be maintained.	Attachment C, Scope of Work, Dental Services, Documentation and Statistics for Dental Hygienist	Please refer to Attachment M, Column A which contain the Dashboard data elements.
2	Please confirm that the State wants only those contracts similar in size and scope where dental services are provided.	Attachment G, Mandatory Scored Questions, Dental Health Services, Q.1 and Q.3	Yes, the State wants only those contracts similar in size and scope where dental services are provided.
3	Please provide a sample of the Dental Evaluation Audit	SOP VH69-0003	Please refer to Attachment X, added to offer an example of the Dental Evaluation Audit.
4	Is the supplier financially responsible for the cost of laboratory tests requested by the dental staff? If so, please provide the number of tests and monthly cost for dental labs over the last 2 calendar years	Attachment C Scope of Services Dental General question	No. The Supplier will not be responsible for any costs associate with laboratory test.

#	QUESTIONS	Referenced RFX Section	ANSWER
5	A minimum or required staffing matrix was not provided with the RFP for dental services. This may result in bidders submitting proposals based on significantly different staffing patterns with significant variations in proposal costs – making it difficult or impossible for the evaluation committee to compare proposals and prices from bidders. In addition, certain positions in the dental program, like the mental health program, are filled by a mix of both supplier-employed staff and state-employed staff. Would the GDC consider revising the RFP to list a required staffing matrix for dental positions by facility based on current or desired staffing patterns to be provided by the supplier?	*n/a*	Each facility should have access to dentist, dental assistant and dental hygienist. Intake facilities, lee arrendale state prison and Georgia Diagnostic and Classification State Prison, require two (2) denist. Additional staffing may proposed based on the Suppliers service model for the population volume and/or number of available chairs. Please refer to NCCHC standard of 3.5 hours /week per 100 offenders.
6	With regard to an electronic dental record system, will this system be hosted on GDC servers in the GDC data center? If not, what is the expectation for the hosting of the dental system?	Attachment G, Question 12, Page 5	GDC is open to both a hosted and on premise solution.
7	Please provide the current dental vendor (MHM's) contract for dental services as well as any contract modifications for the past 5 years.	N/A	The current contract for dental services has been provided as attachment Attachment U- Current MH and DH Contract
8	Please provide the names of all Prisons/facilities that provide dental services, have dental clinics and have dental staff with their respective inmate populations.	N/A	Refer to Attachment S titled "Dental Catchment and Dental Equipment" to reference the facilities and populations numbers, where Dental Services are provided.
9	Please provide a list of all facilities without dental clinics and which dental clinic/facility they will go to receive dental services with number of inmates at each.	N/A	Refer to Attachment S titled "Dental Catchment and Dental Equipment" to reference the facilities and populations numbers, where Dental Services are provided.
10	Please list which Prisons/facilities will be vendor responsibility, which will remain GDC employees and which ones will be Augusta University Employees.	N/A	For the purposes of developing a proposal response, please consider that all staff will be filled by the Supplier.

#	QUESTIONS	Referenced RFX Section	ANSWER
11	Please provide the number of dental staff currently at each facility by labor type; Dentists, Dental Assistant and Hygienists. If the recommended number of staff is different than the current, please provide the recommended staff at each facility.	N/A	Each facility should have access to dentist, dental assistant and dental hygienist. Additional staffing may proposed based on the Suppliers service model for the population volume and/or number of available chairs. Please refer to NCCHC standard of 3.5 hours /week per 100 offenders.
12	How many dental chairs are in each facility that provides dental services?	N/A	Attachment S has been added to provide number of dental chairs in each facility that provide dental services.
13	Statewide, please provide the average salary for Dentists, Dental Assistants and Hygienists.	N/A	GDC current pays a flat rate and is not able to speak to the specifics of these rates.
14	The Dental vendor will not be responsible for the procurement of and paying of dental supplies, purchase of or repair of dental equipment to include hand piece purchases and repairs or contracting and paying for the procurement of the prosthetic dental lab services for the construction of partials and dentures, correct?	N/A	Correct. The supplier is not responsible for costs associated with dental supplies, dental equipment, repairs, dental prosthetic/ partials and dentures.
15	If medical procedures are required to perform dental treatment, EKG's, CT, MRI's, Blood work – any medical procedures, the dental vendor is not responsible for obtaining or paying for any of these procedures, correct?	N/A	Correct. Supplier is not responsible for costs associated with dental supplies, dental equipment, lab services, blood work or related mendical procuredures. GDC will provide provisions for these services to be ordered, as needed and required.
16	With all off site OS procedures completed at ASMP or other facilities, the dental vendor is not responsible for those costs (salaries or supplies associated with those procedures) or any costs related to the transportation of the inmates for the procedures, correct?	N/A	Correct. Oral surgery completed at ASMP or other facilities

#	QUESTIONS	Referenced RFX Section	ANSWER
17	The primary purpose of the Electronic Dental Record (EDR) is to store the hard copy of the dental record where the dental record will no longer be needed. However, the hard dental record will still be required as the GDC does not deploy a mechanism to transmit radiographs into the EDR. Hence the hard dental record will still be required to store radiographs, correct?	Attachment C, Page 5, Electronic Dental Record	GDC will continue to use hard copy medical record. The dental software currently used, is primarily for scheduling, logging and tracking requests, treatments and generating reports.
18	Would the GDC consider pricing to integrate a methodology to transmit radiographs into the EDR? This would eliminate the need for the hard dental record to store radiographs.	Attachment C, Page 5, Electronic Dental Record	For the purposes of the evaluation of proposal responses, it is best to quote pricing to support processes described in the scope of work.
19	The EMR being implemented by the GDC/CERNER does not have a dental component, an EDR (Electronic Dental Record), correct?	N/A	For the purposes of the evaluation of proposal responses, it is best to quote pricing to support processes described in the scope of work.
20	What are the names of the intake facilities and do they have panorexs, if so how many?	N/A	LASP and GDCP are the two intake facilities. Each have panorexs that are not currently operable.
21	How many other facilities have a panorex? If so, what are the names of the facilities and how many panorexs?	N/A	ASMP has 1. GSP system not working.
22	It was mentioned on the tours that the vendor is expected to provide a dental software program. Please confirm the Department will supply the computers.	Att. C, EDHR	Yes. GDC will supply the required computers.
23	Is there dental digital radiography at any of the facilities? If not, are there plans for such in the future?	Att. C, Dental Services	Dental digital radiography is not available at this time. For the purposes of the evaluation of proposal responses, it is best to quote pricing to support processes described in the scope of work.
24	It was mentioned that at GDCP there is a state dentist and a vendor's dentist? One is currently part-time. Are we to bid on all dental positions at all facilities?	Att. C, Staff Coverage	For the purposes of developing a proposal response, please consider that all staff will be filled by the Supplier.
25	Does the prospective supplier bid on any dental staff at ACMI?	Att. C, Staff Coverage	Suppliers should propose to staff each facility, based on the population count and minimum staff requirements.
26	Please provide the current Dental software being utilized.	Att. C, EDHR	Smallwood Dental Software is current supplier.
27	Is wifi available in the treatment areas in any of the facilities? If so, which ones?	Att. C, EDHR	All facilities are scheduled for wifi installation

#	QUESTIONS	Referenced RFX Section	ANSWER
28	How long is the typical wait to see the dentist?	Att. C, Dental Services	The standard wait differs based on security level and facility mission. Urgent cases are seen within 24-72 hours and emergent case may be taken to outside Emergency Department if indicated.
29	Please provide a copy of the most recent dental health audit for each site.	Att. C, EDHR	No completed audits available for review; however, a sample of the audit template is attached as "X". Audit processes are to be reinstutied by the State Dental Director.
30	Will the facilities IT infrastructure support EDHR installation or will additional cabling and drops be required?	Att. C, EDHR	Yes, GDC facilities have required IT infrasture.
31	If additional cabling/drops are required, who will be responsible?	Att. C, EDHR	Additional cabling may be provided based on program layout. GDC will be responsible for providing infastructure.
32	Has the current Vendor incurred staffing penalties? If so, what was the amount paid by the current Vendor for staffing penalties in 2016 and 2017?	Attachment C Scope of Work; Staff Coverage; Section 2, Pages 2-3	The current contract model deducts a percentage of costs assumed in a fixed rate, when a key vacancy exceeds 60 days.
33	Are computers currently available at every dental clinic? a) If yes, how many computers are there currently, per dental clinic? Will these computers in the dental clinic remain under the new contract? a) Are the current computers in each dental clinic being provided and maintained by GDC? · If not, who is responsible?	Attachment C,Scope of Work; Space Allocation, Equipment and Supplies; Section 2, Page 4	Computers are available at every dental clinic. A. The number of computers at each clinic. B. GDC will be responsible for maintaing the computers.
34	5. What type of capabilities should the vendor-owned computer dental software need to have in order to meet the GDC expectations? b) Please provide a detailed list of reports the GDC requires the dental Vendor to provide and the frequency of each report. Attachment C Scope of Work; Space Allocation, Equipment and Supplies; Section 3 and 6, Page 4	Attachment C Scope of Work; Space Allocation, Equipment and Supplies; Section 3 and 6, Page 4	Please refer to Attachment M, Column A which contain the Dashboard data elements.

#	QUESTIONS	Referenced RFX Section	ANSWER
35	Who is responsible for hazardous waste collection and disposal of such in the dental clinics?	Attachment C Scope of Work; Space Allocation, Equipment and Supplies; Section 5, Page 4	The Supplier is not responsible for costs associated hazerdouse waste collection and disposal.
36	Please provide a list of all office and dental equipment/supplies, per dental clinic, which the new Vendor will need to replace at the commencement of the new contract.	Attachment C Scope of Work; Transition Plan; Section 1, Page 4	The supplier will provide all of its own copier paper. Please refer to Attachment C, Scope of Work; Space Allocation, Equipment and Supplies; Section 2, Page 4 for additoinal information.
37	Electronic Dental Health Record (DHR) in use? • Please describe the capabilities of the system and provide a sample of the reports which are generated by the current DHR in use.	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Smallwood Dental Software supports the management of dental appointments and other statistical information.
38	Does the current DHR system have a scheduling component? Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Smallwood Dental Software supports the management of dental appointments and othe statistical information. Please see Attachment M for additional information.
39	Does the current DHR communicate with the Medical record/system?	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	No. The current DHR does not communicate with the medical system.
40	Does the current DHR share & track X-rays and/or pharmacy?	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	No. The current DHR does not share and track x-rays and/or pharmacy information.

#	QUESTIONS	Referenced RFX Section	ANSWER
41	Who owns the current DHR system/software being used? Attachment	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Smallwood Dental Software supports the management of dental appointments and othe statistical information.
42	Who provides maintenance of the current DHR system?	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Smallwood. Contract should include pricing for maintenance during outyears to include schedule and cost.
43	Is there a Dental Dashboard with the current DHR being used? • If so, please provide a detailed list of the capabilities and a sample of the statistics maintained in the Dental Dashboard.	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Please refer to Attachment M, Column A which contain the Dashboard data elements.
44	Will the current DHR system remain with the award of a new contract to a new Vendor? • If so, what cost will be billed to the new Vendor for the use of the DHR system?	Attachment C Scope of Work; Electronic Dental Health Record; Section 1, Page 5	Proposal responses should include an approach for providing software. Any arrangements made with the current or different provider is at the Supplier's discretion.
45	Please provide statistical information for each of the services provided, per dental clinic, for 2016 and 2017 for the following: • X-rays • Cleanings • Fillings • Extractions	Attachment C Scope of Work; Program Service; Dental Services (Dentist); Routine Dental Services; Page 6	See attachment M to view dental statistical information.
46	Who is financially responsible for dental prosthetics? a) If Vendor, how many full dentures were delivered in 2016 & 2017? b) If Vendor, how many partials were delivered in 2016 & 2017? c) Who is the current dental lab provider?	Attachment C Scope of Work; Program Service; Dental Services (Dentist); Routine Dental Services; Page 6	The supplier is not responsible for costs associated with dental prosthetic/ partials.

#	QUESTIONS	Referenced RFX Section	ANSWER
47	Please provide the offender eligibility protocol for denture/partial(s).	Attachment C Scope of Work; Program Service; Dental Services (Dentist); Routine Dental Services; Page 6	Please refer to SOP VH 66-0001.
48	What electronic system is currently used by the University of Augusta to bridge with the Dental Electronic System? • Please describe the systems capabilities.	Scope of Work; Dental Hygienist; Documentation and Statistics, Page 8	None.
49	21. Please describe the GDC SCRIBE system and the usage. • Please provide a sample of the reports, if any, which are generated by the current GDC SCRIBE system in use.	Scope of Work; Dental Hygienist; Documentation and Statistics, Page 8	Scribe is the offender managment systems. It contains over 70 modules dealing with basic offender information, classification, incident reports, population management, bed utilization, STG group an dporgamming schedules.Database is Oracle. Scribe is able to generates Oral Surgery adhoc consults report. AU is installing Cerner which will not interface with current Dental software.
50	Please provide dental utilization and statistical data for services provided at Lee SP.	Attachment M Dental Utilization	See attachment M.
51	Please provide a list of the GDC facilities included in this RFP which have dental clinics.	General	Please refere to Attachment S which contains a worksheet which provides dental equipment inventory.
52	Please confirm the number of dental chairs per dental clinic.	General	Please refere to Attachment S which contains a worksheet which provides dental equipment inventory.
53	Please confirm the type of x-ray capabilities (intraoral, panoramic, etc.) in each dental clinic.	General	Intra-oral capability at all facilities. Panorex only at ASMP with LASP and GDCP pending.
54	Please provide a list of all dental equipment, per dental clinic, which will remain under the new contract.	General	Please refere to Attachment S which contains a worksheet which provides dental equipment inventory.

#	QUESTIONS	Referenced RFX Section	ANSWER
55	Is the dental equipment which will remain under the new contract fully functional at all dental clinics? a) If not, will it be fully functional at the beginning of the new contract?	General	There are 3 dental chairs and 2 panarex sytems that are currently under consideration for replacement. All other equipment currently adequately functional or work order sin progress.
56	What is the population of each GDC facility included in this RFP with dental clinics?		Please refere to Attachment S and view worksheet titled Dental Catchment.
57	Please provide a list of the GDC facilities without a dental clinic which are included in this RFP to receive dental services. a) What is the population of the GDC sites without dental clinics? b) Where do each of these facilities receive dental services?	General	Please refere to Attachment S and view worksheet titled Dental Catchment.
58	How do patients access/request dental services from the dental clinic? a) Who handles the dental clinic scheduling? c) Are there dental copays? If yes, how much and who collects the copays?	General	The dental staff provide dental scheduling. There is a copy SOP V807-001 in RFP.
59	Augusta State Medical Prison: a) What type of oral surgery is performed at this site? b) How many oral surgeries were performed in 2016 and 2017? d) How are the patients referred for services to the Augusta State Medical Prison Oral Surgery Clinic?	General	See attachment "Augusta State Medical Prison - OMFS"
60	Will the Vendor be responsible for all dental consumable supplies? a) If yes, what were the cost of these items in 2016 and 2017? b) Will the existing Vendor remove all dental consumable supplies if the Vendor is replaced?	General	The Supplier will not be responsible for dental consumable supplies.

#	QUESTIONS	Referenced RFX Section	ANSWER
61	Will the Vendor be responsible for all dental tools/instruments? a) If so, what were the cost of replacing these items in 2016 and 2017? c) Will the existing Vendor remove all dental tools/instruments if the Vendor is replaced?	General	The Supplier will not be responsible for dental tools and instruments.
62	Will the Vendor be responsible for all dental equipment and repairs? a) If so, what were the cost of replacing any dental equipment and repairs in 2016 and 2017? b) Will the existing Vendor remove all dental equipment if the Vendor is replaced? General	General	The Supplier will not be responsible for dental equipment or repairs.
63	Does the Vendor have Internet access at every dental clinic?	General	Yes
64	What are the current waiting periods for routine restorations, extractions, cleanings and dentures for each dental clinic?	General	Waiting periods differ based on security level and facility mission. Urgent cases are seen within 24-72 hours and emergent case may be taken to outside Emergency Department if indicated.
65	When will the current contract expire?	General	The current contract will be in place until such time as a new contract can be awarded.
66	What is the current required FTEs per dental clinic for: • Dentist • Dental Hygienist • Dental Assistants	General	The current required FTE's per dental clinic can be found on Attachment Z - Dental Staffing Matrix.
67	Please provide the current vacancies per dental clinic for: • Dentist • Dental Hygienist • Dental Assistants General	General	GDC currently has only one dental vacancy.
68	Employee time keeping; what are the current procedures for signing in/out at the dental clinics?	General	Current employees have a computer log in or phone in from facility land line process.

#	QUESTIONS	Referenced RFX Section	ANSWER
69	Will all dental staff be direct employees of the Vendor awarded this contract? • If not, please provide position, location and FTEs of dental staff remaining as State Employees under the new contract.	General	That is the goal and plan. May require attrition of a few employees over time.
70	Please provide a detailed list of what is performed during the dental intake process.	General	Refer to SOP VH67-0001 "Dental Screening, Examination and Profiling" and related SOP IIC03-0002 "Diagnostic Reception, Orientation and Processing" and SOP IIA24-0001 "Offender Collection of Samples for the DNA Database"
71	Is the dental Vendor responsible for jaw fractures? • If so, please provide the number of jaw fractures, opened and closed, in 2016 and 2017 and the expenditure for each. General	General	No. Referred to ASMP
72	Please confirm if Endodontic therapy is available to inmates under this RFP? • If so, how many cases were treated for endodontic procedures in 2016 and 2017?	General	Endodontic therapy is allowed, only if approved by Statewide Dental Director and is considered on a case by ase basis. There has been just one approval between 2016-2017.
73	Please confirm how many complications arose in 2016 and 2017 for the following: a) Single implant b) Implant supported prosthesis (denture/partial) c) Implant supported fixed partial denture.	General	There are no records of implant related complications in 2016 and 2017.
74	Is there currently an electronic dental record in place at the GDC facilities? • If so, what vendor, model, and software version?	Attachment C – Scope of Services, Dental (Page 5, DHR).	Smallwood Dental Software is the provider of its proprietary software.
75	The statistics provided on the summary tab 2017 dental statistics does not represent the sum of all of the tabs included in the file. It appears that the statistics on the Lee and Macon tabs are identical. Could the GDC provide an updated schedule for Lee, Macon and the statewide total that covers all facilities where dental services are provided?	Attachment M Dental Utilization	See attachments Lee SP 2016, Lee SP 2017, Macon SP 2016 and Macon SP 2017

#	QUESTIONS	Referenced RFX Section	ANSWER
76	Please provide Attachment H – Cost Worksheet in excel if possible, as this document was not provided on the Team Georgia Marketplace eSource Summary Information with the other eRFP Attachments.	Attachment A. 8. List of RFP Attachments	The Cost Worksheet was posted as part of Addendum 1 on February 2, 2018.
77	The DOC has asked for a "Supplier Qualified Report" from D&B. D&B has confirmed that this report no longer exists. Would the DOC accept a standard DNBi Credit Report?	Attachment G. Section Training. Question 1	Yes, the Standard D&B report is acceptable.
78	Please provide Attachment R Reference Sheet.	Attachment G, Mandatory Scored Questions, Dental Health Services, Q. 2	Attachment R- Reference Sheet has been posted as part of Addendum 1 on February 2, 2018.
79	Attachment G, item 7, asks the vendor to provide the dental staffing plan. However, Attachment F does not ask a similar question for the mental health staffing plan. Where would the GDC like the vendor to submit proposed mental health staffing plans in Attachment F?	Attachment F, Mandatory Scored Questions, Mental Health Services and Attachment G, Mandatory Scored Questions, Dental Health Services	Supplier should provide proposed mental health staffing plan in the response to question 4 of Attachment F - Revised Mandatory Scored Questions.
80	Attachment G, Mandatory Scored Questions, Dental Health Services, requires vendor to use Attachment R to submit References. Is there a similar Attachment that will be provided for vendors to submit references for the Attachment F, Mental Health Services?	Attachment F, Mandatory Scored Questions, Mental Health Services and Attachment G, Mandatory Scored Questions, Dental Health Services	Suppliers should use Attachment R - Reference when submitting reference for Dental Health Services and/or Mental Health Services. Attachment E question 1 has been revised in response to this question.
81	Question 1 in Medication Management references MH SOP 508.01 which was not provided in Attachment J, Standard Operating Procedures – Mental Health. However, MH SOP 508.24 – Psychotropic Medication Use management was provided in Attachment J. Should suppliers use MH SOP 508.24 to respond to Question 1 and/or can MH SOP 508.01 be provided?	Attachment J, Standard Operating Procedures – Mental Health and Attachment F, Mandatory Scored Questions – Mental Health Services	SOP 508.01 is Program Services/Health Service- Mental Health reference number VG01-001. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.
82	Question 1 in Psychologist Diagnostics/Evaluation/Emergency Evaluation references MH SOP 508.15. Please provide a copy of MH SOP 508.15 which was not provided in Attachment J.	Attachment J, Standard Operating Procedures – Mental Health and Attachment F, Mandatory Scored Questions – Mental Health Services	SOP 508.15 is reference number VG31-0001. The subject name of this SOP is MH/MR Evaluations. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.

#	QUESTIONS	Referenced RFX Section	ANSWER
83	Is the supplier's proposed pricing to include only the supplier provided staffing or should it also include all current GDC mental health and dental employees?	Tour	For the purposes of developing a proposal response, please consider that all staff will be filled by the Supplier.
84	Will you please provide or post online the sign-in sheets from each site tour and the pre-bid conference?	Tour	Sign-In sheets for site visits and pre-bid conference were posted as part of addendum 2 on February 16th, 2018.
85	Please clarify how the supplier will be reimbursed for services. Will the contract be reimbursed a fixed monthly fee? If the supplier is only reimbursed for actual hours provided, please describe how the supplier is compensated for other direct costs as well as administrative oversight and a management fee?	Tour	The supplier will be reimbursed based on the number of filled position per facility and any additional administrative cost.
86	Attachment I of the RFP is titled "State of Georgia, State Entity Standard Contract Form" and includes Contract Terms and Conditions for Software Purchases. Please clarify whether this document is an example of the State's standard terms and conditions or if the supplier selected pursuant to this RFP should be prepared to comply to with the terms and conditions specified in this document.	Standard Terms & Conditions	As part of addendum 4, Attachment I - State of Georgia Standar Contract form has been revised. Please reference the revised attachment.
87	Please provide the SOPs below that are mentioned in the RFP but not provided:508.08, 507.04.12, 508.23, MH 508.01, MH 508.01,VB03-003	Various	SOP 508.08 corresponses with SOP subject" Staff Development and Traning" reference number VG17-0001. SOP 507.04.12 corresponses with SOP subject "Continous Quality and Peer Review" reference number VH03-002. SOP 508.23 corresponses with SOP subject "Treatment of Inmates/Probationers in a Behavioral Therapy Unit(BTU)" reference number VG57-0001. SOP 508.01 is Program Services/Health Service- Mental Health reference number VG01-001. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.
88	Please confirm that Attachment J (Cost Proposal) from Addendum #1is intended to cover the requirements originally listed in Attachment A eRFP (as amended), section 8 which lists Attachment H as the Cost Worksheet. If this assumption is not accurate, please provide the requirements of Attachment H – Cost Worksheet.	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	Yes, the cost proposal is intented to cover the requirements stated in the eRFP, section 8. The cost proposal as been revised and the file name corrected. Please reference Attachment H - Cost Proposal posted as part of addendum 4.

#	QUESTIONS	Referenced RFX Section	ANSWER
89	Attachment A eRFP (as amended) notes that Attachment H Cost worksheet includes a tab for a Combined Offer. Attachment J Cost Worksheet does not include a Combined Offer. Please clarify what additional schedule is necessary in order to provide the GDC with a combined offer.	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	No additional schedule is required for Attachment H - Cost Proposal. In a combined award, the State's expectation is to negotiate lower pricing, when compared to pricing offered individually by category.
90	The excel document has formulas and formatting locked. Could the GDC make the following adjustments and release updated Attachment J copies for supplier use:Reformat numbers on all worksheets to comply with required cost proposal formatting as defined on page 15 of Attachment A eRFP, section 5.2., Correct formulas on mental health – total cost worksheet so that data for 2021 – 2028 pulls from the required fields on the mental health worksheet., Reformat mental health worksheet columns so that numbers can be read to the xx,xxx,xxx.xx value., Correct formula on mental health worksheet row 17 so that totals appear for each year., Correct Dental Cost worksheet to allow data entry into columns AC and AD.	Attach A eRFP item 5.2 Cost Proposal, Addendum #1 – Attachment J Cost Proposal	A revised cost proposal as been posted as part of addendum 4. Corrections have been made to the cost proposal.
91	Attachment J Cost Worksheet includes tabs for Mental Health Cost Assumptions and Dental Cost Assumptions. These tabs are noted as not part of the Cost scoring, but included in the evaluation process. Please clarify if the successful supplier will be reimbursed for costs identified in our proposal on these tabs.	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	Yes, suppliers will be reimbursed for the costs indentified in those cost identified in Cost Assumption tabs.
92	Attachment J Cost Worksheet includes tabs for Mental Health Cost Assumptions and Dental Cost Assumptions. These tabs only include labor costs, and do not include other incidental costs that will be incurred prior to a startup and close out of the contracts. Please advise if other costs (i.e. travel, materials, supplies, etc.) should be included in the first and last contract years on the mental health and dental cost worksheets.	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	

#	QUESTIONS	Referenced RFX Section	ANSWER
93	The listing of facilities included on the Cost Worksheets includes fewer facilities than those listed in the 14th amendment of the professional services agreement effective July 1, 2017 for services. The following facilities are excluded: Calhoun, Claxton PDC, Dodge, Dooley, Hancock, Lee State, Macon, Metro, Montgomery, Smith, Telfair, Ware and Wilcox. Please confirm that the institutions above which appear to be part of the current contracted services will not be in a contract resulting from this eRFP. If that is not the case, could the GDC identify where the populations listed in the current contract amendment are allocated on Attachment J, Cost Worksheet?	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	The following facilities are included as part of the cost proposal: Calhoun, Claxton PDC, Dodge, Dooley, Hancock, Lee State, Macon, Metro, Montgomery, Smith, Telfair, Ware and Wilcox. A revised cost proposal as been posted as part of addendum 4. Corrections have been made to the cost proposal to include these facilities.
94	The listing of facilities included on the Cost Worksheets includes three facilities with names that do not appear on the 14th amendment of the professional services agreement effective July 1, 2017 for services. These include Burress Training, Patten PDC and Whitworth Woman's Facility. Could the GDC clarify if these are new facilities to be covered under the agreement resulting from this eRFP. If these are not new facilities, could the GDC clarify how these three facilities are related to any of the facilities named in the current contract?	Attach A eRFP item 8 List of eRFP attachments, Addendum #1 – Attachment J Cost worksheet	The provision of Psychological and Psychiatric services to those facilities is shared with the larger parent facility that oversees select facilities in their catchment area
95	Attachment N says, "This form should only be used for suppliers responding to solicitations posted directly to the Georgia Procurement Registry. It should not be used with electronic bids sourced through team Georgia Marketplace or esource." Please confirm that suppliers submitting proposals for ES-RFP-46700-415 are not required to fill out and submit Attachment N.		Suppliers are required to complete and submit Attachment N - Supplier Worksheet. This solicitation has been posted directly to the Georgia Procurement Registry.
96	The RFP states, *"This penalty shall be based on the number of days vacant beyond the 30th day divided by the current salary for that position."* Will the basis for this vacancy penalty be only the salary for the position or an amount based on salary and employee benefits and payroll taxes for the position?	*Staff Coverage, Attachment B, Scope of Services - MH, Page 2*	The determination of the prorated amount created by a vacancy greater than 30 days should be based on salary, benefits, and payroll taxes.

#	QUESTIONS	Referenced RFX Section	ANSWER
97	The RFP calls for a 95% fill rate of staff *"per facility"* . Although this fill rate minimum is ideal and desired, given the varying numbers of staff at each facility, with some facilities having relatively few staff, it means a single vacancy could cause the facility to dip below the 95% target, thus causing penalties to be assessed against the vendor even if the vendor is otherwise fully staffed. This type of facility-based fill rate requirement will cause vendors to factor additional costs into their price proposals for unavoidable penalties, thus inflating the costs of the contract for the State. A more industry standard model is to establish fill rate minimums of 85-90% across multiple, or all, facilities, or across job categories. The cost proposal worksheet instructions indicate that suppliers should reflect their costs at no less than 95% staffing. Would the GDC consider revising the cost proposal worksheet to 90% to avoid vendors adding penalty dollars into their price?	*Attachment J, Cost Proposal Worksheet*	The 95% fill rate will be used as a perfomance measure and GDC maintains that they wish to maintain a 95% fill rate at facilities. Any position vacant for greater than 30 days, supplier shall credit GDC for such unfilled hours.
98	There is reference to a number of SOPs in the Psychiatry Services section (e.g., 508.01, 508.15, 508.19, 508.08, 508.23). Only SOP 508.24 was made available. Please provide the additional SOPs.	*Attachment B, Psychiatry Services, Page 5*	SOP 508.15 is reference number VG31-0001. The subject name of this SOP is MH/MR Evaluations. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.
99	The RFP makes reference to SOPs for Co-occurring services. Please provide the referenced SOPs.	*Attachment B, Counseling Services for ITFs, Page 48*	Please reference the MH SOPs. The information needed by the supplier to respond to this RFP is included on page 48 & 49 of Attachment B items 1 - 11
100	The RFP makes reference to *"SOP Integrated Treatment Programs"* . Please provide the program descriptions.	*Attachment B, Employment Standards for ITFs, Page 40*	Mental Health Service will be adding ITF with this new contract. Therefor the current SOP for Integrated Treatment Programs has yet to be created. The statement of work is simply making the supplier that an SOP will be established for this program.
101	The RFP states, *"As required by the GDC's SOP for MH services, the Medication Clinic Coordinator will provide the following services…"* The role of the Medication Clinic Coordinator could not be located in the provided SOPs. Please clarify and/or provide the referenced SOP with this information.	*Attachment B, Medication Clinic Coordinator, Page 50, and Medication Clinic Coordinator for ITFs, Page 13*	GDC does not have a specific SOP for Medication Clinic Coordinators. The services expected of the coordinator are listed on Attachment B page 50.

#	QUESTIONS	Referenced RFX Section	ANSWER
102	Do suppliers need to include Attachments N, O, and P with their submission?	*Attachment A, Page 20*	Yes suppliers are required to include attachments N, O, and P with there submissions.
103	The RFP discusses in Section 6.2.2, review of additional scored information. There is no reference to this in Section 6.4, Scoring Criteria. Is there any option for additional scored criteria to be submitted with this RFP response?	*Attachment A, Pages 16-17*	No, additional scored question are not include in this RFP.
104	Should supplier's responses within Attachment G be strictly limited to dental services, and similarly, should vendors' responses to Attachment F be limited to mental health services only?	*Attachment G, Attachment F*	Yes, supplier's responses within Attachment G be strictly limited to dental services, and similarly, should vendors' responses to Attachment F be limited to mental health services only.
105	The RFP includes an attached contract (Attachment I). This appears to be a sample contract for software/hardware, not professional services. Please clarify that this is a sample contract and will not be the contract executed to the winning supplier.	*Attachment I*	As part of Addendum 4, a corrected contract template will be posted.
106	Please provide clarification regarding how the supplier will be reimbursed. As stated in the question above, the sample contract included in the RFP appears to be for an IT and Software contract, and the payment provisions described in that sample contract do not seem to fit the services sought under this procurement. The pricing worksheets given as Attachment J require total prices on a prison-by-prison basis, however, under the current contract the vendor is reimbursed on a position-by-position basis for filled positions. What payment methodology should vendors anticipate?	*Attachment I*	As part of Addendum 4, a corrected contract template will be posted and provides responsible payment terms. The payment methodology that will be used for the new contract established as a result of this RFP will be a fixed rate amount per facility.
107	The professional liability insurance requirements within the RFP's Standard Insurance Requirements list $3M, but do not designate whether that amount is per claim or in the aggregate, and does not state whether excess insurance can be utilized to reach this coverage amount. If a supplier carries professional liability insurance of $2M/$6M with an excess policy of $10M/$10M, does it satisfy the professional liability insurance requirements for this RFP?	*Attachment A, Section 31 - Standard Insurance Requirements, Page 12*	Yes, professional liability insurance of $2M/$6M with an excess policy of $10M/$10M,will satisfy the professional liability insurance requirements for this RFP.

#	QUESTIONS	Referenced RFX Section	ANSWER
108	Within Attachment G, Section 13, the RFP discusses system security and service level agreements. Is this referring to security and service level agreements for the electronic dental record system? Is there any other software or system this section is referring to?	Attachment G, Question 13, Page 5	Yes, Attachment G, Section 13 is refering to security and service level agreements for electronic dental record system.
109	In the first uploaded version of Attachment G, there is reference to D&B reports. The revised version no longer includes this. Please confirm that the supplier does not need to provide D&B reports with any portion of their submission.	Attachment G, Financial Stability	No the supplier is not required to provide a D&B report.
110	What will be the basis for awarding the 400 points assigned to the cost proposal in the bid evaluation process? How will points be awarded to the lowest-cost proposal versus proposals at varying degrees of higher cost? If a formula will be used, could the GDC please provide an example?	Attachment A, Cost Proposal Evaluation, Page 17	The supplier deemed to have the most competitive cost proposal per category, as determined by the State Entity, will receive the maximum weighted score for the cost criteria. Other proposals will receive a percentage of the weighted score based on the percentage differential between the most competitive cost proposal and the specific proposal in question.
111	With the Cost Worksheet, where should the vendor input expenses for the Electronic Dental Record (EDR)?	Attachment J - Cost Worksheet	The cost for Electonic Dental Records should be inputted on the tab labeled DENTAL - TOTAL COST in column B (Fixed Rate for Concurrent Software Use Licences)
112	At the bidders conference it was referenced Staffing Plan at 95% per facility. Many dental clinics only employee 3 - 4 staff members. If one staff member is unfilled out of four this would drop the fill rate to 75% - a failure. We are requesting the fill rate for the dental vendor be calculated on a state wide basis by labor type (Statewide Dentists at 95%, Statewide Dental Assistants at 95% and Statewide Hygienists be at 95%).	N/A	The 95% fill rate will be used as a perfomance measure and GDC maintains that they wish to maintain a 95% fill rate at facilities. Any position vacant for greater than 30 days, supplier shall credit GDC for such unfilled hours.

#	QUESTIONS	Referenced RFX Section	ANSWER
113	Attachment J - Cost Worksheet for Dental. Dental Total Cost and Dental Cost Worksheet tabs. We assume the only facilities listed would have the capability to provide dental services. However, some facilities listed do not have dental clinics and some not listed - do have dental clinics. We are to price per facility, are the facilities listed on these tabs accurate?	Attachment J – Cost Worksheet	A corrected Cost Proposal as been posted as part of Addendum 4. This cost proposal list all facilities that currently have a dental unit. Additional Attachment S has been added to the RFP which provides supplier with reference information concerning facility capacity per facility and indicates catchment facilities for those facilities that do not have dental units.
114	Supplier shall be required to furnish a performance bond of no less than 25%. We believe the 25% is out of line with assumed risk. We respectfully request the bond to be significantly lowered.	Attachment A, Page 13, Section 3.2, Bonds and/or Letter of Credit.	GDC expectation is for the supplier to provide a 25% performance bond.
115	Based on the responses to these questions posed, we respectfully request to have another opportunity to submit a 2nd set of questions.	N/A	As part of Addendum 3, Attachment A-eRFP document was revised to a second round of questions.
116	Please provide the average salary for each position in the current staffing plan.	Att. J, Cost Worksheet	GDC current pays a flat rate and is not able to speak to the specifics of these rates.
117	Please confirm that costs shown on the Mental Health and Dental Cost Assumptions (for Implementation) tab should not be included in the Mental Health and Dental Worksheet.	Att. J, Cost Worksheet	Correct, the costs shown on the Mental Health and Dental Cost Assumptions (for Implementation) tab should not be included in the Mental Health and Dental Worksheet.
118	Please clarify who will be financially responsible for the cost of medications.	Att. J, Cost Worksheet	GDC will be responsible for medication cost.
119	Please confirm the Department will provide dental equipment, such as chairs, x-ray machines, autoclaves, tools, etc.	Att. J, Cost Worksheet	Yes, GDC will provide dental equipment, such as chairs, x-ray machines, autoclaves, tools, etc.
120	The RFP instructions state to not alter the pricing forms and Section 5.2 states to not use the “currency” format and dollar signs; however, the forms provided use the “currency” format including the dollar sign. Please confirm what is acceptable.	Att. J, Cost Worksheet	The Cost Proposal Worksheet is formatted for currency. Suppliers need only to enter the amounts and the worksheet will automatically defualt to a currency format.
121	Please provide the payment terms for this contract.	Att. J, Cost Worksheet	The payment terms will be net 30.
122	Will the Department consider a reduced performance bond as 25% of annual total amount of the contract will likely prove burdensome for otherwise highly qualified respondents?	Attachment A;Supplier’s General Information;Bonds and/or Letter of Credit;Section 3.2,Page 13	GDC expectation is for the supplier to provide a 25% performance bond.

#	QUESTIONS	Referenced RFX Section	ANSWER
123	In what format should the bidder present “Corporate composition and demographics”?	Attachment A; Supplier’s General Information;Section 4.2,Page 14	The supplier should complete Attachment N - Supplier Worksheet to present “Corporate composition and demographics”?
124	22. The Dental Total Cost tab includes a column for “Fixed Rate for Concurrent Software Use Licenses 1-5 Per Facility/Per Year”. a) Is this software provided by GDC? • If so, what is the name of the software? b) What is the cost to the Vendor for use of the software? (Per user? Per facility?) c) How often is Vendor billed for use of the software? d) How will cost information be provided to the Vendor?	Attachment J; Cost Worksheet	a.The expectation of this RFP is for the supplier to provide the Dental Software. In response b, c, and d portion of this question the following information will be provided concerning the current suppliers subcontract agreement with Smallwood Dental. GDC pays $12,500/month for used of the electronic dental software. GDC is billed monthly for use of this software by the current dental health services supplier. The current dental health supplier has neogiated the current cost for electronic dental software with the subcontractor.
125	The last attachment provided in this RFP is Attachment Q (Supplier Q & A Template), are there any Attachment(s) missing in the RFP? • Is there an Attachment H? • Please provide a current listing of all Attachments for this RFP as there are currently two attachments listed as “J”.	General	In Addendum three, a correction will be posted. Attachment H-Cost Proposal will be posted. The cost proposal was posted earlier and the file name was labeled incorrectly. In attachment A-eRFP document a list of all attached documents can be located.
126	What is the date the new contract will be awarded?	General	Please refere to page 2 of the eRFP schedule of events. This date is subject to change as indicated in the eRFP.
127	What is the anticipated start date for the new contract?	General	Please refere to page 2 of the eRFP schedule of events. This date is subject to change as indicated in the eRFP.
128	How will services be bridged during the transition?	General	Supplier are asked to provide a tranition plan as part of their technical responses. Attachment F - Revised Mandatory Scored Mental Health Services question 7 request "7.

#	QUESTIONS	Referenced RFX Section	ANSWER
129	The eRFP states that “Suppliers are required to download, complete and then upload the Worksheets titled “*Mandatory Response Worksheet* ,” “Mandatory Scored Requirement Worksheet,” “Cost Proposal,” and “Additional Scored Response Worksheet,” found as attachments in the Sourcing Event. However, we do not see a file titled “Mandatory Response Worksheet” for this Sourcing Event. Please confirm the GDC means the file titled “Attachment E: Mandatory Questions.” If not, please supply the required “Mandatory Response Worksheet.”	eRFP §4.4 (page 14 of 20)	Yes,the mandatory response worksheet is titled Attachment E - Mandatory Questions.
130	The eRFP states that “Suppliers are required to download, complete and then upload the Worksheets titled “Mandatory Response Worksheet,” “Mandatory Scored Requirement Worksheet,” “*Cost Proposal* ,” and “Additional Scored Response Worksheet,” found as attachments in the Sourcing Event. However, we do not see a file titled “Cost Proposal” for this Sourcing Event. Please confirm the GDC means the file titled “Attachment J: Cost Worksheet.” If not, please supply the required “Mandatory Response Worksheet.”	eRFP §4.4 (page 14 of 20)	In Addendum 4, the file name has been corrected to state Attachment H- Cost Proposal.
131	The eRFP references a “*Technical Proposal Introduction* ” document, for which each bidder must “indicate its willingness and ability to satisfy these requirements. However, we do not see a file titled “*Technical Proposal Introduction* ” for this Sourcing Event. Can the GDC please provide the required “Technical Proposal Introduction”?	eRFP §4.4.1 (page 14 of 20)	Attachment A- eRFP section 4.4 provides instructions for technical responses. It states "As specified with each requirement listed in the Mandatory Scored Response Document, the supplier must indicate whether it will meet the individual requirement (if any) and provide a supporting narrative in the space provided. To be considered responsive, responsible and eligible for award, any and all requirements identified in the Mandatory Scored Response Document must be met. "
132	The eRFP references a “*Supplier General Information* ” document. However, we do not see a file titled “*Supplier General Information* ” for this Sourcing Event. Please confirm the GDC means the file titled “Attachment N: Suppliers Worksheet.” If not, please supply the required “Supplier General Information” document.	eRFP §4.4.2 (page 14 of 20)	Yes, Attachment N - Suppliers Worksheet is the required document refered to in the eRFP as Suppliers General Information."

#	QUESTIONS	Referenced RFX Section	ANSWER
133	The eRFP states, “In the event all four worksheets are not available as downloadable forms to this eRFP, **please confirm with the Issuing Officer** that all four worksheets are not required.” Therefore, please confirm that as stated in Section 4.5, bidders do not need to provide an ““Additional Scored Response Worksheet.”	eRFP §4.5 (page 15 of 20)	Correct, the additional Scored Response Worksheet is not required.
134	Is the GDC willing to consider alternatives—such as holding a portion of the successful Vendor’s payment or establishing a reserve fund—to the performance bond described in the RFP? Unlike other common forms of guaranty, the expense associated with implementing a performance bond will add unnecessary dollars to the contract price.	eRFP §3.2: Bonds and/or Letter of Credit	The supplier should expect there to be a 25% performance bond. Any alternatives a supplier would like to proposed GDC to consider should be included in expections.
135	The RFP states, “In the event any position remains unfilled for thirty {30) Calendar days, a penalty will be incurred.” Please elaborate on (a) the amount and (b) the basis for calculating any such penalties.	eRFP Attachment B, Page 2, #2	Any position vacant for greater than 30 days, supplier shall credit GDC for such unfilled hours.
136	Please provide SOP 508.01. We cannot locate it in the RFP materials.	eRFP Attachment B, Page 5, #1	SOP 508.01 is Program Services/Health Service- Mental Health reference number VG01-001. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.
137	Please provide SOP 508.015 and SOP 508.019. We cannot locate them in the RFP materials.	eRFP Attachment B, Page 5, #2	
138	Are juvenile services required in the scope of services? If so, please provide information on scope; if not, please provide information on current contract provider.	N/A	No, juvenile services are not required in the scope of services.
139	Attachment J of the SOPs includes MH/MR Evaluations Reference Number VG31-0001. Please provide SOP 508.15 referenced in Attachment F.	Attachment F: Mandatory Scored Questions, Mental Health Services. (Section: Psychologist Diagnostics/Evaluation/Emergency Evaluation, Question 1).	SOP 508.15 is reference number VG31-0001. The subject name of this SOP is MH/MR Evaluations. Attachment T - SOP Crosswalk provides a cross walk for SOP and corresponding reference numbers.
140	Please clarify the origin of the “Project deliverables” bidders must discuss in this response; are these deliverables **(a)** Vendor-defined or **(b)** the program components outlined in eRFP Attachment B?	Attachment F, Question #16	Supplier proposal should provide a narrative on both supplier defined and program components outlined in RFP when discussing "project deliverables."

#	QUESTIONS	Referenced RFX Section	ANSWER
141	Rows 11-36 for Columns 2021-2028 have the wrong formula and do not pull from the Mental Health Worksheet. Can the GDC please provide a corrected Excel file?	Attachment H (Cost): MENTAL HEALTH - TOTAL COST	As part of Addendum 3, Attachment H- Cost Proposal has been revised with corrected formulas for Rows 11-36 in Columns 2021-2028 and reflect the correct amounts from the Mental Health Worksheet.
142	Row 17 (Emanual Women's Facility) has the wrong formula for all years. Can the GDC please provide a corrected Excel file?	Attachment H (Cost): Mental Health Worksheet	As part of Addendum 3, Attachment H- Cost Proposal has been revised with corrected formula for Row 17 (Emanual Woman's Facility).
143	Columns G-M (Years 2022-2028) have the wrong formula and do not pull the correct information from Dental Cost Worksheet. Can the GDC please provide a corrected Excel file?	Attachment H (Cost): DENTAL - TOTAL COST	As part of Addendum 3, Attachment H- Cost Proposal has been revised with corrected formulas for Rows 11-36 in Columns 2021-2028 and reflect the correct amounts from the Dental Health Worksheet.
144	Please confirm the formula in Column N (Total) is correct. Should the formula multiply column B by 10 or by 12?	Attachment H (Cost): DENTAL - TOTAL COST	Yes the formula in Column N (Total) is correct on the Dental - Total Cost Worksheet. The fourmula is correct to mutply column B by 10. The number of years the contract will be in place is 10.
145	Please elaborate on “Fixed Rate for Concurrent Software Use Licenses 1-5 Per Facility/Per Year”. We do not see any reference to this cost in Attachment A or C.	Attachment H (Cost): DENTAL - TOTAL COST	The software in question is for dental scheduling software.
146	Please clarify whether the supplier is required to obtain a license to operate the current residential treatment programs. If so, what type of license is required? And if no license is required, please confirm that the supplier is expected to provide staffing and counseling for the already licensed and established treatment program(s).	Attachment B, Scope of Services – Mental Health	All ITF programs must be CARF accredited. There is not a requirement for the supplier to obtain a license to operate the Intensive Treatment Facilities. The Supplier is expected to provide staffing and counseling for the already established Intensive Treatment Facilities.
147	There are 5 RSAT Programs for 800 males and 96 females, 2 Integrated Treatment Programs 200 male, 138 female, and 934 male Parole Violators, and 198 female Parole Violators. Please provide the staffing plan for each of these programs. What is the Level of Care for the inmates in the Integrated Treatment Programs? Is there a required staff to inmate ratio?	Attachment B, Scope of Services – Mental Health	The staffing plan at the small facilities, including the RSAT Programs is based on 1:75 MH Counselors per offenders. However, the ratio for the ITFs is 1:20. There is not a MH Unit Manager for programs with less than 225 Mental Health offenders.
148	What are the provisions for the MAT Program and what is expected for the supplier? For example will medical detox be used and what other medications will be allowed?	Attachment B, Scope of Services – Mental Health	The MAT program is a pilot program. The supplier's role is minimal because it is an after-care pilot program that is initiated upon the offender's release. Medical detox is not provided within the GDC facilities.

#	QUESTIONS	Referenced RFX Section	ANSWER
149	Is the ITP Program Workbook limited to 1 workbook or can there be a workbook for each phase of treatment?	Attachment B, Scope of Services – Mental Health	The Supplier may take the liberty to develop one or more workbooks for the ITP Program.
150	The RFP states, “Participation in 12 Step shall be a part of the curriculum the supplier will provide. 12 Step and Double Trouble Groups will be in the ITF Program”, however courts have ruled these are religious programs and cannot be mandated that people attend. Will this be a requirement for all of the Substance Use Disorder Programs?	Attachment B, Scope of Services – Mental Health, ITP Program Services	The supplier can provide a best practice, evidence-based program for consideration. The supplier should conduct a 12-step Education group.
151	Please clarify, in regards to this contract, if the supplier is responsible only for the two (2) Integrated Treatment facilities.	Attachment B, Scope of Services – Mental Health ITP Program Services	The supplier is responsible for all MH programs, whether they are at an ITF, TC, PDC, PRC, PRSAT or prison. There are currently a total of 29 facilities that have a MH Unit. In addition, there are 5 non-MH facilities
152	Please provide information as to the unduplicated numbers of offenders served in the ITFs in 2017.	Attachment B, Scope of Services – Mental Health ITP Program Services	The male unit (Appling ITF) has a bed capacity of 200. The female unit (West Central ITF) has a bed capacity of 138. They are 9-month programs. The programs run at full capacity.
153	Please provide information as to how individuals are eligible for services provided within the ITFs.	Attachment B, Scope of Services – Mental Health ITP Program Services	They are referred by the Court. They tend to be probationers who have violated their probation due to a drug charge. In addition, they are positive for their need for mental health services or have had a history of mental health services. They are referred by the Courts and or the Department of Community Supervision. They have been convicted with a crime that stems from drug usage/abuse.Some have viotlated their Community Supervsion by testing positive for alcohol or durgs. All have a Substance Use Disorder in addition to a Mental Health illness .
154	Please clarify, is it the expectation that the Program Director noted to be required for the West Central ITF, also be required to oversee the Appling ITF?	Attachment B, Scope of Services – Mental Health ITP Program Services	The supplier is expected to have one Program Director to oversee the MH/ITF programs Units. However, the structure of the Supplier's Central Office can be determined by the Supplier. The Program Director and all MHUMs report to the Office of Health Services' designee

#	QUESTIONS	Referenced RFX Section	ANSWER
155	Who does the current ITF Program Director currently report to?	Attachment B, Scope of Services – Mental Health ITP Program Services	The RFP is requesting a change to the configuration of the current structure. The proposed change is to have one Program Director overseeing all the MH Units as stated above. The Program Director would report to GDC's MH Director/designee. The program director and all MHUM report to the OHS designee.
156	Please clarify, are Activity Therapist utilized at the ITFs? If yes, do these position also provide services outside of the ITFs, or are they solely supporting the ITFs.	Attachment B, Scope of Services – Mental Health ITP Program Services	Written into the RFP is a provision to provide activity therapy at the ITFs. The Activity Therapist position(s) are also provided at GDC facilities with Level III - IV offenders and the Juvenile offenders.
157	Which facilities house the following units: Crisis Stabilization Units, Acute Care Units, Special Mental Health Treatment Units, Supportive Living Units	Attachment B, Scope of Services – Mental Health	There are 8 facilities with ACUs/CSUs: (ASMP, Baldwin, GDCP, GSP, Phillips, Valdosta (for males), and Lee Arrendale and Pulaski (for females) . There are 3 facilities with SMHTUs: ASMP, Phillips, and Valdosta. There are 11 facilities with an SLU: in addition to the 8 mentioned above, Central, Johnson, and Rutledge.
158	Please provide the number of beds available for each facility and each unit combination listed in the above question?	Attachment B, Scope of Services – Mental Health	There is an inmate count by institution that would provide the number of currently filled beds.
159	Please provide 2017 data related to the admission, discharge and length of stay for those who were housed in each of the Crisis Stabilization Units, Acute Care Units, Special Mental Health Treatment Units, and Supportive Living Units.	Attachment B, Scope of Services – Mental Health	Avg stay for those in the CSU is 3 - 5 days; in the ACU, 8 - 10 days, (both have transient populations); the SMHTUs 9 - 12 months, and in the SLU it varies with ability to stabilize and length of sentence. The SMHTUs and SLUs house more of a permanent population.
160	Please provide a list of the current staffing by facility, specialty unit, job title and full time equivalent (FTE), to include credentials associated with each facility.	Attachment B, Scope of Services – Mental Health	Larger MH programs (offender count over 250) have 1 MH Unit Manager, 1 Clinical Director, Counselors (1:60 for close security; 1:75 for medium security); Activity Therapist
161	Are all psychiatry services to be provided by a psychiatrist or can other disciplines be utilized?	Attachment B, Scope of Services – Mental Health, A. Psychiatry Services	Psychiatrists and Advance Practice Nurses (APRN) provide the psychiatry services. Per SOP, after 1 FTE an APRN can provide any additional hours.

#	QUESTIONS	Referenced RFX Section	ANSWER
162	Please provide a definition for the position of “Multifunctional Officer.” Who is responsible to staff this position? What facilities/units have such a position?	Attachment B, Scope of Services – Mental Health, D. Mental Health Counseling Services	A Multifunctional Correctional Officer (MFCO) is filled by correctional staff and are supervised primarily by the Security leadership. Some MH oversight is provided by the MH Unit Manager and Clinical Director when the MFCO's work in the SLUs.
163	Please clarify if the GDC has set minimum and/or maximum percentages of MH caseload contacts that can be provided through tele-mental health.	Attachment B, Scope of Services, Mental Health, R. Tele-Mental Health	The Supplier can propose their minimum and maximum percentages of MH caseload contacts.
164	Are tele-mental health service only to be allowed for the delivery of psychiatric services or can this service also be allowed for agreed upon services provided by psychologist?	Attachment B, Scope of Services, Mental Health, R. Tele-Mental Health	The Supplier can propose their delivery of services and if it would include tele-mental health for psychiatry and psychology.
165	Meaningful contacts are to be documented at a minimum of two per month. Please clarify, contacts by what position/profession will be allowed to meet this requirement.	Attachment B, Scope of Services, Mental Health, SMHTUs	That refers to MH/co-occurring Counselor contacts for the ITF offenders and those offenders living in an SLU.
166	Please more information as to what “SCRIBE” is.	Attachment B, Scope of Services, Mental Health, SMHTUs	It an enterprise system accessed via the GDC Intranet and is designed to be the electronic Offender Management System. It uses internet technology and standard navigation tools to track offender court documents, case management, movement, Special housing etc.
167	Regarding the Augusta State Medical Prison, please clarify the programs and number of beds that are excluded from the scope of the RFP.	Attachment B, Scope of Services, Mental Health	At this time, the ASMP program is a Level II - V program and all aspects of the program should be included.
168	Please provide current Performance Measures in place for the SMHTUs.	Attachment B, Scope of Services, Mental Health	The Performance Measures to be used for the SMHTUs is at the discretion of the Supplier.
169	Please clarify the educational and license requirement for the Mental Health Unit Managers (MH Unit Manager).	Attachment B, Scope of Services, Mental Health	Master's Level-license eligible
170	Can coverage for staff on leave be provided by tele-health?	Attachment B, Scope of Services, Mental Health, Staff Coverage	This would be at the discretion of the Supplier
171	Does telecommunication provided by GDC also include installation and maintenance of lines specifically for tele-mental health?	Attachment B, Scope of Services, Mental Health, Space Allocation, Equipment, and Supplies	No

#	QUESTIONS	Referenced RFX Section	ANSWER
172	Does equipment the supplier brings into the facilities become the property of GDC?	Attachment B, Scope of Services, Mental Health, Space Allocation, Equipment, and Supplies	Yes
173	Do the face to face interventions for psychiatry include tele-psychiatry?	Attachment B, Scope of Services, Mental Health, Psychiatry Services	The Supplier should reveal what is proposed for face to face interventions for psychiatry.
174	Please clarify “Psychiatrists will provide services according to the current DSM”. As the DSM is a diagnostic manual, is there an implication that certain medications will automatically be used to treat certain diagnoses?	Attachment B, Scope of Services, Mental Health, Psychiatry Services	Treatment will be based on diagnoses and standard practices utilized to treat various diagnoses. GDC does have a standard formulary for medication usage
175	Are Psychiatric Nurse Practitioners allowed to conduct services as Psychiatrists or does a Psychiatrist have to conduct the services as outlined?	Attachment B, Scope of Services, Mental Health, Psychiatry Services	They are allowed to conduct services under the supervision and protocol of a Psychiatrist.
176	Is psychological testing up to the discretion of the Psychologist or are there standardized testing batteries that are required in the GDC?	Attachment B, Scope of Services, Mental Health, Psychology Services	The Supplier will determine the nature of psychological testing.
177	Is it the expectation of the GDC that all Mental Health Counselors, both licensed and unlicensed, will rotate an after- hours on-call schedule?	Attachment B, Scope of Services, Mental Health, Mental Health Counseling Service	Yes
178	Does the Activity Therapist have to be a certified or licensed Therapeutic Recreation Therapist in the state of Georgia?	Attachment B, Scope of Services, Mental Health, Activity Therapist	No, but will need to receive supervision from an Activity Therapy Supervisor and Psychologist.
179	Please clarify if the Activity Therapists are to provide or offer three hours of therapeutic activities per day.	Attachment B, Scope of Services, Mental Health, Activity Therapist	The Supplier will need to outline the Activity Therapists provision of services. All SLU offenders must receive a minimum of 3-4 of Activity Therapy groups each day.
180	Can the Physician assigned to the P&T Committee be a Psychiatrist?	Attachment B, Scope of Services, Mental Health, Pharmacy & Therapeutics Committee	Yes
181	Please clarify: “Psychiatrists will provide face to face services according to current DSM criteria” as the DSM is only a diagnostic manual.	Attachment B, Scope of Services, Mental Health, Psychiatry Services for SMHTUs	Treatment will be based on diagnoses and standard practices utilized to treat various diagnoses.

#	QUESTIONS	Referenced RFX Section	ANSWER
182	Are all counselors in the SMHTU to be licensed or license-eligible?	Attachment B, Scope of Services, Mental Health, Counseling Services For SMHTUS	That is the preference since the SMHTU population is the most severely mentally ill.
183	Can the GDC supply the current SMHTU manual for review?	Attachment B, Scope of Services, Mental Health, Counseling Services For SMHTUS	Refer to the SOPs. The Supplier can add an additional SMHTU manual.
184	Can the GDC share a copy of the current ITF Participant Workbook for review?	Attachment B, Scope of Services, Mental Health, ITF Participant Workbook (ITF)	GDC would like to view the Supplier's development of an ITF Participant Workbook without influence of what is already in place. They should develop their own based on best practices for co-occurring disorders
185	What is the process and protocol for care provided to inmates needing detoxification? Please also specific any variations to care for parole violators, and / or individuals identified to receive ITF treatment.	Attachment B – Scope of Services Mental Health – Integrated Treatment Facilities	Detoxification does not occur within a GDC facility. Local medical centers are contacted and the offender is transported for detox.
186	Is IT developing a separate set of EHR files for substance use programs to comply with 42cfr, which requires substance use records be stored separate from medical records?	Attachment B – Scope of Services Mental Health – Electronic Health Records	Yes
187	At intake facilities, please describe the duties of the counselors and psychologists as they relate to initial assessments and evaluations. Is a psychologist required to see each and every person that comes through intake?	Tour	The MH Counselor conducts a screen and evaluation. The Psychologist provides an initial psychological evaluation. The Psychologist sees every offender with a positive screen.
188	During the tours there was minimal mention of suicide watch cells or procedures. Please clarify where suicide watch activities take place.	Tour	"Suicide watch" takes place in an Acute Care Unit or Crisis Stabilization Unit. Or approved observation cell which cannot exceed 24 hours. Please refer to the SOPs
189	Are the supplier's MH staff involved in any aspect of the execution process?	Tour	Yes, the MH Director is required to see the condemned offender daily for two weeks prior to the execution date. In addition, the Warden require a MH staff member to remain at the institution until the execution is completed.

#	QUESTIONS	Referenced RFX Section	ANSWER
190	Please indicate which facilities provide tele-health/psychiatry/psychology services	Attachment B - Scope of Services, Mental Health – R. Tele-Mental Health	The Supplier is not expected to replicate what is in place. Currently, remote facilities utilize those services.
191	What type of tele-health equipment is utilized?	Mental Health – R. Tele-Mental Health	This is provided by the Supplier.
192	Will the current equipment be used in the contract going forward? Is the incoming supplier required to reimburse the GDC or outgoing vendor for any of the equipment? If so, please describe the estimated cost of the equipment.	Mental Health – R. Tele-Mental Health	NONE
193	Where is the equipment housed?	Mental Health – R. Tele-Mental Health	In the Supplier's Central Office; in the facilities in the medical or mental health unit, depending on the facility
194	What MH staff are responsible to assist with the delivery or the setup and monitoring of tele health/psychiatry services	Mental Health – R. Tele-Mental Health	Varies, depending on the MH Unit's resources; the Supplier also has employed Clinic Coordinators. The Supplier can determine responsible staff to assist, setup and monitor those services.
195	Are tele-health services being provided with the SMUs?	Mental Health – R. Tele-Mental Health	Yes, however the preference is for face-to-face contact with offenders in all special housing.
196	How are individuals identified to attend the ITFs?	Tour	This is determined by the courts /Department of Community Supervision across the state and the previous infractions/convictions of the offenders.
197	Who currently is responsible for the provision of services in the ITFs?	Tour	A Vendor
198	What happens if an offender does not successfully complete treatment at the ITF programs?	Tour	The offender is returned to the court for the judge's determination of next steps, which often results in the offender serving the remainder of their probation time within a prison.
199	Are there any current delays in individuals getting into the ITFs?	Tour	Yes, at times determined by bed availability.
200	Is the supplier financially responsible for the cost of testing materials for mental health services?	Attachment B Scope of Services Mental Health, General question	The cost is shared between the supplier and GDC.
201	Is the supplier financially responsible for the cost of laboratory tests requested by the mental health staff? If so, please provide the number of tests and monthly cost for mental health labs over the last 2 calendar years	Attachment B Scope of Services Mental Health, General question	No

#	QUESTIONS	Referenced RFX Section	ANSWER
202	The required minimum staff-to-offender ratios for mental health positions listed in the RFP will dramatically increase the number of positions and costs over the current staffing levels under the current contract. For example, the RFP requires a 1:200 ratio for psychiatrists, which would, in effect, double the number and costs for psychiatrists over current contract levels. In years past, the GDC moved away from rigid ratios for mental health staffing requirements to the current contract method of establishing staffing levels facility by facility based on caseload, acuity levels, mission, programming, etc. Is the GDC intending to return to the use of strict ratios for determining staffing levels, as indicated in the RFP, and thus dramatically increasing the number of mental health staff throughout the system, and increasing costs, or would the GDC consider revising the RFP to list a required staffing matrix by facility based on current or desired staffing patterns to be provided by the supplier?	*Staff Management, Attachment B, Scope of Services, Page 16*	The Supplier can determine and submit their proposed staffing patterns. Suggested ratios based on current guides will be provided.
203	In addition, there are currently some mental health positions listed as required in the RFP that are filled by a mix of state employees and contractor employees (e.g., counselors, clerks, activity therapists). Is the GDC intending to terminate its existing state-employee positions and assign them to the supplier under the new contract? If not, the use of staffing ratios means a portion of the ratio will be met by state employees. Would the GDC consider revising the RFP to list a required staffing matrix by facility based on current or desired staffing patterns to be provided by the supplier?	*Staff Management, Attachment B, Scope of Services - MH, Page 16*	the Supplier can propose their desired staffing patterns and preferred method of developing a full slate of contract employees.
204	If staffing ratios are to be used by bidders in calculating staff requirements based on the RFP provided staff-to-offender ratios for mental health positions, should the bidder include or exclude the number of mental health services positions currently occupied by state-employed staff, and if so, would the GDC provide a list of all current state-employed staff that would apply to the required staffing ratios?	*Staff Management, Attachment B, Scope of Services – MH, Page 16*	The Supplier should propose staff ratios/ calculate staff requirements inclusive of all positions.

#	QUESTIONS	Referenced RFX Section	ANSWER
205	The RFP calls for a reduction in the volume of telehealth services provided compared to current levels of telehealth services, which may result in lowering the access to care for inmates and present other practical challenges to maintaining required service levels. National trends indicate that the use and popularity of telehealth services in correctional settings will continue to rise, particularly for psychiatry services, and is becoming more and more a standard for the provision of certain services. Would the GDC consider allowing vendors to propose alternative approaches to telehealth services?	*Attachment B, Section R, Tele-Mental Health, Page 23*	Yes, alternative approaches to tele-health services can be proposed.
206	The RFP indicates that there will be a minimum of one computer and one compatible printer provided by the GDC at each facility. Given that there will be a number of staff working at each facility and that there are plans to implement an EHR, will the chosen supplier be able to furnish its staff with additional computers?	*Attachment B, Space Allocation, Equipment and Supplies - #2, Page 3*	Yes, that can be arranged. In addition, GDC will provide additional hardware at each facility once the EHR is implemented.
207	The RFP calls for the successful supplier to *"develop a participant workbook"* for participants. Would the GDC be open to the supplier purchasing evidenced-based workbooks developed by a third party to use within the ITF?	*Attachment B, ITF Participant Workbook, Page 55*	Yes, however each offender should have individualized treatment based the severity of the offender's Mental Health status and Substance Use
208	The RFP references the need to report "*The number of successful completions"* and *"The number of unsuccessful completions."* Can the GDC please clarify what these items are referencing?	*Attachment B, Reporting - B.4, Page 61*	This is referencing program completions--those offenders who have completed the ITF programs as opposed to those who may not have completed the program and therefore were revocated.
209	The GDC Standards state that when offenders return after being admitted to the CSU, they should be placed on the mental health caseload, not back to ITF. Please confirm this understanding.	Attachment F, Section: Psychologist Diagnostics/ Evaluation/ Emergency Evaluation, Page 4	The Level I offender admitted to the CSU should not be returned to a Level I facility. All offenders at the ITF are Level II. They can be returned to the ITF, but may need to remain at the facility with the CSU for up to 60 days to ensure stability prior to their return to the ITF.
210	The RFP requires drug testing on all pre-employment applicants and at random times during the course of employment. Does this also apply to independent contractors and temporary personnel (e.g. *locum tenens* psychiatrists)?	Attachment B, Scope of Services, Pages 1 – 2	Yes, all employees are subject to random searches and drug testing.

#	QUESTIONS	Referenced RFX Section	ANSWER
211	Will the supplier be required to complete drug testing on all current incumbent, active employees upon contract start? If so, what is the required timeframe for completion?	Attachment B, Scope of Services, Pages 1 – 2	No, that is not required.
212	The RFP states random drug testing selection should be no less than 5% per month. Would the GDC consider allowing testing on a quarterly basis that would still meet the percentage quota?	Attachment B, Scope of Services, Pages 1 – 2	On a per month basis is preferred to stay on top of potential violators of the policy.
213	Does the GDC have a requirement for non-DOT 5 vs 10 panel drug testing? Please clarify any required specific type of drug testing.	Attachment B, Scope of Services, Pages 1 – 2	Not determined by MH
214	Does the GDC have a requirement for conducting drug testing on site by authorized collectors vs. offsite clinics?	Attachment B, Scope of Services, Pages 1 – 2	For authenticity and verification of the staff member being tested, on site collection is expected.
215	The RFP states, *"the supplier will be responsible to conduct an annual audit (financial and programmatic)".* Will the scope of the financial audit require performance of the audit by an independent third party?	Attachment B Scope of Services, Page 3	This can be determined by the supplier.
216	Please clarify the expectation of coordinating with Augusta University to expand telehealth.	Attachment B, Section R, Tele-Mental Health, Page 23	We would not expect an expansion of Tele-Mental Health
217	The RFP requires the supplier to provide mental health clerical staff. Currently, the medical supplier (GCHC) employs mental health clerks. Will these positions remain under GCHC or will they become part of the mental contract under this procurement?	Appendix B, Section H, Pages 15-17	There are a few GCHC employed MH clerks. Those positions (as well as all the MH positions) would all come under the mental health contract under this procurement.
218	The RFP does not provide required dental staffing ratios or a suggested dental staffing plan. Does this infer that the staffing plan and ratios are under the sole discretion of the supplier? If not, please provide a required dental staffing plan.	A*ttachment C, Scope of Work, Dental Services*	for Dental
219	The RFP lists the Activity Therapist position ratio as 1:150. Under the current contract, the Activity Therapist ratio is 1:50. Please clarify and/or confirm the required ratio for Activity Therapists.	Attachment B Scope of Services - MH, Page 17	A typo - the ideal Activity Therapist ratio is 1:50
220	Please confirm the vendor's mental health staff would not have a role in the treatment or process of execution.	Att. B, GDC Policies and SOPs	One Mental Health staff member is required to remain at the Facility until the execution is carried out.

#	QUESTIONS	Referenced RFX Section	ANSWER
221	It was mentioned that there are state as well as vendor staff. Do they have the same responsibilities? Is the prospective vendor's bid to include all staff or just those that are current vendor staff?	Att. B, GDC Policies and SOPs	The Vendor's bid should include all staff. If the state and vendor staff have the same title, then their job responsibilities are identical. Those who are licensed may have more opportunities to provide therapy/specialized treatment with the special populations.
222	Please clarify if the patient to staff ratios that were presented include vendor and state staff.	Att. B, GDC Policies and SOPs	Yes
223	Please confirm the vendor be allowed to access the Department's intranet on state computers.	Att. B, Space Allocation, Equipment, Supplies	Yes
224	Is there a current electronic health record? If so, please describe. If in process, when is expected full implementation date?	Att. B, Electronic Health Record	No, there is not a current Electronic Health Record. The Electronic Health Record is in the process of being built. A tenative go-live date is Fall 2018.
225	Is tele-psychiatry currently being used? If so, who provides the equipment and software platforms?	Att. B, Tele-Mental Health	Yes, the vendor provides the equipment and software platforms.
226	Please confirm the supplier may propose a tele-psychiatry platform of its own. Please clarify if the Department would provide the hardware.	Att. B, Tele-Mental Health	Yes, the supplier can propose their own platform. Some hardware can be provided by GDC.
227	The Telemedicine policy that was included in the materials sent to prospective suppliers noted that a "shadow file" is created when patients were seen via telemedicine. Is this still the current process and if not please explain documentation process for telemedicine/tele-psychiatry sessions currently?	Att. J, Telemedicine Policy (VH17-0003)	Yes, this is still the current process.
228	Are psychiatric nurses to be included in the vendor's proposed matrix?	Att. B, MH Program Services	Only APRNs are included. If the psychiatric nurse is not an advanced practice nurse, they will not be included in the vendor's proposed matrix. GCHC employs the mental health nurses.
229	Please provide the number of offices provided for mental health staff at each facility in the GDC where mental health services are provided.	Att. B, Space Allocation, Equipment, Supplies	Too varied to provide. Some facilities have space for one office per staff member, in other cases the spaces are shared.
230	At GDCC, where are patients housed when they are placed on suicide watch?	Att. B, MH Program Services	They are placed in either ACU or CSU; an approved Observation cell can be utilized for up to 24 hours.

#	QUESTIONS	Referenced RFX Section	ANSWER
231	Please describe the "treatment modules" that were mentioned as a new program at ACMI.	Att. B, MH Program Services	The treatment modules (modeled after the California Prison Industry Authority (CALPIA) modules) are used to provide therapeutic programming. They house one offender per unit to keep the environment safe while programming occurs.
232	During the bid tour it was mentioned that some of the current psychology staff work for a different vendor than the other staff. Please clarify what mental health positions the supplier is to bid on at ACMI.	Att. B, MH Program Services	Currently, the ITF psychology staff work for a different vendor. The supplier should bid for all mental health positions.
233	Please provide the average daily population over the past three years.	Att. B, MH Program Services	9300 - 9500; however currently the population is approximately 9600
234	Please confirm if any of the current contractor's staff are covered by a Collective Bargaining Agreement. If so, what positions and what organizations?	Att. B, MH Program Services	No
235	Please provide any current affiliations or programs that are in place for students, interns, residents, and post-doctoral fellows.	Att. B, MH Program Services	No current affiliations; previously MOUs were established with GSU, Argosy and Capella for a doctoral practicum.
236	Please provide the current programs in place for inmates with dementia, head injuries, and personality disorders characterized by acting-out behavior.	Att. B, MH Program Services	The Specialized Mental Health Treatment Units have programs for offenders with those types of conditions.
237	By site, please provider the number of admissions per month for each of the last 24 months.	Att. B, MH Program Services	Admissions primarily come through the Diagnostic facilities GDCP and Lee Arrendale. Burruss, Coastal, the PDCs and ITFs also conduct Diagnostics. Overall, there are approximately 230 females and 1020 males in the Diagnostic process for the month.
238	By site, please provide the number of discharges per month for each of the last 12 months.	Att. B, MH Program Services	Discharges can average between 150 - 210 per month for mental health. Can provide the numbers by level.
239	Please confirm if the Department is currently under any type of consent decree or judgment that might affect this contract.	Att. B, MH Program Services	No there is not a consent decree or judgment that would affect the contract.
240	Please provide a copy of the most recent mental health audit for each site.	Att. B, MH Program Services	The Comprehensive Mental Health Audit tool will be provided.
241	Who is financially responsible for providing necessary equipment in excess of the "one (1) stand-alone personal computer (PC) and a minimum of one (1) compatible printer…provided by GDC at each Facility"?	eRFP Attachment B, Page 3, #2	GDC has limited funds for computer software and hardware.

#	QUESTIONS	Referenced RFX Section	ANSWER
242	We understand that the GDC is working with Cerner to implement an electronic health record at the GDC facilities. Can you please provide a status update on where the GDC is in this process; and a timeframe for full EHR implementation?	eRFP Attachment B, Page 5, #1 (EHR)	The process of implementation continues. The timeframe is somewhat fluid, however is expected to be piloted within the next 10 - 12 months.
243	This section refers to “unlicensed MH counselors.” Please provide the licensing requirements of all mental health staff positions in the GDC.	Attachment B – Scope of Services, Mental Health (Page 8, B. Supervision, 5).	All upper-level providers must possess a GA license. Suppliers are expected to employ licensed MH Counselors. MH Unit Managers, Activity Therapists and Clerical Support do not require a license.
244	What is the educational type, level, and licensing required of the Mental Health Unit Manager position.	Attachment B – Scope of Services, Mental Health (Page 9, C. Mental Health Unit Managers).	The MH Unit Manager must possess a Master's degree in a mental health related field.
245	What is the educational type, level, and licensing required of the Medication Clinic Coordinator position.	Attachment B – Scope of Services, Mental Health (Page 13, E. Medication Clinic Coordinator).	This can be determined by the supplier.
246	Please provide current data for the numbers of offenders for each MH Level during the last year for each site.	Attachment B – Scope of Services, Mental Health (Page 14, F. Activities Therapist, 3).	Can provide the most recent offender count by facility
247	Please provide policy and classification criteria for Mental Health Levels.	Attachment B – Scope of Services, Mental Health (Page 14, F. Activities Therapist, 3).	See SOP 508.16
248	Are the GDC mental health programs currently staffed to meet the “Minimum Staff to Offender Ratios?” If not, please provide data on “Open” positions and related staffing concerns.	Attachment B – Scope of Services, Mental Health (Page 16, H. Staff Management).	There are open positions in the areas of primarily MH Counselor, Psychologists and Psychiatrists. There are also 3 vacant of 35 Activity Therapy positions .
249	Please provide contact information for the Augusta University Department of Correctional Medicine Adult Health.	Attachment B – Scope of Services, Mental Health (Page 22, R. Tele-Mental Health).	Dr. Ricci oversees Psychiatry services for ASMP.
250	What GDC sites currently use tele-mental health?	Attachment B – Scope of Services, Mental Health (Page 22, R. Tele-Mental Health).	Most use it, from 5% to 100%

#	QUESTIONS	Referenced RFX Section	ANSWER
251	Please provide a list of existing telehealth equipment that will be available to the incoming Vendor.	Attachment B – Scope of Services, Mental Health (Page 22, R. Tele-Mental Health).	None
252	We understand that the Vendor is required to “procure” any additional telehealth equipment. Will the GDC reimburse the Vendor for the cost of such equipment?	Attachment B – Scope of Services, Mental Health (Page 22, R. Tele-Mental Health).	No
253	Please clarify the connectivity process for telehealth: Does the GDC connect to external providers (like Augusta University? Or do the external providers connect to the GDC?	Attachment B – Scope of Services, Mental Health (Page 22, R. Tele-Mental Health).	The connectivity process is solely the responsibility of the Vendor
254	Will the Vendor be financially responsible for the cost of any inpatient psychiatric admissions to the Augusta State Medical Prison? If so, please provide what these historic costs have been for the Vendor in each of the past three years.	Attachment B – Scope of Services, Mental Health (Page 58, R. Augusta State Medical Prison).	No
255	Will the Vendor be financially responsible for the cost of any inpatient psychiatric admissions to community hospitals? If so, please provide what these historic costs have been for the Vendor in each of the past three years.	Attachment B – Scope of Services, Mental Health (Page 58, R. Augusta State Medical Prison).	No
256	Are sex offender services required in the scope of services? If so, please provide information on scope; if not, please provide information on current contract provider.	N/A	The GDC Office of Inmate services currently offers SOPP for offenders referred by the Parole Board.
257	Please provide data on self-injurious behaviors, suicide attempts and suicides for the last two years’ time by site and MH level.	N/A	Offenders at Close security sites and MH Level 1 and 2's are most likely to be involved in suicide attempts and completed suicides.
258	Are substance use services provided by any other vendor or community resource? If so, please describe the nature and intensity of the services provided.	N/A	RSAT program will continue as independent program at this time.
259	The position of “Behavior Specialist” is referred to in the SOP, but is not listed in the Job Titles in “SOW Attachment B." If this is a current position, please provide requirements by level of education/licensure and FTEs by facility.	SOP Reference Number: VG01-0001. MH/MR Organization and Administration (Page 13, E. Medication Clinic Coordinator, 3).	The Behavior Specialist may have a Bachelor's degree, with at least 10 hours of training in providing psychological assessments. The Diagnostic facilities have those positions, 1 FTE per facility.

#	QUESTIONS	Referenced RFX Section	ANSWER
260	Does the GDC refer any offenders for inpatient treatment services in a State or community hospital setting or are they treated in the CSU/ACU/Observation Cell?	N/A	They may be sent to an external secured Psychiatric Facility.
261	Please provide the Mental Health Levels for Women in Pulaski SP.	Attachment L: Overview Mental Health System (MH/MR Inmate Count by Institution).	Levels 1 - 3
262	Please outline the mental health services provided at the Metro Re-entry Center and identify the scope of services for which the Vendor will be responsible.	N/A	The offenders will be Level II. The Vendor will provide 1-3 MH Counselors, and a parttime Psychiatrist and Psychologist.
263	For each GDC facility, please provide a listing of any current Mental Health and Dental Health service vacancies, by position.	eRFP Attachment B, Section H.1	Vacancies exist in MH Counselor positions, Psychology positions and Psychiatry positions. There are few vacancies in clerical and activity therapy
264	Please identify the number, type, and timeframes of any mental health or dental care backlogs that currently exist at the GDC facilities.	eRFP Attachment B, Section H.1	Backlogs rarely occur, but when they do, they occur in Diagnostics and possibly when a Psychiatrist is available to see the offender for an initial medication evaluation.
265	Will the GDC allow “grandfathered” credentialing for incumbent staff already employed by (or contracted with) the current Vendor?	eRFP Attachment B, Section H.1	Yes, as long as they are licensed for those positions in which a license is necessary (upper level providers).
266	Please provide the salaries/wages your incumbent Vendor is paying to its staff at the GDC facilities. • How old is this data? • Where did this data come from, e.g., State records, data from the incumbent Vendor, etc.?	eRFP Attachment B, Section H.1	GDC current pays a flat rate and is not able to speak to the specifics of these rates.

#	QUESTIONS	Referenced RFX Section	ANSWER
267	51. At the Bidder's Conference, the GDC mentioned it was interested in the awarded Vendor taking over an additional 25 or so mental health positions that are currently filled by State employees. Please provide a list of these positions to be taken over by the Vendor, including the following information. • Position title • Position duties • Position requirements (licensure, education, experience) • Number of FTEs—by position—to be taken over by the Vendor at each GDC facility eRFP Attachment B, Section H.1	eRFP Attachment B, Section H.1	MH Counselors, Activity Therapists, Clerical staff (refer to the SOP for duties and requirements); The positions will be "taken over" through attrition.
268	At the Bidder's Conference, the GDC mentioned it was interested in the awarded Vendor taking over an additional 25 or so mental health positions that are currently filled by State employees. Please provide the following information on this topic. • What mental health positions are currently filled by State employees? • Please indicate which of these positions will remain filled by State employees under the new contract. • Please indicate how many State-employed mental health FTEs –by position—there currently are at each site.	eRFP Attachment B, Section H.1	MH Counselors, Activity Therapists, Clerical staff (refer to the SOP for duties and requirements); The positions will be "taken over" through attrition.
269	Does the GDC want Vendors to describe our own original mental health programming (as opposed to just agreeing to abide by existing GDC programming)?	Attachment B (all)	Vendors can describe their own original mental health programming, but must be in line with GDC SOPs which are approved by Legal and are ACA compliant.

#	QUESTIONS	Referenced RFX Section	ANSWER
270	The Dental Scope of Work states that the contractor is to provide a Dental Health Record; however, the Mental Health Scope of Services states that the contractor will help assist in selection and implementation of an EHR. Is there a current EHR in place for either the dental or the mental health program? If so, what system is being used? Would the GDC consider selecting a single EHR with a Dental Health Record module in order to sustain seamless data sharing between Medical, Dental, and Mental Health?	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	There is not a current Electronic Health Record in place. The Supplier may propose an Electronic Health Record.
271	Does GDC currently utilize Wi-Fi in any facility that is accessible by medical, dental and mental health staff for the purposes of providing healthcare?	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	No, not for MH
272	If vendor is to provide additional PCs for providing care will those PCs be allowed to use the GDC network or will the contractor have to install a network?	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	The GDC network can be used.
273	Regarding Attachments B, Mental Health Services and C Dental Health Services; there is reference to annual audits under the heading Performance Management. Please provide copies of recent audits.	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	Will provide the current audit tool.
274	Attachments B, Mental Health Services and C Dental Health Services both reference a no-hire list. Will a copy of this be provided to the awarded supplier?	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	Information about individuals can be made available on a "need-to-know basis" through Personnel.
275	In Attachments B (Mental Health Services) and C (Dental Health Services), there is a requirement for the vendor to have drug tests performed on all employment applicants who will be working in GDC Facilities. Does this include staff currently employed by the existing vendor?	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	It does not preclude current staff from being drug tested if there is a need to perform such test.
276	Is there any current litigation pending or previous lawsuits that resulted in consent decrees, orders or findings regarding the delivery of Mental Health Services or Dental Health Services? If so please provide.	Attachment B, Scope of Services, Mental Health and Attachment C, Scope of Work, Dental Services	Previous lawsuits have been resolved.

#	QUESTIONS	Referenced RFX Section	ANSWER
277	During the tours of GDC, there was mention of a blended MH and dental staffing, meaning some staff are employed by the GDC and others are employed by the supplier. Please clarify within the GDC by facility each job titles and how many FTEs are employed by the GDC.	Tour	Employed by GDC are the following FTEs: 69 MH Counselors ; 2 MH Unit Managers; approximately 15 ATs; and 14 Clerical.
278	What are the duties of these GDC MH and dental staff positions?	Tour	Please refer to SOP 508.01 and 508.16.
279	How do the GDC positions interact with the supplier's staff?	Tour	All staff ultimately report to the Deputy Warden of Care and Treatment.
280	To whom do the GDC staff positions report?	Tour	They report to the MH Unit Manager at the facility, and the MH Unit Manager reports to the Deputy Warden of Care and Treatment.
281	Will GDC staff salaries and benefits, be the financial responsibility of the supplier? If so, how and when does the GDC expect the supplier to be reimbursed for the salaries and benefits? Please provide the estimated salary/benefit cost per FTE, by job title and facility.	Tour	The GDC staff salaries and benefits are not the responsibility of the supplier unless the GDC staff member begins employment with the Vendor. The supplier can provide estimated salary/benefit cost per FTE, by job title and facility.
282	Will annual raises for GDC staff be the responsibly of the supplier? If so, please provide the average percentage increase granted on an annual basis.	Tour	No
283	Are there current GDC vacant Mental Health and Dental positions? Please provide the listing of vacant GDC positions by facility, job title and FTE.	Tour	There are 9 vacant MH Counselor positions, there are 2 vacant clerical positions.
284	Are the GDC positions included in any Union agreements?	Tour	No
285	The RFP lays out a ratio grid for staff to offenders. Please clarify and describe how this grid factors in GDC staff vs supplier staff position responsibilities?	Attachment B – Scope of Services, Mental Health – H. Staff Mgmt.	The grid does not factor into position responsibilities by employer. It helps to provide overall responsibilities and to evenly divide the work load. The supplier can propose their own ratio grid.
286	Will any or all current GDC staff positions transfer to supplier positions in the new contract? If so, are there any specific requirements for compensation and benefits that the supplier will be required to offer to current GDC staff? Please describe.	Tour	The supplier can propose their requirements for compensation and benefits. The MH Counselors require licensure in order to be employed by a Vendor.

#	QUESTIONS	Referenced RFX Section	ANSWER
287	Please provide a complete current staffing plan for mental health and dental services by position, shift and facility detailing those positons that are supplier employees and those that are GDC employees.	Tour	The supplier should consider all positions as Vendor positions when providing proposed staffing plan for mental health services.
288	Within the GDC is Wi-Fi available for use by the supplier, and if so, where is it available?	Tour	No
289	Please provide a list of any current backlogs for services; by facility, position and the type of encounter required.	Tour	Addressed earlier; backlogs rarely occur.
290	Please provide damages, penalties or fines imposed over the last 3 calendar years on the current supplier broken down into relevant categories including vacancies, backlogs or other related reasons.	Tour	Please contact GDC open records to request the desired information.
291	Please identify by site if there are any dental and mental health backlogs and if so the number of backlogs and anticipated wait times.	Staff Mgmt.	Rare backlogs that occur in Diagnostics might be seen within 1-2 days (rather than same day) by the Psychologist. Initial medication evaluations may be seen within 15 - 16 days (rather than within 14 days) by the Psychiatrist.
292	Please provide job descriptions of the GDC Dental and Mental Health Staff working at the facilities to include; dental assistants and Hygienists.	Staff Mgmt.	Job descriptions are detailed in the 508.01 and 508.16 SOPs.
293	Attachment C regarding the Dental Health Services requires providers to complete a certain number of hours of training for ACA certification; however, there is no explicit statement regarding maintenance of ACA or NCCHC accreditation. Are the sites accredited by either agency? Will the supplier be required to maintain the accreditation standards for Dental and/or Mental Health? And is supplier subject to any penalty for failure to maintain accreditation?	Accreditation	GDC is in the process of being granted ACA accreditation. The supplier will be required to maintain the accreditation standards. The expectation is that 40 training hours will occur on an annual basis for everyone working within the GDC environment.
294	Please provide SOP VH07-000.	Various	That is a Medical SOP.
295	Please provide SOP or policy(s) regarding Health Service Requests.	Various	That is a Medical SOP.
296	Please provide SOP or policy(s) for Co-pay for Health Services.	Various	That is a Medical SOP.

#	QUESTIONS	Referenced RFX Section	ANSWER
297	Please confirm that the Statements of Work (mental health and dental) are to be based on the Scope of Services provided in Attachment B – Scope of Services – Mental Health and Attachment C – Scope of Services – Dental Health	Attachment F – Revised Mandatory Scored Mental Health, Question 15, Statement of Work and Attachment G, Revised Mandatory, Revised Mandatory Scored Dental Services,Question 14, Statement of Work	The supplier may propose a Statement of Work that corresponds to the GDC SOPs.
298	The eRFP states that terminated staff members cannot be reassigned to another facility without approval. Does this requirement only apply to those individuals who have been terminated for cause? If not, please describe other reasons former members cannot be transferred/rehired.	Attachment B Scope of Services Mental Health p. 2 GDC Policies item 7, Attachment C Scope of Services Dental p. 2 GDC policies item 7	Given GA is an "at will" State, individuals can be terminated without cause. In all cases staff cannot be reassigned without approval from the Office of Health Servicess-MH.
299	If unable to revise the RFP to provide a list of required mental health and dental positions by facility, could the GDC provide a list of mental health and dental services positions currently occupied by state-employed staff, including number of FTEs and salaries by position, by facility?	*n/a*	A full list of MH positions by facility can be provided.
300	If the winning supplier will be assigned new contract positions as of result of attrition in state-employed positions throughout the contract, how, if at all, should bidders account for this in their staffing matrix and proposed personnel costs?	*n/a*	The supplier can propose their plan for handling this, but contract amendments are done.
301	Does the GDC currently have an electronic health record (EHR) system? If yes, where is it hosted and who maintains the server infrastructure on which the EHR resides?	*Attachment B, Page 5*	No

#	QUESTIONS	Referenced RFX Section	ANSWER
302	The RFP states, *"Prior to contract award, the State Entity must be assured that the selected supplier has all the resources to successfully perform under the contract. This includes, but is not limited to, adequate number of personnel with required skills, availability of appropriate equipment in sufficient quantity to meet the on-going needs of the State Entity, financial resources sufficient to complete performance under the contract, and experience in similar endeavors." Regarding equipment, will the mental health supplier need to provide computers to be used in the facilities? If so, how many computers will be needed? Please provide a current computer inventory of computers that will be made available to the supplier upon contract startup.*	Attachment A, Page 5	The supplier may put provision of computers in the proposal, however computers are not the responsibility of the supplier other than what may be necessary for tele-mental health if that is a provided service.
303	With regard to background checks, who is financially responsible for paying for this service: the GDC or the Vendor?	eRFP Attachment B, Page 1, #4	The Vendor is responsible for Vendor background checks; GDC will conduct background checks as well for State employees.
304	With regard to drug testing for potential employees, does the GDC have any requirements on the testing methodology (saliva testing, urinalysis, etc.)?	eRFP Attachment B, Page 1, #5-6	GDC has routinely used urinalysis for drug testing.
305	Please provide (by year) the amounts and reasons for any **non-staffing penalties/ liquidated damages** the GDC has assessed against the incumbent vendor over the term of the current contract.		This is proprietary information. Explain how it might be relevant to this RFP.
306	Please provide (by year) the amounts of any **staffing** paybacks/credits the GDC has assessed against the incumbent vendor over the term of the current contract.	eRFP Attachment B, Page 2, #2	This is proprietary information. Explain how it might be relevant to this RFP.
307	Please confirm that the time Mental Health and Dental Health services staff members spend in orientation, in-service training, and continuing education classes will count toward the hours required by the contract.	eRFP Attachment B, Page 2, #3	Staff who spend time spent away from facilities will have to use any available Personal Leave time when satisfying continuing education classes. GDC -sponsored training does count toward work hours.
308	Please confirm that overtime and agency hours will count toward the hours required by the contract.	eRFP Attachment B, Page 2, #3	Clerical and Activity Therapy staff are considered non-Exempt and overtime would have to be compensated in some form, financially or making up the time. Other positions are exempt and would not count.

#	QUESTIONS	Referenced RFX Section	ANSWER
309	Please confirm that paid-time-off hours will count toward the hours required by the contract.	eRFP Attachment B, Page 2, #3	Yes
310	Will the GDC please provide a list of all office equipment currently in use at the facilities, so bidders can get an idea of how many PCs, printers, copiers, etc. it actually takes to support the contract on a day-to-day basis? Please also indicate who owns each item (the Vendor or the GDC).	eRFP Attachment B, Page 3, #2	GDC own all office equipment and it is provided by GDC.
311	How do personnel currently access the Internet while in the health care unit: (a) through a GDC network or (b) through connectivity provided by the incumbent Vendor? Who will be financially responsible for Internet access in the new contract?	eRFP Attachment B, Page 3, #2	GDC Network access
312	Please confirm that the Vendor will not be responsible for the cost of any medications required to treat Mental Health and Dental Health patients.	eRFP Attachment B, Page 5, #1	Yes, the Vendor is not responsible for medication costs.
313	Please confirm that the Vendor will not be responsible for the cost of any Lab tests/procedures required to treat Mental Health and Dental Health patients.	eRFP Attachment B, Page 5, #1	Confirmed, the Vendor is not responsible for the cost of lab tests/procedures.
314	We understand the Vendor must adhere to the "Minimum Staff to Offender Ratios" in Section H.1 of eRFP Attachment B. However, to assist bidders with creating and pricing their proposed staffing matrices, can GDC please provide the current Mental Health and Dental Health staffing complement—by position—for each facility?	eRFP Attachment B, Section H.1	GDC would like to entertain what the supplier proposes regarding pricing based on the staff to offender ratios.
315	Are any of the GDC facilities currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.	N/A	No
316	With regard to lawsuits (frivolous or otherwise) pertaining to Mental Health and Dental Health care: • How many have been filed against the GDC and/or the incumbent health care provider in the last three years? • How many have been settled in that timeframe?		Please contact GDC open records to request the desired information.

Supplier Q & A Template

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: **Georgia Department of Corrections**	Date: 03/22/2018
Issuing Officer: **Carrie Steele**	RFX Initially Posted to Internet: **12/29/2017**
eMail Address: **carrie.steele@doas.ga.gov**	Telephone: **4044635556**

The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.

Note: This document is intended for informational purposes only. Any changes to the RFX must occur through a published addendum (or through publication of a new version of the RFX in Team Georgia Marketplace™). If multiple Q & A documents are posted, the most recent Q & A shall govern in the event of a conflict.

#	QUESTIONS	Referenced RFX Section	ANSWER
1	Please provide a list of dental staff by title for each facility, indicating FTEs and fractions thereof so bidding suppliers can produce a responsive proposal and recommendations.	Attachment C Scope of Services Dental Attachment S	A dental staffing matrix has been posted as Attachment Z.
2	Has GADOC considered using Cerner's Electronic Dental Record (EDR) functionality to ensure a synergetic and all-encompassing Health Record in a single source system?	Attachment C – Scope of Services, Dental Health, page 5	GDC would consider vendor use of Cerner.
3	Please describe the Correctional Dental Software System. a) What information is entered and retrieved from this system? b) Will the current Correctional Dental Software System remain if a change of Vendor occurs? c) Whom enters and retrieves the information? Attachment C	Attachment C Scope of Work; Dental Hygienist; Documentation and Statistics, Page 8	These questions have been answered on previous questions: a) Smallwood is current dental software. This has already been answered. See Dental Dashboard. B) Unknown; GDC not opposed to changing vendor. c) Currently facility staff enter data and data is available to providers. GDC Dental Director retrieves aggregate and facility data.

#	QUESTIONS	Referenced RFX Section	ANSWER
4	For Clarification. Per Attachment C, page 5, #1 – The Dental vendor/supplier must provide an Electronic Dental Record. In addition, per Attachment C, page 6, Documentation and Statistics, the Dental vendor/supplier must provide an electronic tracking system. These are two different systems. In Attachment H, Revised Cost Proposal, does the dental vendor input the total cost of these two systems in Column B?	Attachment C	If the vendor identifies two system to use, yes. If one system can do both, then no.
5	Statewide, please provide the current average salaries for Dentists, Dental Assistants and Dental Hygienists?	N/A	GDC currently pays a flat fee for these services and is unable to speak to the average salaries.
6	First set of questions, #5, the GDC references “Please refer to NCCHC standard of 3.5 hours /week per 100 offenders”. This standard states one physician on site 3.5 hours a week for each 100 inmates housed in the facility. Also per the NCCHC standards, under definitions, the definition of a Physician is a designated MD or DO. It does not appear this standard applies to dental staffing, correct? If it does apply to dental staffing, please confirm that dentists and hygienists hours would count towards the calculation. Please clarify.	First set of Questions	That ratio would be reasonable for a dental provider ratio and can be used as a goal to support staffing model.
7	How many dentists, dental assistants and hygienists are currently staffed at each facility?	N/A	GDC does not expect vendore to recreate current staffing model.
8	With the first set off questions, several were answered with the response that “this question is pending” and the response would be posted a later date. When will these responses be posted?	First set of Questions	Round 1 Questions that were answered as “The respond to this question is pending and will be posted at a later date” will be posted by Wednesday, March 28th, 2018 at 5:00 pm.
9	Please provide a list of the 31 facilities with their current ADP.		Attachment S contains the information concerning facility c*apacity. Suppliers proposal should assume 100% capacity.*
10	Please clarify if the current MOU with GSU, Argosy and Capella for doctoral practicums are MOUs with the GDC or with the current supplier?	Attachment Q - Questions and Answers Form, Question #235	The MOU's are with GDC.

#	QUESTIONS	Referenced RFX Section	ANSWER
11	Having reviewed the posted contract between MHM and the GDC, with the 14th amendment commencing on July 1, 2017 the compensation is referenced at $32,352,319. Does this dollar amount include compensation for Dental? Either way, please provide the dollar per hour bill rate that MHM bills for Dentist hours, Dental Assistant hours and Dental Hygienists hours. MHM/GDC Contract	MHM/GDC Contract	Yes, Information is in Exhibit C in the MHM contract.
12	Having reviewed the posted contract between MHM and the GDC, there are attachments referenced that are missing. Please provide the dollar per hour bill rate that MHM bills for Dentist hours, Dental Assistant hours and Dental Hygienists hours.	MHM/GDC Contract	Yes, Information is in Exhibit C in the MHM contract.
17	Can the vendor use a $10 million excess liability policy to bridge the gap between a professional liability policy at $2 million and the required $3 million in the RFP in order to satisfy this RFP requirement?	*RFP Section 3.1, Standard Insurance Requirements*	Yes, the vendor may use a $10 million excess liability policy to bridge the gap between a professional liability policy at $2 million and the required $3 million in the RFP in order to satisfy this RFP
18	Please provide the date as to when the additional answers will be provided from questions submitted by Supplier's in Round 1 which were answered by GDC as, "The respond to this question is pending and will be posted at a later date".	General	Round 1 Questions that were answered as "The respond to this question is pending and will be posted at a later date" will be posted by Wednesday, March 28th, 2018 at 5:00 pm.
19	There is a note at the end of the SOP Crosswalk for Dental Services that says "Do you wish to add an SOP for PREA." Do you want the bidding supplier to address PREA in the scored questions? If so, please advise where in the document you would like this information.	SOP Crosswalk for Dental Services	SOP 208.06 for PREA has been uploaded to the RFP as attachment AA.

#	QUESTIONS	Referenced RFX Section	ANSWER
20	At the bidders conference it was referenced Staffing Plan at 95% per facility. Many dental clinics only employee 3 - 4 staff members. If one staff member is unfilled out of three this would drop the fill rate to 66%. We are requesting the fill rate for the dental vendor be calculated on a state wide basis by labor type (Statewide Dentists at 95%, Statewide Dental Assistants at 95% and all Statewide Hygienists be at 95%).	N/A	The 95% fill rate will be used as a perfomance measure and GDC maintains that they wish to maintain a 95% fill rate at facilities.
21	The performance bond requirement states an amount of no less than 25% of the annual total amount of the contract. We assume this would be the amount if one vendor were awarded both Mental Health and Dental. As Mental Health will have a significantly higher dollar amount of the award as compared to Dental, we respectfully request the Dental alone performance bond be lowered to 5% of contract award.	Attachment A, Page 13, 3.2, Bonds and/or Letter of Credit	The performance bond requirement will be no less than 25%. If two separate awards are made for this RFP, the performance bond will be expected from both suppliers at 25% of the dollar amount for the specified contract.
22	What is the current ratio of psychiatrist to mid-level psychiatric providers? Is it acceptable for an ARNP-CNS to do rounds for inmates within 24 hours of being admitted on weekends and holidays and within 24 hours of a restraint?	Attachment F, Page 5, Managing CSU Rounds	Currently, the ratio is approximately 1:7. It is not acceptable for Mid-level psychiatric providers to work an on-call rotation nor are they expected to cover ACU/CSU.
23	Please clarify. Regarding the delivery of substance abuse treatment; the substance abuse treatment that is to be delivered is only associated with the two ITFs. If not, please provide additional information as to what specific programs are to be provided and at which sites.	Attachment B – Scope of Services, Mental Health, page 39	The intensive delivery of substance abuse treatment occurs at the two ITFs. There is interest in also providing some delivery of substance abuse treatment within select Specialized Mental Health Treatment Units.
24	Please provide clarification as to what MH treatment/programming occurs at ASMP?	Attachment B – Scope of Services, Mental Health, page 58	ASMP Provides services for Level II - V. More specifically, Outpatient services, Supportive Living Unit services, Specialized Mental Health Treatment Unit services, Crisis Stabilization unit services.
25	What assessment tools are being utilized for intake and MH classification process at the Intake/Diagnostic facilities?	Attachment B – Scope of Services, Mental Health, page 16	All offenders receive a Mental Health screen - completed by a Mental Health Counselor or Behavior Specialist. If the screen is positive, indicating the need for further assessment, a Mental Health Evaluation is then provided by the same staff. Followed by an initial Psychiatric/Psychological Evaluation provided by a Psychologist or Psychiatrist.

#	QUESTIONS	Referenced RFX Section	ANSWER
26	Response to question # 299 indicates that a full list of MH positions by facility can be provided. Can you please provide?	Attachment Q - Questions and Answers Form, Question #299	Mental Health Positions by facility have been provided as Attachment Y.
27	What amount of discharge medications are being provided to offender at the time of release?	Attachment B – Scope of Services, Mental Health, page 12	A 30-day supply is provided to each offender at time of release.
28	In response to a question about GDC staff, there are MH Counselors, Activity Therapists, Clerical staff . The GDC noted that the positions will be "taken over" through attrition. If current State employees are allowed to remain working for the State, please confirm that the Supplier will not be be responsible to compensate the GDC for the state employees' compensation & benefits.	Attachment Q - Questions and Answers Form Question 267	Yes, the Supplier will not be responsible to compensate the GDC for the state employees' compensation & benefits.

Supplier Q & A Template

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: **Georgia Department of Corrections**	Date: 03/22/2018
Issuing Officer: **Carrie Steele**	RFX Initially Posted to Internet: **12/29/2017**
eMail Address: **carrie.steele@doas.ga.gov**	Telephone: **4044635556**

The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.

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#	QUESTIONS	Referenced RFX Section	ANSWER
9	Please provide a list of the 31 facilities with their current ADP.		Attachment S contains the information concerning facility *capacity. Suppliers proposal should assume 100% capacity.*
10	Please clarify if the current MOU with GSU, Argosy and Capella for doctoral practicums are MOUs with the GDC or with the current supplier?	Attachment Q - Questions and Answers Form, Question #235	The MOU's are with GDC.
19	There is a note at the end of the SOP Crosswalk for Dental Services that says “Do you wish to add an SOP for PREA.” Do you want the bidding supplier to address PREA in the scored questions? If so, please advise where in the document you would like this information.	SOP Crosswalk for Dental Services	SOP 208.06 for PREA has been uploaded to the RFP as attachment AA.
20	At the bidders conference it was referenced Staffing Plan at 95% per facility. Many dental clinics only employee 3 - 4 staff members. If one staff member is unfilled out of three this would drop the fill rate to 66%. We are requesting the fill rate for the dental vendor be calculated on a state wide basis by labor type (Statewide Dentists at 95%, Statewide Dental Assistants at 95% and all Statewide Hygienists be at 95%).	N/A	The 95% fill rate will be used as a perfomance measure and GDC maintains that they wish to maintain a 95% fill rate at facilities.

#	QUESTIONS	Referenced RFX Section	ANSWER
21	The performance bond requirement states an amount of no less than 25% of the annual total amount of the contract. We assume this would be the amount if one vendor were awarded both Mental Health and Dental. As Mental Health will have a significantly higher dollar amount of the award as compared to Dental, we respectfully request the Dental alone performance bond be lowered to 5% of contract award.	Attachment A, Page 13, 3.2, Bonds and/or Letter of Credit	The performance bond requirement will be no less than 25%. If two separate awards are made for this RFP, the performance bond will be expected from both suppliers at 25% of the dollar amount for the specified contract.

Supplier Q & A Template

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: **Georgia Department of Corrections**	Date: 03/22/2018
Issuing Officer: **Carrie Steele**	RFX Initially Posted to Internet: **12/29/2017**
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The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.

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#	QUESTIONS	Referenced RFX Section	ANSWER
1	Please provide a list of dental staff by title for each facility, indicating FTEs and fractions thereof so bidding suppliers can produce a responsive proposal and recommendations.	Attachment C Scope of Services Dental Attachment S	A dental staffing matrix has been posted as Attachment Z.
2	Has GADOC considered using Cerner's Electronic Dental Record (EDR) functionality to ensure a synergetic and all-encompassing Health Record in a single source system?	Attachment C – Scope of Services, Dental Health, page 5	GDC would consider vendor use of Cerner.
3	Please describe the Correctional Dental Software System. a) What information is entered and retrieved from this system? b) Will the current Correctional Dental Software System remain if a change of Vendor occurs? c) Whom enters and retrieves the information? Attachment C	Attachment C Scope of Work; Dental Hygienist; Documentation and Statistics, Page 8	These questions have been answered on previous questions: a) Smallwood is current dental software. This has already been answered. See Dental Dashboard. B) Unknown; GDC not opposed to changing vendor. c) Currently facility staff enter data and data is available to providers. GDC Dental Director retrieves aggregate and facility data.

#	QUESTIONS	Referenced RFX Section	ANSWER
4	For Clarification. Per Attachment C, page 5, #1 – The Dental vendor/supplier must provide an Electronic Dental Record. In addition, per Attachment C, page 6, Documentation and Statistics, the Dental vendor/supplier must provide an electronic tracking system. These are two different systems. In Attachment H, Revised Cost Proposal, does the dental vendor input the total cost of these two systems in Column B?	Attachment C	If the vendor identifies two system to use, yes. If one system can do both, then no.
5	Statewide, please provide the current average salaries for Dentists, Dental Assistants and Dental Hygienists?	N/A	GDC currently pays a flat fee for these services and is unable to speak to the average salaries.
6	First set of questions, #5, the GDC references “Please refer to NCCHC standard of 3.5 hours /week per 100 offenders”. This standard states one physician on site 3.5 hours a week for each 100 inmates housed in the facility. Also per the NCCHC standards, under definitions, the definition of a Physician is a designated MD or DO. It does not appear this standard applies to dental staffing, correct? If it does apply to dental staffing, please confirm that dentists and hygienists hours would count towards the calculation. Please clarify.	First set of Questions	That ratio would be reasonable for a dental provider ratio and can be used as a goal to support staffing model.
7	How many dentists, dental assistants and hygienists are currently staffed at each facility?	N/A	GDC does not expect vendore to recreate current staffing model.
8	With the first set off questions, several were answered with the response that “this question is pending” and the response would be posted a later date. When will these responses be posted?	First set of Questions	Round 1 Questions that were answered as “The respond to this question is pending and will be posted at a later date” will be posted by Wednesday, March 28th, 2018 at 5:00 pm.
9	Please provide a list of the 31 facilities with their current ADP.		Response to question will be provided by Wednesday, March 28th, 2018 at 5:00 pm.
10	Please clarify if the current MOU with GSU, Argosy and Capella for doctoral practicums are MOUs with the GDC or with the current supplier?	Attachment Q - Questions and Answers Form, Question #235	Response to question will be provided by Wednesday, March 28th, 2018 at 5:00 pm.

#	QUESTIONS	Referenced RFX Section	ANSWER
11	Having reviewed the posted contract between MHM and the GDC, with the 14th amendment commencing on July 1, 2017 the compensation is referenced at $32,352,319. Does this dollar amount include compensation for Dental? Either way, please provide the dollar per hour bill rate that MHM bills for Dentist hours, Dental Assistant hours and Dental Hygienists hours. MHM/GDC Contract	MHM/GDC Contract	Yes, Information is in Exhibit C in the MHM contract.
12	Having reviewed the posted contract between MHM and the GDC, there are attachments referenced that are missing. Please provide the dollar per hour bill rate that MHM bills for Dentist hours, Dental Assistant hours and Dental Hygienists hours.	MHM/GDC Contract	Yes, Information is in Exhibit C in the MHM contract.
17	Can the vendor use a $10 million excess liability policy to bridge the gap between a professional liability policy at $2 million and the required $3 million in the RFP in order to satisfy this RFP requirement?	*RFP Section 3.1, Standard Insurance Requirements*	Yes, the vendor may use a $10 million excess liability policy to bridge the gap between a professional liability policy at $2 million and the required $3 million in the RFP in order to satisfy this RFP
18	Please provide the date as to when the additional answers will be provided from questions submitted by Supplier's in Round 1 which were answered by GDC as, "The respond to this question is pending and will be posted at a later date".	General	Round 1 Questions that were answered as "The respond to this question is pending and will be posted at a later date" will be posted by Wednesday, March 28th, 2018 at 5:00 pm.
19	There is a note at the end of the SOP Crosswalk for Dental Services that says "Do you wish to add an SOP for PREA." Do you want the bidding supplier to address PREA in the scored questions? If so, please advise where in the document you would like this information.	SOP Crosswalk for Dental Services	Response to question will be provided by Wednesday, March 28th, 2018 at 5:00 pm.

#	QUESTIONS	Referenced RFX Section	ANSWER
20	At the bidders conference it was referenced Staffing Plan at 95% per facility. Many dental clinics only employee 3 - 4 staff members. If one staff member is unfilled out of three this would drop the fill rate to 66%. We are requesting the fill rate for the dental vendor be calculated on a state wide basis by labor type (Statewide Dentists at 95%, Statewide Dental Assistants at 95% and all Statewide Hygienists be at 95%).	N/A	Response to question will be provided by Wednesday, March 28th, 2018 at 5:00 pm.
21	The performance bond requirement states an amount of no less than 25% of the annual total amount of the contract. We assume this would be the amount if one vendor were awarded both Mental Health and Dental. As Mental Health will have a significantly higher dollar amount of the award as compared to Dental, we respectfully request the Dental alone performance bond be lowered to 5% of contract award.	Attachment A, Page 13, 3.2, Bonds and/or Letter of Credit	Response to question will be provided by Wednesday, March 28th, 2018 at 5:00 pm.
22	What is the current ratio of psychiatrist to mid-level psychiatric providers? Is it acceptable for an ARNP-CNS to do rounds for inmates within 24 hours of being admitted on weekends and holidays and within 24 hours of a restraint?	Attachment F, Page 5, Managing CSU Rounds	Currently, the ratio is approximately 1:7. It is not acceptable for Mid-level psychiatric providers to work an on-call rotation nor are they expected to cover ACU/CSU.
23	Please clarify. Regarding the delivery of substance abuse treatment; the substance abuse treatment that is to be delivered is only associated with the two ITFs. If not, please provide additional information as to what specific programs are to be provided and at which sites.	Attachment B – Scope of Services, Mental Health, page 39	The intensive delivery of substance abuse treatment occurs at the two ITFs. There is interest in also providing some delivery of substance abuse treatment within select Specialized Mental Health Treatment Units.
24	Please provide clarification as to what MH treatment/programming occurs at ASMP?	Attachment B – Scope of Services, Mental Health, page 58	ASMP Provides services for Level II - V. More specifically, Outpatient services, Supportive Living Unit services, Specialized Mental Health Treatment Unit services, Crisis Stabilization unit services.
25	What assessment tools are being utilized for intake and MH classification process at the Intake/Diagnostic facilities?	Attachment B – Scope of Services, Mental Health, page 16	All offenders receive a Mental Health screen - completed by a Mental Health Counselor or Behavior Specialist. If the screen is positive, indicating the need for further assessment, a Mental Health Evaluation is then provided by the same staff. Followed by an initial Psychiatric/Psychological Evaluation provided by a Psychologist or Psychiatrist.

#	QUESTIONS	Referenced RFX Section	ANSWER
26	Response to question # 299 indicates that a full list of MH positions by facility can be provided. Can you please provide?	Attachment Q - Questions and Answers Form, Question #299	Mental Health Positions by facility have been provided as Attachment Y.
27	What amount of discharge medications are being provided to offender at the time of release?	Attachment B – Scope of Services, Mental Health, page 12	A 30-day supply is provided to each offender at time of release.
28	In response to a question about GDC staff, there are MH Counselors, Activity Therapists, Clerical staff . The GDC noted that the positions will be "taken over" through attrition. If current State employees are allowed to remain working for the State, please confirm that the Supplier will not be be responsible to compensate the GDC for the state employees' compensation & benefits.	Attachment Q - Questions and Answers Form Question 267	Yes, the Supplier will not be responsible to compensate the GDC for the state employees' compensation & benefits.

Mental Health and Dental Health Services for Offenders

Client Reference Details

eRFP Number: ES-RFP-46700-415

Attachment R

Instructions: Complete a separate form for the current top three (3) clients (in terms of annual invoice totals). The State of Georgia and its attached entities not be used as a reference.

Name of Agency: **State:** **Primary Point of Contact, Name and Title:** **Email Address:** **Telephone:** **Service Type:** □ Mental □ Dental □ Both **Term of the Current Contract** (Start to End Date):
What is the size of inmate population for this contract?
How many of the Supplier's Recruiters provide full-time and direct support to this contract?
How many facilities are included in this contract?
How many consecutive years has Supplier held this contract?

	ASMP			
	Good	Fair	Poor	Good
Dental Chair w/ delivery system	3	2		3
Intraoral XRAY Unit	2			1
Panoramic XRAY Unit	1			
XRAY Film Processor	1			
Vacuum (suction) System	1			
Compressor	2			
Autoclave	1		1	
Amalgamator	1			3
Curing Light	2			1
Ultasonic Cleaner	1			1
Dental Lathe	1			1
Model Trimmer	1			
Vibrator	1			1
Ultrasonic Scaler	2			1
Scalers	83			33
Surgical Instruments (Elevators, Forceps)	500			127
Hand Held Instruments (High and Low Speed Motors)	14			
Computers and Printers				
Surgical Handpieces				
Low Motor Speed	4	1		1
High Motor Speed				
Contra Angle Handpiece	4			
Straight Nose Handpiece	7			
Operator Chair	3			
Dental Assistant Chair	5			
Stryker Base Unit	2			
Stryker Handpiece	5			
Attest Steam Incubator	1			
XRAY View Boxes		5		
XRAY Kits and Pieces				
CUDA Fiberoptics Portable Head Light	1	1		
Drager BP Monitor	2			
Dental Carts	3			

Autry SP		Baldwin SP			Calhoun SP			
Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good
		2			2		1	2
		1					1	1
1		1			1			
1			1			1		1
1		1			1			
	2	1				1		1
		1			1			1
				1	1			1
					1			1
		1			1			1
					1			
		1			1			1
		1						1
				8	5			28
		67						215
	26	129						14
						2		
						3		

Central SP		Coastal SP			Dodge SP			
Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good
		1	2		3			
		1				1		1
	1	1					1	1
		1			1			
1		1			1			1
		1			1			1
		2			1	1		
		1			1		1	
		1			1			1
		1						
			1					
				1	2			
		1			2			
		50			15			9
					77			7
					4			
					9			

Dooly SP		Georgia SP			GDCP			E
Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good
	3	3				1	1	
		1			2			1
							1	
			1		2			1
	1	1			1			
		1					1	1
		1			1			1
1		1			1	1		1
	1			1			2	1
			1			1		1
		1					1	
		1						
				1	1			
	1	1				2		
			66			18		3
		98			100			12
	5	309				12		117
								1
								2
						4		
						4		
							2	

Emanuel WF		Hancock			Hays SP			
Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good
1				3	2			3
			1		1			1
			1		1			1
1			1		1			1
				1	1			1
		1			1			1
		1			2			
		1			1			1
		1			1			
		1			1			
		1						
		1			1			
			1			1		
			9			6		67
			Numerous		41			79
			8		249			191
			2					
								2
								5

Johnson SP		LASP			Lee SP			
Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good
		4			1		1	
				2	1			1
		1						
		1					1	1
		1			1			
				1	1			
			1		1			1
2		3				1		
		3					1	1
1		1			1			1
					1			1
		1						1
1		1			1			1
	1	1			1			
		59						
		342			98			2
			25		196			4
2	2							

Macon SP		Montgomery SP			Phillips SP			
Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good
	3		2				2	3
		2					1	1
		1			1			
1		1			1			
1		1				1		1
		1			1			
	1	1				2		1
		1			1			1
		1			1			1
						1		1
					1			
1		1			9			2
1		25			26			12
		49			64			119
				6				
						11		
						7		

Pulaski SP		Rogers SP			Rutledge			
Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good
		2			1			3
		1			1			1
	1	1			1			
	1	1			1			
		1			1			1
	1	1				1		1
		1			1			1
		1			1			
		1			1			1
								1
		1						
1		1						1
		1			9			2
		30			3			
		75			52			
	4	216			80			
					19			

Smith SP		Telfair SP			Valdosta SP			
Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good
			3		1			2
			1		1			1
							1	
	1			1		1		2
1				1				
			1			1		
			1				1	2
			1		1			1
	1		1		1			2
			1		1			2
							1	
							1	1
				1	1			
	30		6			10		
numerous			44			36		163
	10		2		66			4
							2	

Ware SP		Washington SP			
Fair	Poor	Good	Fair	Poor	**Total**
	1	1	1	1	70
			1		31
					4
				1	29
1			1		26
1			1		28
			1		30
		1			37
				1	33
				1	27
		1			16
		1			10
		1			23
1		1			46
20				50	672
			102		2469
	1		18		1706
					2
					4
1	2				31
6	3				35
					8
					11
					3
					5
					2
					5
					1
					5
					19
					2
					2
					5

Attachment S

Facility Capacity for Dental Health Staffing Matrix

The purpose of this document is to provide facility capacity informationy to assist in creating services. Facilities that do not have dental units onsite transport inmates to nearby facilities (dental unit.

Institution	Location	Facility has Dental unit (Yes/No)	Catchment Location
ARRENDALE STATE PRISON (LASP)	Alto,Ga.	Yes	
ASMP	Augusta, Ga	Yes	
AUTRY STATE PRISON	Pelham, Ga.	Yes	
BACON DETENTION CENTER (to Ware)	Alma, ga.	No	Ware
BALDWIN STATE PRISON	Hardwick, Ga	Yes	
BLECKLEY PDC (to Pulaski)	Cochran, GA.	No	Pulaski
BURUSS	Forsyth, Ga	Yes	
CALHOUN STATE PRISON	Morgan, Ga	Yes	
CENTRAL STATE PRISON	Macon, Ga.	Yes	
CH COLWELL DETENTION CENTER (to Phillips)	Blairsville, Ga.	No	Phillips
CLAXTON PDC (to Emanuel WF)	Claxton, Ga.	No	Emanuel WF
COASTAL STATE PRISON	Garden City , Ga.	Yes	
COLUMBIA REGIONAL (go to ASMP)	Columbia, SC	No	ASMP
DODGE	Chester, Ga	Yes	
DOOLEY	Unadilla,Ga.	Yes	
EMANUEL PDC (to Rogers)	Twin City,Ga	No	Rogers
EMANUEL WOMENS FACILITY	Swainsboro, Ga.	Yes	
GA DIAGNOSTIC CLASSIF PRISON	Jackson, Ga	Yes	
GEORGIA STATE PRISON	Reidsville, Ga	Yes	
HANCOCK SP	Sparta, Ga.	Yes	
HAYS STATE PRISON	Trion, Ga.	Yes	
HELMS (go to LASP or ASMP)	Atlanta, Ga.	No	Arrendale
JOHNSON STATE PRISON	Wrightsville, Ga	Yes	
LEE STATE PRISON	Leesburg, Ga	Yes	
LONG UNIT SP	Ludowici, Ga.	No	Smith
MACON	Macon, Ga.	Yes	
MCEVER DETENTION CENTER (To CSP)	Perry, Ga.	No	Central
METRO SP	Atlanta, Ga.	Yes	
MONTGOMERY SP	Mt. Vernon, Ga.	Yes	
PATTEN DETENTION CENTER (to VSP)	Lakeland, Ga.	No	Valdosta
PHILLIPS STATE PRISON	Buford, Ga.	Yes	
PULASKI STATE PRISON	Hawkinsville, Ga	Yes	
ROGERS STATE PRISON	Reidsville, Ga	Yes	
RUTLEDGE STATE PRISON	Columbus, Ga.	Yes	

SMITH STATE PRISON	Glenville, Ga	Yes	
TELFAIR	McRae, Ga.	Yes	
TREUTLEN DETENTION CENTER (To Montgomery SP)	Soperton, Ga.	No	Montgomery
VALDOSTA STATE PRISON	Valdosta, Ga	Yes	
WALKER SP	Rock Springs, Ga.	No	Hays
WARE	Waycross, Ga.	Yes	
WASHINGTON STATE PRISON	Davisboro, Ga,	Yes	
WHITWORTH (to LASP)	Hartwell, Ga	No	Arrendale
WILCOX	Abbeville, Ga	Yes	
Grand Total			

Standard Operating Procedures Cross Walk

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: **Georgia Department of Corrections**	Date: **2/13/2018**
Issuing Officer: **Carrie Steele**	RFX Initially Posted to Internet: **12/29/2017**
eMail Address: **carrie.steele@doas.ga.gov**	Telephone: **4044635556**

The purpose of this document is to provide a crosswalk between SOP Numbers and Reference Number. Please use as a reference to locate desired SOP.

SOP #	Subject	Reference Number
VH65-0002	Regional Dental Directors	
VH66-0001	Guidelines for Dental Treatment	
VH66-0004	Dental Radiographic Services	
VH67-0001	Dental Screening, Examinations and Profiling	
VH67-0002	Dental Treatment Priorities	
VH67-0004	Entering Dental Data in the Physical Health Records	
VH68-0001	Refusal of Dental Treatment	
VH68-0002	Infection Control Precautions	
VH69-0003	Auditing the Dental Unit	
VH69-0004	Interview for Dental Cadidaes	
VH69-0005	Peer Review	

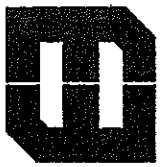
SOP #	Subject	Reference Number

Notes: Do you wish to add and SOP for PREA

Standard Operating Procedures Cross Walk

The purpose of this document is to provide a crosswalk between SOP Numbers, Reference Number, and Subject Name. Please use as a reference to locate desired SOP.

SOP #	Subject	Reference Number
104.48	Appearance and Dress	IVO14-0005
104.59	Alcohol and/or Drug Testing Notification	IVO15-0011
104.58	Alcohol/Drug and CDL Drug Testing Log	IVO15-0013
205.09	Acknowledment	IIAO7-0011
VB03-0003	Residential Substance Abuse Treatment Programs	*n/a*
104.47	Georgia Department of Corrections Employee Standards of Conduct Acknowledgement Statement	SOPIVO14-0001
507.04.12	Telemedicine	*VH17-0003*
508.01	MH/MR Organization and Administration	VG01-0001
508.08	Staff Development and Training	VG17-0001
508.15	MH/MR Evaluations	VG31-0001
508.19	MH/MR Referral and Triage	VG35-0001
508.23	Treatment of Inmates/Probationers in a Behavioral Therapy Unit(BTU)	VG57-0001
508.24	Psychotropic Medication Use Management	*n/a*
507.01.12	Continous Quality Improvement and Peer Review	VH03-0002
VH54-0006	Training for Health Care and Correctional Personnel Regarding Communicable Diseases	*n/a*
VH54-0008	Tuberculosis Screening and Correctional Personnel	*n/a*



MHM SERVICES, INC.

MHM Correctional Services, Inc.

Georgia Office:
3200 Pointe Parkway
Suite 100
Norcross, GA 30092
(800) 729-1601

Proposal to the Georgia Department of Corrections for:

Mental Health Services

Submitted: August 1, 1997

PROPOSAL

For the delivery of mental health services and medication utilization management services to the Georgia State Prison System in accordance with the policies, procedures, and mission of the Georgia Department of Corrections.

1.0 PROPOSAL STATEMENT

MHM Services, Inc., through its wholly owned subsidiary known as ***MHM Correctional Services, Inc. (MHM)*** proposes to serve as a *sole-source* vendor for qualified mental health professionals to provide defined treatment and evaluative services and medication utilization management services, at the Department's discretion, under a contractual agreement with the Georgia Department of Corrections (the Department). MHM will recruit, credential, and retain qualified professionals and serve as the "employer" of the professionals, paying all related statutory benefits and income taxes, and make available the professionals to the Department through a contractual agreement.

As part of the proposal, MHM commits to providing services in accordance to the standard operating procedures and mission of the Department, as well as within the directives of the National Commission on Correctional Health Care (NCCHC) as they may apply. Adherence to these policies and standards assures overall compliance in an effort to reduce liability and potential litigious actions being taken against the Department. MHM perform all human resource functions associated with the delivery of qualified professionals as further outlined in this proposal. The program will include an evaluation process as outlined later in this proposal to assure quality of services, program integrity, and overall client satisfaction.

2.0 OFFEROR'S QUALIFICATIONS

MHM, due to its history as a mental health management company and its statewide presence in Georgia, is uniquely qualified to deliver the wide-scale on-site mental health services to prison facilities as required by this project (see company profile and organizational history, **exhibit 1**). The company has nearly two decades experience as a national leader in delivering mental health and medical specialty services in a variety of patient care settings including prisons, medical surgical hospitals, psychiatric

hospitals, nursing facilities, outpatient settings, and schools. The company presently provides a number of medical and mental health services under contractual agreements with hundreds of healthcare facilities nationally and operates three (3) large scale state government healthcare programs:

Tennessee Prison Mental Health Services Program: MHM is presently under contract with the Tennessee Department of Corrections to provide for psychiatrists, psychologists, and medication utilization and management services to twenty-two (22) state prison facilities in Tennessee. The program calls for MHM to deliver comprehensive psychiatric and psychological services in compliance with the state's policies and procedures for mental health (see copy of Tennessee contract **exhibit 2**). In this program, MHM was able to rapidly recruit and retain sufficient professionals to provide required services. Additionally, MHM is working with the state of Tennessee on a number of quality assurance and outcomes measurement protocols to improve the effectiveness of the state's mental health program. The program is funded under a capitated, "pmpm", reimbursement methodology based on the average daily census of the state's facilities.

Georgia Medicaid Nursing Home Mental Health Program: MHM, through its wholly owned subsidiary known as MHM Extended Care Services, Inc. d/b/a "HCI Services" is presently under contract with the Georgia Department of Medical Assistance (DMA), the State's Medicaid authority, to provide on-site mental health services to over 300 nursing homes statewide (see copy of contract, **exhibit 3**). This program required that MHM rapidly develop a statewide network of over seventy (70) professionals to provide services to virtually every nursing facility in Georgia. Treatment services provided include: psychiatric care, individual/group psychotherapy, skills training, crisis intervention, and behavioral change interventions. The program is funded under a capitated case-rate reimbursement methodology based on the number of residents referred for treatment services.

Delaware Prison Dental Services Program: MHM is under contract in the state of Delaware to provide on-site dental services to the Delaware Department of Corrections under a capitated rate structure (see copy of Delaware contract, **exhibit 4**).

MHM's background in successfully providing large scale on-site managed mental health programs, in addition to its current statewide presence in Georgia, uniquely qualifies the company to effectively deliver mental health services to inmates of the Georgia correctional system while controlling costs and increasing the consistency of mental health services.

The company's size and financial position enable it to adequately develop the necessary staff and infrastructure to initiate and deliver the services required.

3.0 PROGRAM PROPOSAL

3.1 Program Policies and Procedures Statement

All proposed mental health services as outlined in this proposal will be delivered in conformance with ALL Department standard operating procedures as they may be amended from time to time.

3.2 Program Services

MHM will provide for mental health services to Georgia prison inmates to include psychotropic medication utilization management. MHM will provide for qualified, trained, and Georgia licensed psychiatrists, psychologists, and masters level providers as further outlined in the Staffing Plan below.

3.2.1 Psychiatry Services

As required by the Department's policies and procedures for mental health services, psychiatrists will provide the following services:

3.2.1.2 Medication Management: Psychotropic medication management services will be provided by qualified psychiatric physicians in accordance with SOP VG01-0015. Face-to-face evaluative services for inmates on psychotropic medications will be conducted at such intervals as outlined in the SOP's for Mental Health.

3.2.1.3 Diagnostics/Evaluations/Emergency Evaluations: Psychiatrists will perform routine and emergency evaluations in response to referrals or requests as outlined in SOP's VG01-0005 and VG01-0006. Psychiatrists will provide evaluative and diagnostic services to referred inmates according to current DSM criteria and as such criteria may be amended or modified from time to time.

3.2.1.4 Making Rounds (Level V Crisis Stabilization Units and Acute Care Units): Psychiatrists will make rounds and perform face-to-face clinical services to patients in Level V Crisis Stabilization Units and in Acute Care Units in accordance with Department SOP's.

3.2.1.5 Meeting Attendance/Participation: Psychiatrists will attend and actively participate in clinical and administrative meetings (i.e. administrative meetings, treatment habilitation planning, QA, MH/MR staffings, and community meetings) as outlined in the SOP's and as may be additionally required by the Department.

3.2.1.6 Consultation: Psychiatrists will be available and receptive to facility mental health and administrative staff for consultation. The quality assurance process will include facility input as to the receptivity and availability of psychiatrists for consultation.

3.2.1.7 Charting/Documentation: Psychiatrists will document according to the Department's policies and standards, utilize the Department's forms and protocols for documentation, and will be required to write legibly in all documentation and correspondence.

3.2.1.8 24-Hour Availability: MHM will provide for 24-hour coverage and availability of psychiatrists through an on-call protocol. Psychiatrists will be required to be responsive to "calls" from their assigned facilities on a 24-hour basis. Psychiatrists will be equipped with digital pagers with a voice mail and numeric paging feature at all times. Secondary, or "backup" coverage will be provided through an on-call rotation of regional psychiatrists. MHM will continuously review on-call procedures with each facility to ensure facilities are informed as to the procedures for accessing on-call providers.

3.2.1.9 Clinical Recommendations: Psychiatrists will provide written clinical recommendations and findings as requested and assist in the referral and transfer of inmates to alternative facilities as required. Psychiatrists will openly communicate clinical information and hold dialogue with mental health personnel at receiving facilities regarding reasons for transfer and clinical status of inmates being transferred.

3.2.1.10 Clinical Supervision: Psychiatrists will be available on a regularly scheduled basis as part of their routine visits to facilities to perform clinical supervisory services and/or consultation to mental health nurses, institutional psychological examiners, mental health program specialists, alcohol and drug counselors, interns, students, and health care staff.

3.2.1.11 Staff Inservice/Training: Psychiatrists will participate in training and educational inservice programs for facility staff and

allied health professionals on a regular basis or as otherwise requested by the Department. Program topics may include:

- **Early detection of potential mental health problems**
- **Crisis intervention/suicide precaution programs**
- **Psychotropic Medications**
- **Techniques for management of mentally ill inmates**

3.2.1.12 Participation in CQI and UR Programs: Psychiatrists will participate in the Department's Continuous Quality Improvement (CQI) and Utilization Review (UR) Programs.

3.2.1.13 Unique Services: Psychiatrists will provide clinical services unique to the missions of the facilities and the MH/MR program.

3.2.2 Psychological Services

As required by the Department's policies and procedures for mental health services, psychologists will provide the following services:

3.2.2.1 Individual/Group Psychotherapy: Psychologists will provide individual and group psychotherapy services to inmates referred for such services. Psychologists will also provide consultation services to Department mental health staff providing individual and group therapy as may be requested by the Department.

3.2.2.2 Program Oversight: Psychologists will provide program oversight to the SLU contingency management/unit incentive program.

3.2.2.3 Diagnostics/Evaluations/Psychological Testing: Psychologists will provide evaluative and diagnostic services to referred inmates according to current DSM criteria and as such criteria may be amended or modified from time to time. Psychologists will complete written psychological evaluations in a timely fashion according to Department policy. Psychologists will administer score and/or interpret psychological testing.

3.2.2.4 Clinical Supervision: Psychologists will be available on a regularly scheduled basis as part of their routine services to facilities to perform clinical supervisory services and/or consultation to institutional mental health staff, counselors, behavior specialists, interns, students, etc.

3.2.2.5 Emergency Evaluations/Crisis Intervention/24-Hour Availability: MHM will provide for 24-hour coverage and availability of psychologists through an on-call protocol. Psychologists will be available to provide crisis intervention services as may be required according to Department policy. Psychologists will be required to be responsive to "calls" from their assigned facilities on a 24-hour basis. Psychologists will be equipped with digital pagers with a voice mail and numeric paging feature at all times. Secondary, or "backup" coverage will be provided through an on-call rotation of regional psychologists. MHM will continuously review on-call procedures with each facility to ensure facilities are informed as to the procedures for accessing on-call providers.

3.2.2.6 Meeting Attendance/Participation: Psychologists will attend and actively participate in clinical and administrative meetings (i.e. ITP staffings, SLU community meetings, administrative meetings, treatment team, QA, MH/MR staffings, and community meetings) as outlined in the SOP's and as may be additionally required by the Department.

3.2.2.7 Clinical Recommendations: Psychologists will provide written clinical recommendations and findings as requested and assist in the referral and transfer of inmates to alternative facilities as required. Psychologists will openly communicate clinical information and hold dialogue with mental health personnel at receiving facilities regarding reasons for transfer and clinical status of inmates being transferred.

3.2.2.8 Staff Inservice/Training: Psychologists will participate in education/inservice programs for facility staff and allied health professionals on a regular basis or as otherwise requested. Suggested training and inservice topics may include:

- **Early detection of potential mental health problems**
- **Crisis intervention/suicide precaution programs**
- **Stress Management, Burnout prevention**
- **Psychological Testing**
- **Inmate Management**

3.2.2.9 Charting/Documentation: Psychologists will document according to the Department's policies and standards, utilize the Department's forms and protocols for documentation, and will be required to write legibly in all documentation and correspondence.

3.2.2.10 Data Collection/Interpretation of Monthly Statistical Reports: Psychologists will collect data and provide for interpretation of monthly statistical reports as may be requested by the Department.

3.2.2.11 Participation in CQI and UR Programs: Psychologists will participate in the Department's Continuous Quality Improvement (CQI) and Utilization Review (UR) Programs.

3.2.2.12 Unique Services: Psychologists will provide clinical services unique to the missions of the facilities and the MH/MR program.

3.2.3 Backup Coverage

MHM will provide for sufficient numbers of psychiatrists, psychologists, and masters level professionals to meet the service needs of each facility. Additional clinicians will be retained in each region of the state to adequately maintain a consistent level of service during periods of increased service demand/referrals, and to provide coverage for program clinicians who are on leave due to illness, vacation, etc. MHM is well aware of the service needs of the facilities and the critical importance of maintaining a full and consistent staff at all times to guarantee that no lapse in services will occur and to ensure adherence to Department policies and procedures for services.

3.2.4 Psychotropic Medication Utilization Review and Management Program

MHM will provide psychotropic medication utilization and management services as an integral component to the overall program. MHM will establish medical leadership and pharmacological consultation services in order to review psychotropic medication utilization.

Ongoing Reviews: MHM will conduct ongoing reviews of all prescribing psychiatrists to ensure compliance and consistency with the Department's guidelines for prescribing psychotropic medications and adherence to the Department's formulary.

Pharmacy and Therapeutics Committee: MHM will serve as a voting member on the Department's Pharmacy and Therapeutics Committee. MHM will utilize this opportunity to assist the Department in policy and procedure development for the use of psychotropic medications and the ongoing review of the Department's formulary.

4.0 STAFFING PLAN

The success of the proposed program is largely dependent on the quality, competence, character, and performance of the clinical and administrative staff involved in the delivery of services. MHM has a demonstrated ability to rapidly recruit, train, activate, and subsequently retain a staff of qualified professionals to implement a wide-scale mental health services program.

4.1 Full-time vs. part-time staff: To increase the overall level of dedication of the clinical staff to meeting the mental health service needs of the Department and to increase the *consistency* of services statewide, MHM plans to hire professionals on a full-time vs. part-time basis whenever possible. This will reduce outside distractions (i.e. private practice) common to part-time providers from interfering with the clinicians' ability to provide services, and ensure services are delivered in the most uniform and consistent manner as required by state policy.

Professionals will work *in concert* with existing Department mental health and medical professionals and other contract entities in the provision of mental health services. MHM professional staff will receive frequent and ongoing inservice education on the importance of delivering services in a consistent manner, working within the correctional environment, and effective communication with other health care professionals.

4.2 Relationship to Clinicians: To comply with current IRS regulations, MHM proposes to enter into employment arrangements, wherever possible, with program professionals offering salaried compensation and a traditional benefits package. To provide for necessary backup coverage on an as-needed basis, MHM may independently contract with regional providers in accordance with IRS regulations to be available for periodic coverage and service provision during periods of excessive demand for services, unexpected absences by employed providers, and other emergency staffing situations that may arise.

4.3 Organizational Structure: MHM professionals will be accountable to the client hierarchy as described in SOP VG001-0001.B.3, "Organizational Structure of Facility MH/MR Units".

4.3.1 Regionalization: MHM will adopt the geographic regions established by the Department to regionalize the statewide program and for the establishment of clinical coverage areas. Sufficient clinical and administrative staff will be retained in each region to deliver services as outlined in this proposal and as set forth in the Department's standard operating procedures.

4.3.2 Staff Composition: The program will be implemented by a staff of qualified clinical (psychiatrists, psychologists, and masters level professionals) and administrative professionals geographically located throughout the state. The program will establish leadership as well as core clinical staff positions in sufficient numbers in each region to fill the service and outcomes requirements of the Department (see table below).

Staff Composition

Staff Category	Position	Function
Leadership	Project Director	Overall Program Performance
	Medical/Clinical Directors	Clinical Integrity
Core Clinical Staff	Psychiatrists	Service Provision
	Psychologists	Service Provision
	Masters Level Clinicians	Service Provision
Administrative Support Staff	Human Resources	Recruitment, Benefits, Retention
	Quality Assurance	Program Evaluation/Outcomes Monitoring
	Administrative Assistants	Clerical Support, Data/Documentation Management, Materials Management

4.3.3 Recruitment/Credentialing: MHM will utilize a recruitment and credentialing process to identify those professionals capable of meeting the demands of an on-site mental health services program in the correctional setting. All applications and credentials will be made available to the Department and MHM will relinquish to the Department all right and authority to refuse and/or terminate applicants whose credentials are insufficient to the Department or whose service to the Department is unsatisfactory.

MHM plans to initially offer positions to existing providers provided such persons have all required licenses and are legally able to accept a position. MHM shall not hire or retain professionals whose credentials are insufficient to the Department or whose prior service to the Department was unsatisfactory. MHM will adhere to all regulations and standards as set forth by the EEOC, ADA, IRS, and the Georgia Department of Labor.

MHM will perform the following functions as it relates to the credentialing of program professionals (see table next page).

Credentialing

Credentialing Procedures
Procure and verify copies of the following as they apply: professional's state license(s), academic diplomas, internship certification, residency certification, board certification, curriculum vitae, Drug Enforcement Agency certification, and other certifications presented by applicants.
Request and make contact with references provided.
Verify previous experience/employment.
Conduct criminal background checks.

4.3.4 Program Director: MHM will establish a position for a full-time Program Director with overall responsibility for this program. The Program Director will reside in the Atlanta area and be based out of MHM's Atlanta area office in order to facilitate consultation and service coordination with the Department's Director of Mental Health and other State officials as may be necessary.

The proposed qualifications for the position will include a Master's degree or higher in a human services related field, at least five years progressive management experience in healthcare, and total working knowledge of the correctional environment. The Program Manager will be required to posses full understanding of the Department's Standard Operating Procedures and be charged with delivering a statewide consistent level of services, serving as the main point of contact for the State on issues related to the program. MHM shall not hire or retain a Program Director whose credentials are insufficient to the Department or whose service to the Department is unsatisfactory.

4.3.5 Psychiatrists: MHM will recruit and retain only Georgia licensed physicians who are board eligible or board certified in psychiatry. Psychiatrists with experience and training in forensic psychiatry will be preferred.

4.3.6 Psychologists: MHM will recruit and retain only Georgia licensed clinical psychologists. Psychologists with experience and training in forensic psychology will be preferred.

4.3.7 Masters Level Providers: MHM will recruit and retain only Georgia licensed masters level professionals (i.e. Licensed Clinical Social Workers, Licensed Master Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists).

4.3.8 Levels of Staffing: MHM will provide for sufficient staff to meet or exceed the Full Time Equivalency (FTE) ratios set forth in SOP VG01-0001 (see table below).

Minimum Staffing Levels

Discipline	Full Time Equivalency Ratio
Psychiatry	1 FTE per 150 patients (male programs, Levels II, III, IV)
Psychiatry	1 FTE per 100 patients (female programs, Levels II, III, IV)
Psychology	1 FTE per 150 patients (male programs, Levels II, III, IV)
Psychology	1 FTE per 100 patients (female programs, Levels II, III, IV)

5.0 MANAGEMENT PLAN

Key to the success of the program is the productivity of the clinical staff and the overall satisfaction of the facilities with the services provided.

5.1 Leadership: MHM will establish program leadership through a designated Program Director supported by designated Clinical Directors (licensed psychiatrist and psychologist) all with experience and expertise in the area of delivering specialty mental health services in the correctional environment.

5.2 Expectations/Productivity Standards: Service expectations will be clearly defined in writing and communicated to each applicant. Productivity standards will be based on reasonable service volumes taking into consideration the unique security issues of delivering mental health services in the correctional environment.

5.3 Scheduling: Clinical service visits by professional staff will be scheduled in advance and published on a monthly basis or as otherwise required by the Department. Schedules will be developed for each facility served indicating the name and credentials of clinical service providers and the dates and times of service. Schedules will be provided to each facility on a monthly basis prior to the beginning of each new month. Professionals will be designated to each facility to maintain consistency of services and continuity of care. Facilities will have the advantage of routinely working with the same professionals.

MHM will work with each facility to establish regularly scheduled days and times for routine visits for professionals to provide services to referred inmates. Unscheduled or crisis response visits will occur according to Department policy.

5.4 Communication Plan: The quality, frequency, and content of the communication with field professionals is recognized to be an integral component to the success of any on-site health services program. MHM will

implement a program of ongoing, planned, effective communication with field professionals to ensure the program's objectives are understood by professionals and ultimately attained. Additionally, program staff will be required to carry digital paging and voice mail pagers. Planned communication will occur via several methods (see table below).

Communication Methods

Type of Communication	Planned Frequency
Directive, advisory, and informational memorandums.	Routinely, at least 1 per month.
Regional Team Meetings	Monthly
1:1 Conferences with professional staff	Monthly
Program Management Teleconferences	Weekly
Clinical Psychiatry Teleconferences ("Roundtables")	Weekly
Clinical Psychology Teleconferences ("Roundtables")	Weekly

5.5 Management Goal: Management will operate the program with the goal in mind of not only delivering services in the most efficient manner, but with the goal of establishing a professionally rewarding experience for the staff of the program. Retention of quality staff is recognized to be integral to the attainment of the program's goals for consistency and will be a priority of the program's management and a point of measurement for the program's internal quality evaluation component described later in this proposal.

6.0 SERVICE DELIVERY

MHM fully understands the purpose of this program is to provide for professional level mental health clinicians to complement the existing state employed mental health personnel and to increase the overall statewide consistency of services delivered. As indicated in the staffing plan above, professionals will be regularly scheduled to visit each facility on a routine basis as coordinated with the staff of each facility. Professionals will work under the direction of the mental health program leadership at the Department and facility level and will serve in leadership roles as may be requested by the Department.

6.1 Inmate Referrals: Psychiatrists and psychologists will receive referrals in accordance with the Department's Mental Health Referral and Triage Process, SOP VG01-0005, and perform evaluations and treatment services as outlined in SOP VG01-0006.

6.2 Treatment Planning: Psychiatrists and psychologists will actively participate as requested in the effective treatment planning for referred inmates according to SOP VG001-0007.

7.0 PROGRAM/STAFF EVALUATION (Quality Assurance and Improvement)

7.1 Participation in Department's CQI Program

As part of this proposal MHM will actively participate in the Department's Continuous Quality Improvement Program for MH/MR Services as outlined in SOP VG01-0027 as it relates to the monitoring of the following key program components:

GA - DOC Continuous Quality Improvement Review Areas
Accessibility to services
Timeliness of services
Effectiveness of services
Continuity of services
Efficiency of services

Program administrative and professional staff will attend and actively participate as members of the various institutional CQI and UR committees.

7.2 Internal CQI Program

Additionally, MHM proposes to implement as an integral component to its service delivery an internal program of Continuous Quality Improvement as it relates to performance issues in providing clinical staff to the Department. Review areas will include:

MHM Services Additional Program Continuous Quality Improvement Review Areas
Quality of individual staff performance
Quality of clinical documentation
Efficiency and effectiveness of workflow
Complaint resolution
Facility/client satisfaction
Human Resources

7.2.1 CQI Program Oversight: The continuous quality improvement program will be operated under the direction of the company's quality improvement committee. The committee will be charged with the implementation of the CQI program under the following guidelines:

7.2.1.1 Committee Make-Up: The committee is made of the following members and chaired by the QA Coordinator:

- **QA Coordinator (Committee Chair)**
- **Program Director**
- **Program Medical/Clinical Director(s)**
- **Invitee: Representative from Ga. DOC**

7.2.1.2 Committee Meetings: The committee will meet monthly on a designated business day within the first ten business days of each new month (i.e. "first Wednesday"). A quorum of greater than 50% membership must be present to constitute a meeting. The QA coordinator will chair the meeting and arrange for the recording of minutes. At each meeting the committee will address the following standing agenda of issues and reports **(see table next page).**

QA Committee Meeting Standing Agenda

QA Committee Meeting Standing Agenda Items
Call to order, sign-in of attendees
Approval of minutes from prior meeting
Old Business
Professional Review Reports: Review findings from formal ongoing review of professionals and determine necessary actions and communications to professionals.
Facility Satisfaction Review: Review surveys of facility satisfaction, complaint resolution, and other program issues raised by facility personnel.
Program Review: Identify and address any needed changes to program procedures/processes.
New Business

7.2.2 Review Process/Method: The process of reviewing the various clinical and structural components of the program will involve both qualitative and quantitative analysis. Specific review instruments will be designed for each aspect of the program in order to document the outcome of the review and to enable the comparative measurement of improvement in the program over time. The review process will focus on the following clinical and process oriented areas **(see table following page).**

Internal CQI Review Areas

Area	Review Items
Quality of individual staff performance	• Professional conduct • Attendance/dependability • Responsiveness • Performance of duties
Quality of clinical documentation	• Thoroughness • Legibility • Professional content • Timeliness
Efficiency and effectiveness of workflow	• Communications • Information systems • Data processing
Complaint resolution	• Recording • Follow-up • Trends identification
Facility/client satisfaction	• Surveys of facilities • Patient surveys
Human Resources	• Staff turnover • Job satisfaction • Risk management

8.0 "CUSTOMER"/CLIENT SERVICE ISSUES

MHM recognizes the uniqueness of the inherent dynamics of each correctional facility and proposes to incorporate the development of positive working relationships with the leadership (wardens, program directors, etc.) of each facility into the overall program. Professionals will receive documented ongoing inservice education on the development of positive relationships with facility staff and effective communication skills.

9.0 OTHER SERVICES/ACTIVITIES

In addition to the services listed above, MHM also proposes to:

- Attend/host meetings, make presentations, and receive outside reviewers and other interested persons as requested by the Department.
- Assist in the development of policies at each facility as they pertain to the responsibilities of the mental health services program.
- Conduct or participate in the development of research studies as may be requested by the Department.

* * * * *

End of Proposal

Exhibit "A"

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Functional Area: MR SERVICES	Reference Number: VG01-0001	Revises Previous Effective Date: 4/28/98
Subject: MH/MR ORGANIZATION AND ADMINISTRATION	DRAFT	
Authority: WETHERINGTON\RYAN	Effective Date: 10/1/99	Page 1 of 11

I. POLICY:

It is the policy of the Georgia Department of Corrections that a system be in place to facilitate the effective and efficient delivery of treatment services to the seriously mentally ill/mentally retarded inmate/probationer. Central Office MH/MR administration is charged with the responsibility of providing oversight, support, and technical assistance to the facility-based MH/MR programs, which in turn are charged with the responsibility of providing mental health and mental retardation services to the seriously mentally ill and mentally retarded inmate/probationer. Both Central Office and facility based MH/MR programs operate in compliance with GDC Mental Health/Mental Retardation Standard Operating Procedures.

II. APPLICABILITY:

This policy is applicable to all State, County, and Probation facilities under GDC management that house MH/MR inmates/probationers.

III. RELATED DIRECTIVES:

A. ACA Standards: 2-4237, 2-4294.
B. GDC MH/MR SOPs: VG01-0001 - VG01-0032

IV. DEFINITIONS:

MH/MR Program Clinical Director: A licensed mental health clinician hired by the vendor and approved by the Warden, MH/MR Unit Manager and Statewide MH/MR Program Supervisor and/or the GDC Director of Health Services to provide clinical direction and oversight to the facility's MH/MR program.

V. ATTACHMENTS:

None.

VI. PROCEDURE:

A. Central Office MH/MR Services Administration

1. Central Office MH/MR Services under the direction of the State MH/MR Program Supervisor, is responsible for developing, implementing, and overseeing a comprehensive system of mental health/mental retardation services to treat the seriously mentally ill and mentally retarded inmates/probationers in accordance with GDC policy and procedures and professional standards of care.

2. The Central Office MH/MR Services Administration will manage, coordinate and monitor the state wide GDC mental health budget. Resources will be allocated to MH/MR facilities based on identified MH/MR needs and facility MH/MR missions. Staff will include but not be limited to a MH/MR Program Supervisor, chief psychiatrist and a masters level psychiatric nurse.

3. The hiring authority for all MH/MR non-vendor clinical consultants will be the State MH/MR Program Supervisor. Hiring of all facility consultants will be done in coordination with the institutional Warden/Superintendent and MH/MR Unit Manager.

4. Central Office MH/MR Services Administration will develop, implement and monitor a state wide MH/MR Continuous Quality Improvement program to ensure: (a) the MH/MR service delivery system is operational and is operating in accordance with MH/MR Standard Operating Procedure, (b) an appropriate level of care is being provided, (c) resources are being well-utilized and (d) needs are being identified and addressed.

5. Central Office MH/MR Services Administration will provide an advisory function through the appropriate chain of command to GDC officials at all levels to keep them apprised of any problems or needs within MH/MR Services. Officials will include but not be limited to: GDC's Commissioner; State Health Services Director; Facilities' Division Director; Operations Support Director; Human Resources' Division Director; Programs' Director;

Regional Directors; Wardens/ Superintendents; and other administrators as required.

6. Central Office MH/MR Services Administration will be responsible for establishing appropriate liaison with other agencies and organizations whose activities affect the delivery of MH/MR programs in the correctional system.

B. Organizational Structure of Facility MH/MR Units

1. The delivery of MH/MR services within the correctional system will be in accordance with standards, policies and procedures established by the Central Office Mental Health Services Administration and contained in state wide MH/MR Standard Operating Procedures and in MH/MR protocols.

2. Organizationally, MH/MR Programs will come under the direct operational authority of the Deputy Warden for Care and Treatment at the facility level. MH/MR Unit Managers will be administratively supervised by the Deputy Warden for Care and Treatment and will receive clinical oversight and supervision from an on-site clinical director. Annual performance appraisal reports will be conducted by the Deputy Warden of Care and Treatment. On-going documentation will be submitted by the clinical director to assist the Deputy Warden for Care and Treatment write the annual performance appraisal report. The Deputy Warden for Care and Treatment will also receive from the State MH/MR Program Supervisor and/or designee an annual program compliance audit report which can be used to assist in writing the MH/MR Unit Manager's performance appraisal report.

3. For MH/MR Units where MH/MR staff are hired by a vendor contracted through GDC, the organizational structure will be the same as above. The vendor will have administrative oversight and will hire subcontract employees. Central Office MH/MR Services Administration will be involved in the interviewing and selection process of the MH/MR Unit Director positions with the State MH/MR Program Supervisor having ultimate veto authority.

The hiring of other MH/MR subcontract staff is subject to the approval of the on-site administrative staff. The MH/MR Unit Manager and/or Deputy Warden for Care and Treatment will review all decisions regarding the hiring of MH/MR subcontract personnel and will make any concerns known to the Warden and the State MH/MR Program Supervisor as needed. All administrative decisions regarding work schedules, job duties, use of leave, etc. are established by the vendor but are subject to the approval of Department of Corrections administrative staff. MH/MR subcontract staff will operate with administrative direction from the MH/MR Unit Manager and will receive clinical supervision from a clinical supervisor.

4. The MH/MR Unit Manager will be responsible for the overall 24 hour per day operation of their MH/MR Program under the direction of the Deputy Warden for Care and Treatment. The MH/MR Unit Manager will operate in accordance with departmental policies and procedures.

5. The MH/MR Unit Manager will be responsible for the supervision and administration of his/her staff. These staff positions and responsibilities include:

   a. Under the administrative direction and supervision of the MH/MR Unit Manager, and clinical supervision of a licensed mental health professional, the MH/MR Counselor will provide the following services:

      (1) Case management
      (2) Supportive Counseling
      (3) Psychoeducational training
      (4) Life skill training
      (5) Liaison with security and other disciplines
      (6) Participation in treatment team
      (7) Contribute to the establishment of a therapeutic environment
      (8) Individual psychological therapy (if privileged)
      (9) Attend staff meetings
      (10) On-Call duties (if privileged)

(11) Maintain required documentation and
(12) Crisis intervention (if privileged)

b. Under the administrative direction and supervision of the MH/MR Unit Manager and the clinical supervision of the psychological consultant, the MH/MR Behavior Specialist will:

(1) Administer psychological tests
(2) Score psychological tests
(3) Perform mental health screening and evaluations
(4) Carry an appropriate patient caseload
(5) Participate in treatment planning
(6) Individual therapy (if privileged)
(7) Attend MH/MR staff meetings
(8) On-Call duties (if privileged)
(9) Maintain required documentation and
(10) Crisis intervention (if privileged).

c. Correctional officers assigned to a MH/MR supportive living unit are members of the MH/MR Treatment Team, actively participating in the inmate's/probationer's mental health treatment/mental retardation habilitation. These officers will be regularly/specifically assigned to a MH/MR living unit and must complete mandated MH/MR training.

d. The Psychiatric consultant is administratively responsible to the MH/MR Unit Manager. The Psychiatric consultant's duties consist of:

(1) providing medication management,
(2) conducting mental health emergency evaluations,
(3) conducting routine psychiatric evaluations in response to referral/consultation requests,
(4) making rounds in Level V Crisis Stabilization Units and Level V Acute Care Units.
(5) participating in appropriate committee/administration meetings,
(6) attending Level III/IV SLU community meetings,

(7) attending MH/MR staff meetings,
(8) participating in relevant Individual Treatment Plan (ITP) staffings, and,
(9) maintaining all required documentation.

e. The Psychological consultant is administratively responsible to the MH/MR Unit Manager. The Psychological consultant's duties consist of:

(1) providing individual therapy,
(2) co-facilitating therapeutic groups in SLU and General Population,
(3) over-seeing the SLU program to include the contingency management/unit incentive program,
(4) performing psychological testing,
(5) providing clinical supervision,
(6) providing crisis intervention,
(7) participating in relevant ITP staffings,
(8) responding to psychological referrals,
(9) participating in staff training,
(10) attending Level III/IV SLU community meetings,
(11) attending MH/MR staff meetings,
(12) participating in appropriate committee/ administrative meetings,
(13) maintaining all required documentation,
(14) collecting data/interpreting the monthly statistical reports, and
(15) participating in the Continuous Quality Improvement (CQI) and Utilization Review (UR) programs (SOP VG01-0025 and VG01-0028).

f. Under the administrative supervision of the MH/MR Unit Manager and the clinical supervision of a psychiatrist, the Clinical Nurse Specialist (CNS) will:

(1) provide medication management
(2) conduct mental health emergency evaluations,
(3) conduct routine mental health evaluations in response to referral/consultation requests,

(4) participate in appropriate committee/administration meetings,
(5) attend MH/MR staff meetings,
(6) participate in relevant individual Treatment/Habilitation Plan staffings, and
(7) maintain all required documentation.

g. Under the administrative direction of the MH/MR Unit Manager and clinical supervision of the Director of Nursing, the mental health nurse will perform the following duties:

(1) Assist psychiatrists by ensuring that medication orders are followed
(2) Provide patient education regarding medication
(3) May triage sick call services for those MH/MR inmates/probationers with access limitations
(4) Managing mental health medication compliance including reporting compliance behavior to psychiatrists,
(5) Participation in treatment planning,
(6) Attend MH/MR staff meeting,
(7) Liaison with physical health staff, and
(8) Maintain required documentation.

C. Levels of MH/MR Staffing:

1. The Georgia Department of Corrections will provide appropriately credentialed staff in adequate numbers commensurate with the established mission and level of MH/MR care being provided at each MH/MR Unit. The number and type of staff for each MH/MR program will be determined by the needs of the inmate/probationer population and the level of services being provided.

2. All MH/MR Programs:

At all programs, the first full time equivalent (FTE) psychiatric position will be filled by a psychiatrist. Any hours above that first FTE may be filled by a Clinical Nurse Specialist (CNS), except at diagnostic centers where all psyciatric FTEs will be filled by psychiatrists and at programs

with crisis stabilization units (CSUs) where the first 1.5 psychiatric FTEs will be filled by psychiatrists.

3. Male MH/MR Programs:

All Programs

- 1 MH/MR Unit Manager

Level II Ratios

- 1 MH/MR counselor per 50 level II inmates
- 1 psychiatry/CNS FTE per 200 level II inmates
- 1 psychology FTE per 200 level II inmates
- 1 MH Nurse (RN) FTE per 200 level II inmates

Level III Ratios

- 1 MH/MR counselor per 30 level III inmates
- 1 psychiatry/CNS FTE per 150 level III inmates
- 1 psychology FTE per 150 level III inmates
- 1 MH Nurse (RN) FTE per 150 level III inmates

Level IV Ratios

- 1 MH/MR counselor per 20 level IV inmates
- 1 psychiatry/CNS FTE per 150 level IV inmates
- 1 psychology FTE per 150 level IV inmates
- 1 MH nurse (RN) FTE per 150 level IV inmates

Level V Ratios

- 1 MH/MR counselor per CSU/ACU
- 0.4 psychiatry FTEs per CSU/ACU
- 6 MH Nurse (4 RNs & 2 LPNs) FTEs per CSU/ACU

Diagnostic Programs (Levels II - IV)

- 1 behavior specialist per 150 MH/MR inmates

Additional Staffing Requirements

- 0.5 psychiatry FTEs at Baldwin SP
- 0.5 Licensed Master Degree FTEs at GSP

4. Female MH/MR Programs

All Programs

- 1 MH/MR Unit Manager

Level II Ratios

- 1 MH/MR counselor per 40 level II inmates
- 1 psychiatry/CNS FTE per 150 level II inmates
- 1 psychology FTE per 150 level II inmates
- 1 MH Nurse (RN) FTE per 150 level II inmates

Level III Ratios

- 1 MH/MR counselor per 20 level III inmates
- 1 psychiatry/CNS FTE per 100 level III inmates
- 1 psychology FTE per 100 level III inmates
- 1 MH Nurse (RN) FTE per 100 level III inmates

Level IV Ratios

- 1 MH/MR counselor per 15 level IV inmates
- 1 psychiatry/CNS FTE per 100 level IV inmates
- 1 psychology FTE per 100 level IV inmates
- 1 MH nurse (RN) FTE per 100 level IV inmates

Level V Ratios

- 1 MH/MR counselor per CSU/ACU
- 0.4 psychiatry FTEs per CSU/ACU
- 6 MH Nurse (4 RNs & 2 LPNs) FTEs per CSU/ACU

Diagnostic Programs (Levels II - IV)

- 1 behavior specialist per 100 MH/MR inmates

Additional Staffing Requirements

- 0.2 psychiatry/CNS FTEs at Metro SP
- 0.4 psychology FTEs at Metro SP
- 0.25 Licensed Master Degree FTEs at Metro SP
- 0.25 Licensed Master Degree FTEs at Pulaski SP
- 0.75 Licensed Master Degree FTEs at Washington SP

5. Activity Therapists

Activity therapists will be distributed among the MH/MR programs according to need. The highest needs are found at Intensive Behavioral Therapeutic Units (IBTUs), Level IV Supportive Living Units and Med-Psych Units with multiple handicapped inmates. The next priority is Level III Supportive Living Units. The lowest priority is Level II Outpatient Programs. The actual staffing patterns are currently under evaluation by the Office of Health Services.

6. Clerical Support

Each MH/MR Program will have adequate clerical support to include at least one full time secretarial position.

D. Process for Resolution of Clinical Conflict

1. The provision of treatment and habilitation services to mentally ill and mentally retarded inmates/probationers frequently presents unique problems in regards to legitimate treatment, security, and management issues. While each mental health care provider and other professionals must maintain the freedom to exercise his/her professional judgement, this must be done with regard for the security and/or management of the institution. In the event legitimate differences arise, the following steps will be followed to resolve the issue(s):

   a. The first level of resolution will be with the treatment team or appropriate members thereof in concert with other staff responsible for the issue(s) involved.

b. If the resolution cannot be achieved at the above level, the MH/MR Unit Manager and other staff will meet with the Deputy Warden of Care and Treatment to resolve the issue.

c. If no resolution is obtained at this level then the MH/MR Unit Manager, Deputy Warden of Care and Treatment and other staff as needed will meet with the institutional Warden or Superintendent to resolve the issue(s).

d. The next level of resolution will be referral to the State MH/MR Program Supervisor who will consult with appropriate clinical, administrative, and management staff and provide a response to the institutional staff.

e. The highest level of resolution rests with the State Health Services Director and others who may need to be involved with resolution, according to the issue at the executive management level.

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL SERVICES OFFICE

FIRST AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS FIRST AMENDMENT to a professional services agreement is entered into the 22nd day of January, 19 98, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (hereinafter referred to as the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia (the "Contractor").

WHEREAS, the Department entered into that certain professional services agreement of August 29, 1997 (the "Agreement"); and

WHEREAS, the parties desire to amend their Agreement to modify the method of calculating the compensation to be paid to the contractor, and for other purposes.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements provided in the Agreement and as hereinafter set forth, the parties hereby agree as follows:

1. Base Inmate Census. The first sentence of the third paragraph of Paragraph 3, Compensation, which reads:

> "The parties acknowledge and agree that a reasonable estimate of the average daily inmate census for purposes of calculating each month's payment is 36,912 inmates, provided that the initial payment and each monthly payment thereafter shall be subject to adjustment by the actual average daily inmate census for the preceding month, itemized separately as a debit or credit on a subsequent invoice."

is hereby amended to read as follows:

> "The parties acknowledge and agree that a reasonable estimate of the average daily inmate census for purposes of calculating each month's payment is 36,912 inmates, provided that the initial payment and each monthly payment thereafter shall be subject to adjustment by any increase above 36, 912 in the actual average daily inmate census for the preceding month, such adjustment to be itemized separately on a subsequent invoice."

2. Adjustment to Compensation. The Agreement is further amended by the insertion of the following paragraph after the final paragraph in Paragraph 3, Compensation:

> "Without in any manner limiting the rights the Department may have at law or in equity to terminate the Agreement for its convenience or to offset or otherwise withhold payments due and owing the Contractor by the amount of any deficiency in Services or other breach of the Agreement, the Department shall have the right, but not the obligation, to fill any staff vacancy for which Contractor is responsible with temporary personnel, if any such staff vacancy remains vacant for greater than 30 days after written notice to the Contractor, and to retain all costs of engaging such temporary personnel from amounts due and owing the Contractor."

4. Ratification. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their agreement of August 29, 1997.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____

Witness: James W. Walker

MHM CORRECTIONAL SERVICES, INC:

By: _____

Witness: _____

muflamd2.agr
smallonsitevendor/ver01-98

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL SERVICES OFFICE

SECOND AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS SECOND AMENDMENT to a professional services agreement is entered into the 14 day of April, 1998, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (hereinafter referred to as the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia (the "Contractor").

WHEREAS, the Department entered into that certain professional services agreement of August 29, 1997 (the "Agreement"), amended by agreement of the parties on January 22, 1998; and

WHEREAS, the parties desire to further amend the Agreement so that the manner of allocating medication costs and savings may be determined, and for other purposes.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements provided in the Agreement and as hereinafter set forth, the parties hereby agree as follows:

1. Medication Costs Allocation. The Department and the Contractor agree to share the costs and savings in monthly psychotropic medication costs as provided at paragraph 4 of the Agreement, by reference to costs and savings thresholds which are established as follows:

a). Partial Cap Threshold on Payments Made by the Contractor. In any month that the average monthly inmate census is determined to be 36,912 inmates or less and medication costs are greater than $132,000.00 for that month, then the Department shall assume responsibility for payment of ninety percent of all psychotropic medication costs in excess of $132,000.00 (the "Partial Cap Threshold").

b). Savings Rebate Threshold. In any month that the average monthly inmate census is determined to be 36,912 inmates or less and medication costs are less than $111,000.00 for that month, then the Department shall be credited an amount equal to ten percent of the difference between $111,000.00 (the "Savings Rebate Threshold") and the actual costs of medications for that month.

c). Applicability. The method of calculating psychotropic medication costs and savings as established by this paragraph shall be applicable to the parties' respective payment obligations retroactively as well as prospectively. The final sentence of paragraph 4 of the Agreement is hereby superseded to the extent the same is inconsistent with this Amendment.

2. Adjustments to Thresholds. Adjustments to the Partial Cap Threshold and the Savings Rebate Threshold established in the foregoing shall be made as follows:

a). Inmate Census Increases. In any month that the average monthly inmate census is determined to be greater than 36,912 inmates, then both the Partial Cap Threshold and the Savings Rebate Threshold shall be increased by the percentage increase in the average monthly inmate census for that month.

b). Capitated Rate Changes. The Partial Cap Threshold and the Savings Rebate Threshold shall be further subject to adjustment by an amount equal to any percentage increase or decrease in the Capitated Rate as set forth at paragraph 3 of the Agreement, whether resulting from the annualized renewal-option increase or for any other reason.

c). Illustration. For the purposes of illustration only, the attached exhibit sets forth examples of medication cost allocations and adjustments.

3. Supplemental Professional Services. From time to time, the Department may require professional mental health services exceeding those services specified in the original Scope of the Agreement. Upon request of the Department in writing, the Contractor may provide additional professional mental health services, so long as the same are provided in accordance with the terms of the Agreement, as amended. In connection with supplemental services to be provided, the Contractor agrees that no payment shall be due nor will it invoice the Department for any such services unless the Contractor first credits the Department with the cost of any vacant or unsupplied hours. In determining the credit to the Department, hours of professional service will only be counted against hours for comparable positions, e.g., MD for MD, PhD for PhD, and so forth. Compensation for additional services shall be based upon actual salary paid (including a maximum of 28 percent in fringe benefits, where

applicable), plus a further 12 percent as corporate overhead and profit. Salary levels will not exceed the following amounts unless approved in advance by the Department (figures below do not include fringes):

LCSW . . . $40/hour

PhD $45/hour

MD $85/hour

Invoices for additional hours will specify sites at which services were performed and include supporting documentation as to actual hours provided, salaries paid, fringes, overhead and profit, and hours credited. The Contractor acknowledges and agrees that the total dollar amount of such additional services shall not exceed $30,000.00 per month.

4. Ratification. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their agreement of August 29, 1997.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____

Witness: _____

MHM CORRECTIONAL SERVICES, INC:

By: _____

Witness: _____

mntlamd3.agr
smallonsitevendor/ver03-98

Exhibit

For average monthly inmate census count at or below 36,912, the following allocation of psychotropic medication costs is obtained:

Actual medication costs	$163,000.00	Actual medication costs	$102,000.00
Partial cap threshold	132,000.00	Savings Rebate threshold	111,000.00
Difference	31,000.00	Difference	(9,000.00)
GDC responsible for	27,900.00	MHM responsible for	102,000.00
MHM responsible for	$135,100.00	GDC receives rebate for	$900.00

If contract renews and capitated rate increases from $19.03 to $19.32 (a one and one-half percent increase), the following allocation of psychotropic medication costs is obtained:

Actual medication costs	$163,000.00	Actual medication costs	$102,000.00
Partial cap threshold	134,011.54	Partial cap threshold	112,691.52
Difference	28,988.46	Difference	(10,691.52)
GDC responsible for	26,089.61	MHM responsible for	102,000.00
MHM responsible for	136,910.38	GDC receives rebate for	1069.15

If contract renews and capitated rate increases as above and inmate count increases from 36,912 to 37,300 (a one-percent increase), the following allocation of psychotropic medication costs is obtained:

Actual medication costs	$163,000.00	Actual medication costs	$102,000.00
Partial cap threshold	135,420.18	Partial cap threshold	113,876.06
Difference	27,579.82	Difference	(11,876.06)
GDC responsible for	24,821.84	MHM responsible for	102,000.00
MHM responsible for	138,178.16	GDC receives rebate for	1,187.61

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL SERVICES OFFICE

COPY

THIRD AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS THIRD AMENDMENT to a professional services agreement is entered into the 8th day of July, 1998, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (hereinafter referred to as the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia (the "Contractor").

WHEREAS, the Department entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement by extending the effectiveness of their Agreement for a further one-year period.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements provided in the Agreement and as hereinafter set forth, the parties hereby agree as follows:

1. Term Extension. The parties mutually agree to extend the effectiveness of their Agreement for a further one-year period, effective July 1, 1998 through June 30, 1999.

2. Ratification. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their Agreement.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____

Witness: _____

MHM CORRECTIONAL SERVICES, INC:

By: _____

Witness: _____

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GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL SERVICES OFFICE

FOURTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS FOURTH AMENDMENT to a professional services agreement is entered into the 8th day of July, 19 99, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (hereinafter referred to as the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia (the "Contractor").

WHEREAS, the Department entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement by extending the effectiveness of their Agreement for a further one-year period.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements provided in the Agreement and as hereinafter set forth, the parties hereby agree as follows:

1. Term Extension. The parties mutually agree to extend the effectiveness of their Agreement for a further one-year period, effective July 1, 1999 through June 30, 2000.

2. Ratification. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their Agreement.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____

Witness: _____

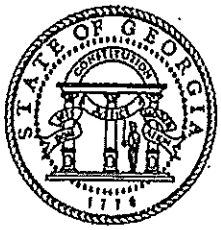
MHM CORRECTIONAL SERVICES, INC:

By: _____

Witness: _____

mntlamd6.agr

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL SERVICES OFFICE



RECEIVED
SEP 24 1999
MHM CORPORATE OFFICE

FIFTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS FIFTH AMENDMENT to a professional services agreement is entered into the 1st day of October, 1999, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (hereinafter referred to as the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia (the "Contractor").

WHEREAS, the Department entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, a dispute has arisen between the parties concerning the value of services provided by the Contractor and also the interpretation of certain provisions in the Agreement; and

WHEREAS, the parties have amicably resolved their dispute and desire to amend their agreements accordingly.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements provided in the Agreement and as hereinafter set forth, the parties hereby agree as follows:

1. Amendment to Standard Operating Procedures. Effective October 1, 1999, and until further amendment by the Department, caseload ratios shall be as stated in the draft Standard Operating Procedure attached hereto as Exhibit "A" and incorporated by reference herein. Contractor acknowledges and agrees that the Department shall at all times have the exclusive right and obligation to further amend the attached procedure or other procedures

related in any manner to the care and custody of inmates. The Department acknowledges and agrees that any such amendments may result in increased or decreased costs to the Contractor. Accordingly, the parties acknowledge and agree that requested adjustments made necessary by future amendments, if any, to the Department's procedures shall be made in accordance with paragraph 15 of the Agreement.

2. Reduction in Capitated Rate. Effective January 1, 2000 (or 90 days following the actual effective date of the above-referenced Standard Operating Procedure, whichever shall be later), and for all renewal periods thereafter, the capitated rates set forth in the Agreement at paragraph 3, page 2, shall be reduced by fifty-two cents ($0.52). In addition to the remaining annual renewal periods set forth in the Agreement at paragraph 3, page 2, the Department shall have the unilateral right to renew the Agreement for a further one-year period, from July 1, 2002, through June 30, 2003, at a capitated rate of twenty-one dollars and seventy-three cents ($21.73) (the previous year's capitated rate, increased by the annual percentage increase in effect for the previous year, less fifty-two cents).

3. Release. Contractor hereby waives, remises, releases and forever discharges the Department of and from any and all claims, demands and reckonings related in any manner to the expected level of services to be provided under the Agreement, as amended, or to the calculation of compensation for same, which Contractor has raised or could have raised through the date hereof. Without limitation to the foregoing, Contractor acknowledges and agrees that the third sentence of the third paragraph of the Second Amendment to the Agreement shall be interpreted expansively so as to include any vacant or unsupplied hours on a statewide basis, whether arising in connection with Contractor's performance under the Second Amendment, the Agreement or otherwise. In the event that the Agreement will be renewed beyond its current term, the Department agrees to negotiate in good faith any matters pertaining to compensation, the management of psychotropic medications or any other matter raised by Contractor or by the Department on its own behalf; and the renewal amendment, if any, shall reflect any modifications agreed to by both parties.

4. Agreement As Evidence. This Amendment is made in compromise and settlement of disputed or doubtful claims, and shall not be construed as an admission of liability on the part of either party. In addition, this Amendment shall not be used as evidence of or admission of liability, other than in an action by a party hereto to enforce the terms of this Amendment.

5. Ratification. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their Agreement, including amendments thereto.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____

Witness: _____

MHM CORRECTIONAL SERVICES, INC:

By: _____

Witness: _____

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GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

SIXTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 28th day of Feb., 2000, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (hereinafter referred to as the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia (the "Contractor").

WITNESSETH:

WHEREAS, the Department and the Contractor entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

1. Contractor will recruit, interview, and make available to the Department a sufficient number of qualified and licensed dentists for purposes of providing dental care and services to the Department's inmate population. The number of dentists and the correctional facilities at which they are to provide services is to be determined and designated by the Department. All dental care and services to be provided to the Department's inmate population under this Amendment shall be in accordance with standards applicable to similar professionals practicing in the geographic locality that the dental care and services are to be provided. Contractor and the dentists are required to adhere to all of the Department's Standard Operating Procedures ("SOP's") governing the provision of dental care and services. No additional or different services shall be performed unless provided for by further amendment to the Agreement, executed by the parties in the manner provided for in the Agreement. No provision of the Agreement or this Amendment shall be construed to prohibit Contractor from offering similar or different services to the public, including other State agencies.

2. Contractor shall provide the Department with the names and curriculum vitae of all dentists that Contractor is considering for purposes of this Amendment. The Department shall review the qualifications of all prospective dentists in any manner deemed appropriate by the Department, including criminal background checks. The Department will notify Contractor in writing whether the Department deems each prospective dentist as an acceptable candidate for providing dental care and services in a correctional facility. The Department reserves the right to prevent any dentist it deems unacceptable for providing dental care and services to the inmate population from entering any Department facility.

3. The Department will provide each dentist provided by Contractor for purposes of this Amendment with an orientation of the Department's SOP's governing the provision of dental care and services in Department facilities and any other SOP's the Department deems necessary including, but not limited to, security related SOP's.

4. The performance of the dentists provided by Contractor for purposes of this Amendment will be monitored by appropriate Department personnel for purposes of ensuring that quality dental care and services are being provided to the inmate population in accordance with all applicable SOP's.

5. Contractor agrees to require that all dentists provided pursuant to this Amendment shall maintain for the duration of this Amendment all licenses, certifications and permits applicable and required for the provision of dental care and services. Contractor further agrees to maintain insurance during the term of this Amendment in amounts and types reasonably protective of the respective interests of the parties, and in any event, in amounts and of types as follows:

a.) Workers' compensation insurance in amounts established by State law covering any dentists who may be hired as employees by Contractor;

b.) Comprehensive general liability insurance on an occurrence basis, broad form, in the amount of $1,000,000.00 per occurrence and $3,000,000.00 aggregate;

c.) Auto liability insurance covering owned and non-owned vehicles in the amount of $1,000,000.00 per occurrence and $2,000,000 aggregate;

d.) Professional liability insurance in the amount of $1,000,000.00 per occurrence and $1,000,000.00 aggregate.

The foregoing policies shall be obtained from insurance companies licensed to do business in the State of Georgia and shall contain a provision that coverages afforded under the policies will not be canceled or amended without 30 days prior written notice to the Department. All policies shall be specifically endorsed to provide for a waiver of the insurance carrier's rights to subrogation against the Department. Evidence of insurance, in the form of an insurance certificate naming the Department as a certificate holder, will be required of Contractor prior to the commencement of the services contemplated by this Amendment.

6. The Department agrees to pay Contractor for the actual hours worked by each dentist at an hourly rate calculated pursuant to this paragraph and based on the dentist's actual base salary plus a percentage for benefits and overhead, including insurance costs. The cost of benefits as a percentage of base compensation will decrease as the base compensation increases. No dentist's base salary shall exceed $100,000.00 annualized. Payment shall be for the full and faithful performance of services during the term of the Amendment. Payments shall be made in monthly installments upon receipt of Contractor's monthly invoice in approved form on or before the 15th of each month. At a minimum, Contractor's invoices for services provided shall specify the site at which the services were performed and will include supporting documentation detailing the actual hours provided, and the agreed upon hourly rate for each dentist. In the event a significant change occurs to a dentist's compensation, Contractor and the Department will adjust the hourly rate accordingly and Contractor will include that new rate in future invoices. The Department shall endeavor to pay approved invoices within 30 days of receipt; however, no interest shall accrue on past-due amounts.

Actual payments to the Contractor shall be made on the basis of and in conformity with the following hourly rates:

Actual Base Compensation (Annualized)	Contractor's Hourly Rate If Health Insurance is Provided	Contractor's Hourly Rate If Health Insurance is Not Provided
$65,000.00	$48.50	$44.00
$75,000.00	$54.00	$49.50
$90,000.00	$62.00	$57.00
$100,000.00	$67.00	$62.50

The Department and Contractor are aware that the salaries of dentists will vary and will not exactly match the figures listed above. However, all hourly rates, benefits, overhead costs, and profit margins shall be computed within the parameters listed above and contained in the Dentist Staffing Proposal Cost Assumptions contained in Attachment A which is

attached hereto and made a part hereof. By way of example, Contractor shall not charge an hourly rate that is equal to or exceeds $54.00 per hour or earn a profit margin that is greater than or equal to 11%, for a health insured dentist with an annualized base compensation of $70,000.00.

7. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original agreement, as amended.

8. This Amendment shall be coterminous with the original agreement, as amended with the understanding that the Department may terminate this Amendment regarding dental services when and if the Department awards and implements a contract with another vendor for the provision of dental care and services. The Department will provide Contractor with 30 days notice of its intent to terminate this Amendment.

9. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

Witness: _____

CONTRACTOR:

BY: _____

Witness: _____

Executive Summary

Contract with MHM Inc. for Dental Services

Monday, February 14, 2000

This is an Executive Summary of the proposed amendment to the contract with MHM, Inc. for purposes of the recruitment and hiring of dentists at select facilities (see attached). Highlights of this proposal are as follows:

- The current contract with MHM for mental health services will be amended to provide dentists at six (6) facilities, with the option to add other sites depending upon vacancies.

- This approach is an interim measure to provide necessary services until the RFP for Comprehensive Health Care is awarded and implemented in September of this year. These services will be absorbed within the statewide contract at that time.

- The amendment establishes the terms of compensation based upon a maximum salary of $100,000. MHM will be paid for actual hours performed to include the base salary, benefits, contract overhead, recruitment costs and profit. The profit margin ranges from 11% to 8% in inverse relationship to the salary to serve as a disincentive to paying higher salary costs.

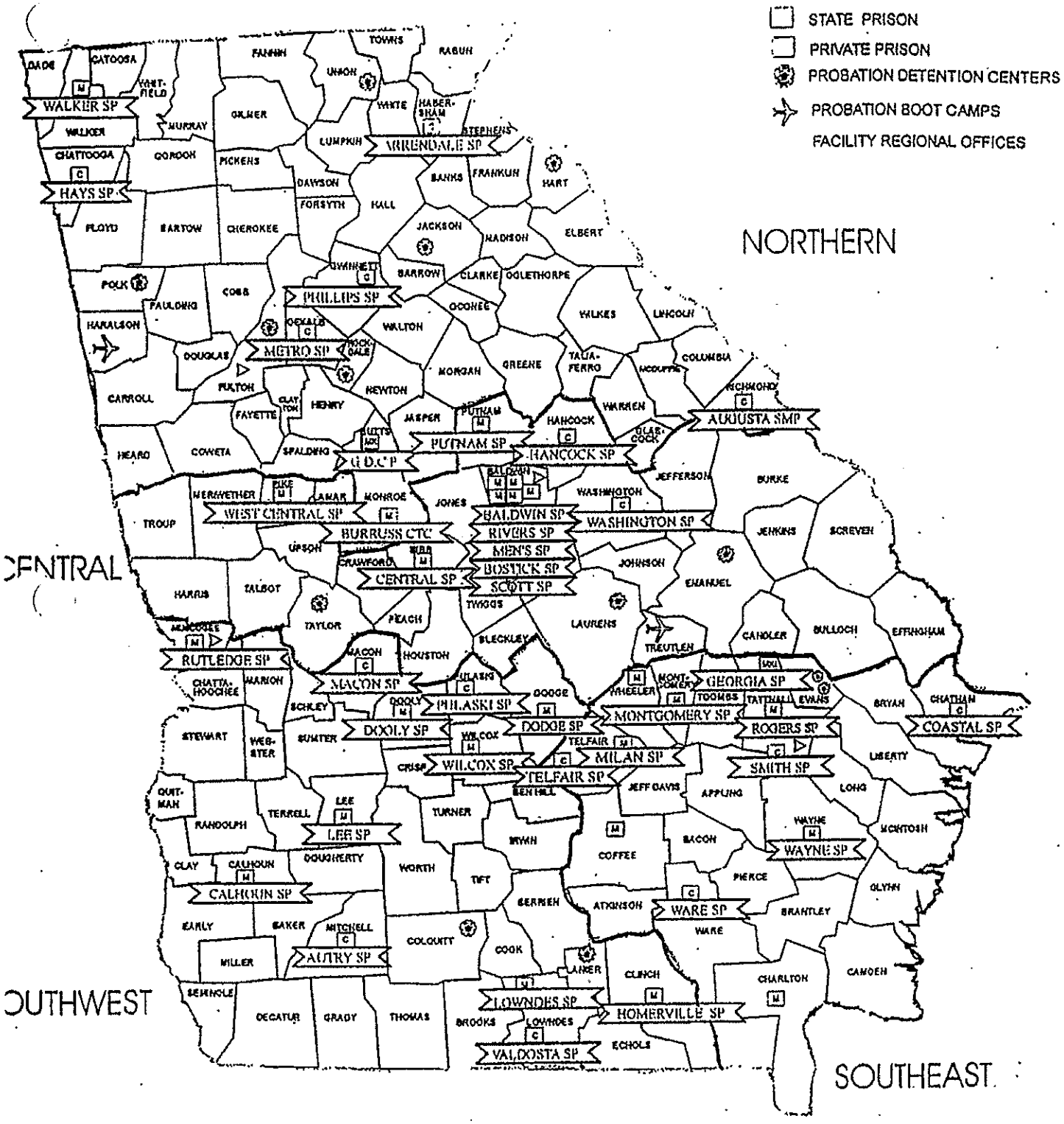
- Estimated costs for the March 1 through June 30 timeframe are from $200K to $280K, dependent upon actual salaries paid. Annualized costs range from $600K to $840K for the six positions currently vacant.

- The amendment will be funded out of anticipated health service purchase dollars and the Budget Office is in agreement with this approach. After July 1, 2000, the vacant positions will be abolished and funds will be converted to this line item in order to offset costs.

- Ultimately dentist positions will be added to the Comprehensive Contract by attrition as positions become vacant.

- The draft agreement, with supporting financial information is attached.

GEORGIA DEPARTMENT OF CORRECTIONS



R 12/22/99

No: ('s accompanying the 'state prison' icon denote the facility's security level
MX) , C - Close, M - Medium

Graphics by Nancy Phillips

Dentist Staffing Proposal
Cost Assumptions

	$65,000	$75,000	$90,000	$100,000
Salaries				
FICA*	$4,030	$4,650	$4,724	$4,724
Medicare	$943	$1,088	$1,305	$1,450
Federal Unemployment	$520	$600	$720	$800
State Unemployment**	$216	$216	$216	$216
Workers Comp	$1,625	$1,875	$2,250	$2,500
Health Insurance	$9,750	$9,750	$9,750	$9,750
401K	$975	$1,125	$1,350	$1,500
Recruiting***	$2,500	$2,500	$2,500	$2,500
Malpractice	$2,020	$2,270	$2,630	$2,870
Regional Overhead****	$3,300	$3,300	$3,300	$3,300
Total Benefits/Overhead	**$25,879**	**$27,374**	**$28,745**	**$29,610**
Margin	**$10,146**	**$10,146**	**$10,146**	**$10,146**
Margin %	11%	10%	9%	8%
Total Additional Cost	**$36,025**	**$37,520**	**$38,891**	**$39,756**
Actual Hourly Rate	$48.57	$54.10	$61.97	$67.19
Billing Rate Per Hour	**$48.50**	**$54.00**	**$62.00**	**$67.00**
Actual w/out health ins.	$43.88	$49.41	$57.28	$62.50
Billing Rate w/out Health	**$44.00**	**$49.50**	**$57.00**	**$62.50**

* FICA is capped at the first $76,200 of salary

** State Unemployment is capped at the first $8,000 of salary

*** Recruiting includes ads, interview travel, mailings, long distance phone etc. Recruiting Costs are repeated for each position because it is planned that geographical limitations require duplicate efforts.

**** Regional Overhead includes payroll processing, administrative support, human resource support etc. It does not include regional or corporate management as it is assumed that these costs are assumed through existing contract.

Addendum to Amendment No. 6

The parties to the Professional Services Agreement ("Agreement) of August 29, 1997, have recognized an internal inconsistency in Amendment No. 6 ("Amendment") to the Agreement and Attachment to the Amendment. The subject of the inconsistency centers on the method of payment for the positions required by the Amendment. Specifically, the language in Paragraph 6 of the Amendment states that the Department will pay for actual hours worked whereas Attachment A reflects a salary standard for the positions allowing for twenty-eight (28) paid days off (including vacations leave, sick leave, holidays and personal floating holidays).

At the time the Amendment was executed the parties understood that the positions would be paid on the basis of the salary standard reflected in Attachment A. Moreover, the Department has paid MHM in accordance with the salary standard until the inconsistency was discovered.

The parties hereby agree to resolve the internal inconsistency by mutually agreeing via this Addendum that the positions shall be paid on the basis of the salary standard reflected in Attachment A. The parties further agree that the Department shall pay MHM in accordance with the salary standard contained in Attachment A for the full term of the Amendment.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Addendum on this ___day of _____, 2001.

GEORGIA DEPARTMENT OF CORRECTIONS:

Commissioner or His Designee

Witness:_____

CONTRACTOR:

Witness:

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

SIXTEENTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 1st day of September, 2003, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

Article I – Mental Health Director

1. The parties agree that the services of Mental Health Directors are required for purposes of providing quality mental health care under the Agreement. MHM shall therefore retain the services of Mental Health Directors. The number and location of Mental Health Director positions will be determined and designated by the Department. The salary for the Mental Health Director shall be in accordance "Exhibit A" which is titled "Mental Health Directors Staffing Proposal" which is attached hereto and made a part hereof. In no event

shall the Mental Health Director's salary exceed $80,000.00 per year, exclusive of all benefits normally offered by MHM to its employees. The Mental Health Director shall have the minimum qualifications contained on "Exhibit B" and titled State of Georgia Job Description, which is attached hereto and made a part hereof. The Mental Health director shall perform the job responsibilities and adhere to the performance standards contained on Exhibit B.

2. Payments for the services of the Mental Health Directors shall be paid on the basis of the salary standard reflected in Exhibit A. Payments for the services of the Mental Health Directors shall be made in monthly installments upon receipt of MHM's monthly invoice in approved form on or before the 15th of each month. At a minimum, MHM's invoices for service provided shall specify the site at which the services were performed and will include supporting documentation detailing the actual hours provided, and the applicable hourly rate depicted on Exhibit A. Exhibit A reflects a salary standard for the positions allowing for twenty-eight (28) paid days off (including vacations leave, sick leave, holidays and personal floating holidays. The Department shall endeavor to pay approved invoices within 30 days of receipt; however, no interest shall accrue on past-due amounts.

Article II – Salary Adjustment for Licensed Mental Health Counselors

In recognition of market changes regarding salaries for licensed mental health counselors and the need for more competitive salaries to enhance MHM's recruitment efforts for licensed mental health counselors the parties agree to adjust the salary structure for licensed mental health counselors. The current salary structure for licensed mental health counselors attached to Amendment No. 13 of this Agreement shall be replaced with "Exhibit C" which is attached hereto and made a part hereof. In no event shall the salary of any licensed mental health counselor exceed $60,000.00 per year, exclusive all benefits normally offered by MHM to its employees. All other provisions of amendment No. 13 pertaining to licensed mental health counselors remain unchanged and in full force and effect.

Article III – Salary Adjustment for Certain Psychiatrist and Psychologist Positions

1. In recognition of market changes regarding salaries of psychiatrists and psychologists and the need for more competitive salaries to enhance MHM's recruitment efforts to obtain better qualified psychiatrists and psychologists for Valdosta and Autry State Prisons the parties agree to adjust the salary structure for certain psychiatrist and psychologist positions. The current salary structure for the psychiatrist and psychologist positions at Valdosta State Prison attached to Amendment 14 of this Agreement shall be adjusted as follows: for the psychiatrist position the maximum salary shall be $182,000 per year, exclusive of all benefits normally offered by MHM to its employees; for the full-time psychologist position the

maximum salary shall be $98,000.00 per year, exclusive of all benefits normally offered by MHM to its employees. The current salary structure for the psychologist position at Autry State Prison attached to Amendment 14 of this Agreement shall be adjusted as follows: the maximum salary for the psychologist position shall be $98,000.00 per year, exclusive of all benefits normally offered by MHM to its employees.

2. MHM will recover the additional cost of these salary adjustments through a reduction in the "Net Rebate" as determined under the provisions of Amendment No. 14, Article II. For each month in which a Valdosta or Autry psychiatrist is employed at the new pay scale, the Net Rebate will be reduced by $1,997.00 for each psychiatrist. For each month in which a Valdosta or Autry psychologist is employed at the new pay scale, the rebate will be reduced by $2,115.00 for each psychologist. If such psychiatrist or psychologist is employed for only part of a month, the offset will be reduced on a pro-rata bases.

Article IV – Psychiatry Staffing at the Georgia Diagnostic and Classification Prison

1. The PSYCHIATRY/ staffing pattern for the Georgia Diagnostic and Classification Prison as reflected on Exhibit C to Amendment 14 of the Agreement is changed from 1.5 Psychiatry to 2.0 Psychiatry.

2. MHM will recover the additional cost of this staffing increase through a reduction in the "Net Rebate" as determined under the provisions of Amendment No. 14, Article II. For each month in which the number of psychiatrists employed at the Georgia Diagnostic and Classification Prison exceeds 1.5 FTE's, the Net Rebate will be reduced by $9,237.00 per .5 FTE. If such additional psychiatrist is employed for only part of a month, the offset will be reduced on a pro-rata basis.

Article V – Retroactive Effect

This Amendment shall have a retroactive effective date of August 1, 2003, and shall be coterminous with the original Agreement, as amended.

Article V– Miscellaneous Provisions

1. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

2. This Amendment shall be coterminous with the original agreement, as amended with the understanding that the Department may terminate this Amendment when and if the Department determines it is within its best interests to do so. The

Department will provide MHM with 30 days notice of its intent to terminate this Amendment.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

MHM CORRECTIONAL SERVICES INC:

BY: _____ 8-27-03
PRESIDENT/COO

MHM Correctional Services, Inc.
August 1, 2003

MENTAL HEALTH DIRECTORS STAFFING PROPOSAL
Cost Assumptions
Exhibit A

	Base Salary	$60,000.00	$ 65,000.00	$ 70,000.00	$ 75,000.00	$ 80,000.00
	Benefits					
	FICA*	$3,720	$4,030	$4,340	$4,650	$4,960
	Medicare	$870	$943	$1,015	$1,088	$1,160
	Federal Unemployment**	$56	$56	$56	$56	$56
	State Unemployment***	$216	$216	$216	$216	$216
	Workers Comp	$1,500	$1,625	$1,750	$1,875	$2,000
5621	Health Insurance(Assumes PPO/Family Coverage)	$5,621	$5,621	$5,621	$5,621	$5,621
	Dental Insurance	$1,060	$1,060	$1,060	$1,060	$1,060
	401K	$900	$975	$1,050	$1,125	$1,200
	Recruiting	$400	$400	$400	$400	$400
	Malpractice	$1,800	$1,950	$2,100	$2,250	$2,400
	Regional Overhead	$400	$400	$400	$400	$400
	Total Benefits and Overhead	$16,543	$17,276	$18,008	$18,741	$19,473
	Total Salaries and Benefits	$76,543	$82,276	$88,008	$93,741	$99,473
	Margin	$9,500	$9,500	$9,500	$9,500	$9,500
	Margin as % of Total Salaries and Benefits	11.0%	10.4%	9.7%	9.2%	8.7%
	Total Projected Cost	$86,043	$91,776	$97,508	$103,241	$108,973
	Actual Hourly Rate	$ 41.37	$ 44.12	$ 46.88	$ 49.63	$ 52.39
	Billing Rate Per Hour (starting)	$ 41.00	$ 44.00	$ 47.00	$ 50.00	$ 52.00
	Actual w/out Health Insurance	$ 38.15	$ 40.91	$ 43.67	$ 46.42	$ 49.18
	Billing Rate w/out Health Insurance	$ 38.00	$ 41.00	$ 44.00	$ 46.00	$ 49.00

* Up to the first $84,000
** Up to the first $7,000
*** Up to the first $8,000
**** Malpractice is calculated by multiplying the base salary times 3.0%

S:\ACTG\Correctional\[Copy of GOOCStaffingProposals-Update July 03.xls]Exhibit A

Exhibit B

State of Georgia Job Description

Job Title: MH/MR Unit Manager
Job Code: 14515
Last Update: 8/16/2003
Salary Plan: Statewide Salary Plan (SWD)
Pay Grade: 015

Salary Minimum: $34,533.36/yr
Market Midpoint: $45,003.36/yr
Salary Maximum: $60,487.20/yr

Additional Job Statistics... (467)

Job Description, Responsibilities, Standards, and Qualifications

Job Description:
Under limited supervision, plans, implements, directs, and monitors services and programs for prisoners assigned to the MH/MR unit at a state prison. Directs treatment staff in evaluating, planning treatments, and delivering therapeutic services to inpatient and outpatient prisoners. Manages daily administrative processes and operations of the MH/MR unit.

Job Responsibilities & Performance Standards:

1. Sets goals and directs the planning of programs and services for the MH/MR unit at a state prison. (Performed by all incumbents)
1. Develops and directs the development of goals and objectives of the MH/MR program at the state prison to appropriately serve the special population in need.
2. Plans and develops appropriate unit mental health and/or mental retardation programs and services to meet the needs of the population being served, in accordance with policies and procedures.
3. Directs and manages treatment staff in planning, implementing, and evaluating individual treatment programs for prisoners determined to need MH/MR inpatient or outpatient counseling and services.
4. Tracks unit programs and correctly identifies need for program changes or new programs to meet the needs of the population being served and properly advises prison management according to SOP's.
5. Leads and coaches other leaders of the MH/MR Treatment Team for effectively developing and monitoring individual treatment plans.
6. Assumes responsibility to coordinate the CQI process for the MH/MR program, and meets with staff on a regular schedule.
7. Coordinates privilege process and verifies credentialing of all assigned staff, including contract services.
8. Coordinates Utilization Review in a timely manner.

2. Creates and maintains a high performance environment characterized by positive leadership and a strong team orientation. (Performed by all incumbents)
1. Defines goals and/or required results at beginning of performance period and gains acceptance of ideas by creating a shared vision.

2. Communicates regularly with staff on progress toward defined goals and/or required results, providing specific feedback and initiating corrective action when defined goals and/or results are met.
3. Confers regularly with staff to review employee relations climate, specific problem areas and actions necessary for improvement.
4. Evaluates employees at scheduled intervals, obtains and considers all relevant information in evaluations and supports staff by giving praise and constructive criticism.
5. Recognizes contributions and celebrates accomplishments.
6. Motivates staff to improve quantity and quality of work performed and provides training and development opportunities as appropriate.

3. Manages MH/MR unit programs and operations. (Performed by all incumbents)

1. Meets with MH/MR staff on a regular basis to appropriately brief staff on issues, ensure proper unit staff coverage, etc.
2. Monitors security operations and staff in the MH/MR unit to ensure policies and procedures are being followed and patients are being supervised appropriately.
3. Manages and monitors shift coverage and staff leave usage to ensure proper coverage in the MH/MR unit, in accordance with established policies.
4. Compile appropriate and justifiable recommendations for budgetary needs and future year budgetary projections for the MH/MR unit.
5. Monitors and tracks unit expenditures to ensure proper fiscal management.
6. Ensures that cleanliness is maintained in the MH/MR unit and that post orders and special orders are followed in accordance with SOP's.
7. Assigns work based on staff abilities, workloads, and available resources.
8. Coordinates MH/MR programs and services with the other various disciplines in the state prison and builds and manages proper communication channels among the various units to contribute to appropriate clinical services being delivered.
9. Ensures continuity of care for receiving or transferring prisoners who have been determined to need MH/MR services through appropriate coordination, communication, and direction.
10. Makes appropriate decisions regarding the level of needs for the prisoners being received or transferred.

4. Manages human resource and employee relations functions. (Performed by all incumbents)

1. Interviews applicants or employees to fill vacancies or promotional positions according to applicable laws, rules and policies
2. Selects or promotes the appropriate number of individuals who possess the skills needed to perform the required work.
3. Identifies training needs and ensures that necessary job-related instruction is provided to staff.
4. Discusses potential grievance-related concerns with employees in order to identify options or resolve issues prior to the formal filing of a grievance.
5. Advises employees of established grievance procedures.
6. Recommends or initiates disciplinary actions according to applicable rules and polices.
7. Coordinates clinical supervision and appropriately maintains files of supervision.

5. Monitors MH/MR programs and services. (Performed by some incumbents)

1. Monitors MH/MR programs and services to ensure that the quality of treatments and activities are in accordance with treatment plans and with rules, regulations, and policies.

2. Conducts regular inspections for safety, sanitation, etc. in accordance with established policies and procedures.
3. Ensures that reports, documentation, case files, records, etc. are completed correctly and timely by staff in the MH/MR unit.
4. Ensures that deficiencies and problems found are properly reported and documented and that appropriate action is taken to rectify situations.
5. Provides appropriate and timely status reports on programs and services and advises prison warden teams on problems and deficiencies in accordance with SOP's.

6. Directs the clinical evaluation, therapeutic treatment activities, and casemanagement activities in the MH/MR unit and delivers treatment and services when necessary. (Performed by all incumbents)

1. Consults with psychiatric and psychological experts available for guidance on program standards and on individual cases, as needed.
2. Directs the development of effective policies and procedures for the unit services and activities.
3. Provides consultation, technical assistance, and guidance to unit staff and other prison clinical staff on issues regarding mental health and mental retardation.
4. Delivers therapeutic counseling and services and may carry a small and/or temporary caseload, when necessary.
5. Provides appropriate interventions in crisis situations and directs and coaches clinical staff in providing interventions in crisis situations, in accordance with therapeutic techniques, protocols, and procedures.

7. Coordinates training for unit staff and participates in job-related training. (Performed by all incumbents)

1. Coordinates and tracks training for unit staff to ensure that individuals' clinical knowledge and skills remain current.
2. Completes a minimum of 40 hours of training per year.
3. Reviews training calendars and applies for appropriate training within the required time frame.
4. Effectively utilizes training materials in current work assignments.

8. Attends conferences and serves on various prison committees. May serve as duty officer in the absence of members of the Warden management team. (Performed by all incumbents)

1. Attends conferences and appropriately represents prison in obtaining and/or presenting information and materials.
2. Serves on and chairs prison inter-disciplinary committees to ensure effective management of programs and operations.
3. Demonstrates thorough knowledge of clinical theory and techniques by effectively providing technical assistance and consultation to other clinicians on committees.
4. May serve as manager of the Care and Treatment program and/or duty officer in the absence of the Warden management team. Will be on 24- hour call.

9. Maintains a consistent, high quality, customer-focused orientation when conducting business and providing services or products to clients, the general public and other external customers. (Performed by all incumbents)

1. Treats customers with respect, courtesy and tact; listens to customer and interact with customers as a person while maintaining business relationship.
2. Communicates with customers and obtains all required information necessary to determine and address their specific needs; tactfully explains why, if service cannot be provided.
3. Provides clear, accurate information;explains procedures or materials or provides

supplemental information; anticipates problems and questions.
4. Observes applicable safety and security regulations.

10. Interacts with all levels of state government in a way that promotes respect, encourages cooperation and contributes to excellent performance. (Performed by all incumbents)

1. Treats all other state personnel fairly giving no one preferential treatment.
2. Communicates accurate information to all other state personnel in a professional and courteous manner that conveys a willingness to assist.
3. Accepts direction and feedback from supervisors and follows through appropriately.
4. Accepts responsibility for mistakes and takes action to prevent similar occurences.
5. Uses appropriate, established channels of communication.

Minimum Qualifications:
Completion of a master's degree of social work; counseling, psychology,or nursing, which must include course work in the provision of mental health services and two years of work experience in the delivery of professional therapeutic services.

Preferred Qualifications:
Licensure from Georgia or national certifying associations Licensed Clinical Social Worker (LCSW) Clinical Nurse Specialist (CNS) licensed master of social work (LMSW) Licensed Professional Counselor (LPC) Licensed Marriage And Family Therapist. Also, preference will be given to individuals who have coordinated professional and/or paraprofessional care givers or social services staff in a team leader or manager capacity.

NOTE:
Job description information is extracted daily from the official Phoenix HRMS Job Code database. Problems in conversion may cause formatting errors in some job descriptions.

The information presented, while not an exact or exhaustive listing, describes the work, performance standards, and qualifications typically required of positions or employees in this job. A specific position description or employee performance plan may differ as long as it is consistent with the core Responsibilities, Standards and Qualifications of that job.

For questions or comments, please contact us or read our disclaimer.

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ALL RIGHTS RESERVED.

MHM Correctional Services, Inc.
August 9, 2003

MENTAL HEALTH COUNSELORS STAFFING PROPOSAL
LICENSED
Cost Assumptions
Exhibit C

Base Salary		$40,000.00	$ 42,500.00	$ 44,000.00	$ 46,500.00	$ 48,500.00	$ 51,000.00	$ 53,000.00	$ 56,000.00	$ 60,000.00
Benefits										
	FICA*	$2,480	$2,635	$2,728	$2,883	$3,007	$3,162	$3,286	$3,472	$3,720
	Medicare	$580	$616	$645	$674	$703	$740	$769	$812	$870
	Federal Unemployment**	$56	$56	$56	$56	$56	$56	$56	$56	$56
	State Unemployment***	$216	$216	$216	$216	$216	$216	$216	$216	$216
	Workers Comp	$1,000	$1,063	$1,113	$1,163	$1,213	$1,275	$1,325	$1,400	$1,500
	Health Insurance(Assumes PPO/Family Coverage)	$5,821	$5,821	$5,821	$5,821	$5,821	$5,821	$5,821	$5,821	$5,821
	Dental Insurance	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
	401K	$800	$850	$880	$930	$970	$1,020	$1,060	$1,080	$1,200
	Recruiting	$400	$400	$400	$400	$400	$400	$400	$400	$400
	Malpractice	$1,200	$1,275	$1,320	$1,395	$1,455	$1,530	$1,590	$1,680	$1,800
	Regional Overhead	$400	$400	$400	$400	$400	$400	$400	$400	$400
Total Benefits and Overhead		$13,913	$13,979	$14,372	$14,668	$14,858	$15,228	$15,618	$16,937	$16,643
Total Salaries and Benefits		$53,913	$56,479	$54,772	$61,668	$63,358	$66,228	$68,618	$72,937	$76,643
Margin		$5,650	$5,650	$5,650	$5,650	$5,650	$5,650	$5,650	$5,650	$5,650
Margin as % of Total Salaries and Benefits		11.0%	10.5%	10.2%	9.8%	9.5%	9.1%	8.8%	8.5%	8.0%
Total Projected Cost		$ 60,243	$ 63,129	$ 65,422	$ 67,718	$ 70,008	$ 72,878	$ 74,168	$ 78,487	$ 83,193
	Actual Hourly Rate	$ 28.97	$ 30.35	$ 31.45	$ 32.56	$ 33.66	$ 35.04	$ 36.14	$ 37.73	$ 40.00
Billing Rate Per Hour		$ 29.00	$ 30.00	$ 31.00	$ 33.00	$ 34.00	$ 35.00	$ 37.00	$ 38.00	$ 40.00
	(starting)									
	Actual w/out Health Insurance	$ 26.76	$ 27.14	$ 28.24	$ 29.34	$ 30.45	$ 31.62	$ 32.93	$ 34.68	$ 36.78
Billing Rate w/out Health Insurance		$ 26.80	$ 27.00	$ 28.00	$ 29.00	$ 31.00	$ 32.00	$ 33.00	$ 35.00	$ 42.00

* Up to the first $84,900
** Up to the first $7,000
*** Up to the first $8,000
Malpractice is calculated by multiplying the base salary times 3.0%

S:\ACTG\Corrections\[Copy of GDOC\Staffing Proposals-Updated July 03.xls]Exhibit A

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

SEVENTEENTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 1st day of February, 2004, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:.

Article I – Psychiatry Staffing at Autry State Prison

1. The PSYCHIATRY/ staffing pattern for Autry State Prison as reflected on Exhibit C to Amendment 14 of the Agreement is changed from 1.0 Psychiatry to 1.4 Psychiatry.

2. MHM will recover the additional cost of this staffing increase through a reduction in the "Net Rebate" as determined under the provisions of Amendment No. 14, Article II. For each month in which the number of psychiatrists employed at Autry State Prison exceeds 1.0 FTE's, the Net Rebate will be reduced by $7,390.00 per .4 FTE. If such additional psychiatrist is employed for only part of a month, the offset will be reduced on a pro-rata basis.

Article II – Miscellaneous Provisions

1. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

2. This Amendment shall be coterminous with the original agreement, as amended with the understanding that the Department may terminate this Amendment when and if the Department determines it is within its best interests to do so. The Department will provide MHM with 30 days notice of its intent to terminate this Amendment.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS:

BY: _____
Commissioner or Designee

MHM CORRECTIONAL SERVICES INC:

BY: _____
1-29-04

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

EIGHTEENTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 15th day of April, 2004, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

Article I – Clinical Chaplain Position at Augusta State Medical Prison

1. The parties agree that the services of a Clinical Chaplain are required for purposes of providing quality mental health care under the Agreement at the Augusta State Medical Prison. MHM shall therefore retain the services of Clinical Chaplain for this purpose. The salary for the Mental Health Director shall be in accordance "Exhibit A" which is titled "Clinical Chaplain Staffing Proposal" which is attached hereto and made a part hereof. In no event shall the Clinical Chaplain's salary exceed $60,000.00 per year, exclusive of all

benefits normally offered by MHM to its employees. The Clinical Chaplain shall have the minimum qualifications contained on "Exhibit B" and titled State of Georgia Job Description, which is attached hereto and made a part hereof. The Clinical Chaplain shall perform the job responsibilities and adhere to the performance standards contained on Exhibit B.

2. Payments for the services of the Clinical Chaplain shall be paid on the basis of the salary standard reflected in Exhibit A. Payments for the services of the Clinical Chaplain shall be made in monthly installments upon receipt of MHM's monthly invoice in approved form on or before the 15th of each month. At a minimum, MHM's invoices for services provided shall specify the site at which the services were performed and will include supporting documentation detailing the actual hours provided, and the applicable hourly rate depicted on Exhibit A. Exhibit A reflects a salary standard for the position allowing for twenty-eight (28) paid days off (including vacations leave, sick leave, holidays and personal floating holidays. The Department shall endeavor to pay approved invoices within 30 days of receipt; however, no interest shall accrue on past-due amounts.

3. The Department shall have the option to add additional clinical chaplains at designated facilities. The number and locations of additional clinical chaplains will be at the sole discretion of the Department.

Article II – Effective Date

This Amendment shall have an effective date of May 1, 2004, and shall be coterminous with the original Agreement, as amended.

Article III– Miscellaneous Provisions

1. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

2. This Amendment shall be coterminous with the original agreement, as amended with the understanding that the Department may terminate this Amendment when and if the Department determines it is within its best interests to do so. The Department will provide MHM with 30 days notice of its intent to terminate this Amendment.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be

bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

MHM CORRECTIONAL SERVICES INC:

BY: _____
4-15-04

MHM Correctional Services, Inc.
March 23, 2004

CLINICAL CHAPLAIN STAFFING PROPOSAL

Cost Assumptions
Amendment 16
Exhibit A

Base Salary		$ 40,000.00	$ 42,500.00	$ 44,500.00	$ 46,500.00	$ 48,500.00	$ 51,000.00	$ 53,000.00	$ 56,000.00	$ 60,000.00
Benefits										
	FICA*									
	Medicare	$2,480	$2,635	$2,759	$2,883	$3,007	$3,162	$3,286	$3,472	$3,720
	Federal Unemployment**	$56	$59	$62	$65	$68	$71	$74	$78	$84
	State Unemployment***	$216	$216	$56	$56	$56	$56	$56	$56	$56
	Workers Comp	$1,000	$1,063	$216	$216	$216	$216	$216	$216	$216
	Health Insurance(Assumes PPO/Family Coverage)	$5,621	$5,621	$1,113	$1,163	$1,213	$1,275	$1,325	$1,400	$1,503
	Dental Insurance	$1,000	$1,063	$5,621	$5,621	$5,621	$5,621	$5,621	$5,621	$5,621
	401K	$800	$638	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
	Recruiting	$400	$400	$666	$698	$726	$765	$795	$840	$900
	Malpractice	$1,200	$1,275	$400	$400	$400	$400	$400	$400	$400
	Regional Overhead	$500	$400	$1,335	$1,395	$1,455	$1,530	$1,590	$1,680	$1,800
				$400	$400	$400	$400	$400	$400	$400
Total Benefits and Overhead		$13,033	$13,979	$14,272	$14,565	$14,858	$15,225	$15,518	$15,957	$16,543
Total Salaries and Benefits		$53,033	$56,479	$58,772	$61,065	$63,358	$66,225	$68,518	$71,957	$76,543
Margin		$8,650	$8,650	$8,650	$8,650	$8,650	$8,650	$8,650	$8,650	$8,650
Margin as % of Total Salaries and Benefits		11.5%	10.5%	10.2%	9.8%	9.5%	9.1%	8.9%	8.5%	8.0%
Total Projected Cost		$ 59,683	$ 63,129	$66,422	$67,715	$70,008	$72,875	$75,168	$76,607	$83,193
	Actual Hourly Rate	$ 28.69	$ 30.35	$ 31.45	$ 32.56	$ 33.66	$ 35.04	$ 36.14	$ 37.79	$ 40.00
Billing Rate Per Hour		$ 29.00	$ 30.00	$ 31.00	$ 33.00	$ 34.00	$ 35.00	$ 37.00	$ 38.00	$ 40.00
	(Staffing)									
	Actual w/out Health Insurance	$ 26.48	$ 27.14	$ 28.24	$ 29.34	$ 30.45	$ 31.82	$ 32.93	$ 34.58	$ 36.78
Billing Rate w/out Health Insurance		$ 28.00	$ 27.00	$ 28.00	$ 29.00	$ 31.00	$ 32.00	$ 33.00	$ 35.00	$ 42.00

* Up to the first $84,900
** Up to the first $7,000
*** Up to the first $8,000
Malpractice is calculated by multiplying the base salary times 2.0%

S:\ACTG\Correctional\Correctional 2002\[CCCStaffingProposals-Chaplain Ex C.xls]Exhibit A

State of Georgia Job Description

Job Title: Chaplain, Clinical
Job Code: 14007
Last Update: 10/1/2002
Salary Plan: Statewide Salary Plan (SWD)
Pay Grade: 014

Salary Minimum: $31,474.08/yr
Market Midpoint: $40,992.72/yr
Salary Maximum: $55,072.08/yr

Additional Job Statistics... (SWD)

Job Description, Responsibilities, Standards, and Qualifications

Job Description:
Under limited supervision, serves as the Chaplain providing clinical pastoral and case management services to clients in a 28 day inpatient rehabilitation program. Supervises a staff of social services professionals, clerical and technical support personnel.

Job Responsibilities & Performance Standards:

1. Maintains constitutional compliance with 1st amendment which provides for free access to religion and no establishment of a state religion. (Performed by some incumbents)
1. Monitors the facility's religious program to accommodate the various faiths of each client in the program.
2. Ensures that established guidelines for the clients various faith practices are observed.
3. Coordinates and consults with appropriate staff in the preparation of the menus for the facility in order to maintain legal requirements for religious diets.
4. Remains aware and up-to-date on new litigation and legal decisions that affect religious services in the program.

2. Provides therapeutic and pastoral counseling services. (Performed by all incumbents)
1. Maintains specialized caseload of clients who have emotional/mental health problems with religious overtones.
2. Routinely performs individual/family pastoral counseling services.
3. Accurately identifies and interprets from client's behavior any religious ideations.
4. Performs crisis intervention to clients as needed.

3. Performs administrative pastoral caseload activities. (Performed by all incumbents)
1. Accurately documents clients visits and counseling sessions in their charts.
2. Develops appropriate documentation on clients being served by other care providers and/or agencies.
3. Accurately documents any changes in client's religious concepts as it relates to their treatment progress.

4. Participates in treatment team planning. (Performed by all incumbents)
1. Attends and provides appropriate input in scheduled treatment team meetings.
2. Participates in developing appropriate treatment care plans for clients.
3. Obtains appropriate input or information from the client, or family/significant others to assist in developing appropriate goals and objectives.

5. Monitors client's progress and compliance to treatment plan. (Performed by all incumbents)

1. Reviews client's file and evaluates client's progress in achieving therapeutic goals and objectives.
2. Prepares written progress notes for client's chart documenting findings and evaluations of client's progress in accordance with established guidelines/standards.
3. Communicates regularly and effectively with other care providers concerning progress of clients.

6. Participates in and/or schedules staff development training activities. (Performed by all incumbents)

1. Appropriately identifies staff training needs.
2. Participates in the development of training schedules for staff
3. Coordinates training through appropriate channels.
4. Accurately documents training received by staff.

7. Provides referral and follow-up services to facilitate continuity of care for clients and their families. (Performed by all incumbents)

1. Schedules follow-up appointments in a timely manner to ensure services are provided.
2. Makes appropriate referrals for support services.
3. Meets with client's continuity of care representative as required.

8. Serves as liaison between clients/ family members and community care providers. (Performed by all incumbents)

1. Provides appropriate input in strategy and review sessions, committees, and task forces to facilitate linkages and communication.
2. Provides appropriate information and/or input in meetings pertaining to case management and case collaboration.

9. Creates and maintains a high performance environment characterized by positive leadership and a strong team orientation. (Performed by all incumbents)

1. Defines goals and/or required results at beginning of performance period and gains acceptance of ideas by creating a shared vision.
2. Communicates regularly with staff on progress toward defined goals and/or required results, providing specific feedback and initiating corrective action when defined goals and/or results are met.
3. Confers regularly with staff to review employee relations climate, specific problem areas and actions necessary for improvement.
4. Evaluates employees at scheduled intervals, obtains and considers all relevant information in evaluations and supports staff by giving praise and constructive criticism.
5. Recognizes contributions and celebrates accomplishments.
6. Motivates staff to improve quantity and quality of work performed and provides training and development opportunities as appropriate.

Minimum Qualifications:
Completion of coursework equivalent to a master's degree in divinity or theology from a recognized college, university or seminary and completion of four quarters of training in an accredited clinical pastoral education program and ordination as a clergyman in good standing with church or denomination and three years of post-ordination pastoral counseling experience.(interim)

Preferred Qualifications:
No preferred qualifications information is available.

NOTE:
Job description information is extracted daily from the official Phoenix HRMS Job Code database. Problems in conversion may cause formatting errors in some job descriptions.

The information presented, while not an exact or exhaustive listing, describes the work, performance standards, and qualifications typically required of positions or employees in this job. A specific position description or employee performance plan may differ as long as it is consistent with the core Responsibilities, Standards and Qualifications of that job.

For questions or comments, please contact us or read our disclaimer.

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GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

NINETEENTH AMENDMENT TO
PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 30th day of June, 2004, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement as provided below:

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

Article I – Contract Extension

The parties mutually agree to extend the effectiveness of their Agreement for a further one-year period effective July 1, 2004 through June 30, 2005.

Article II – Capitated Rate for Extension Period

The current capitation rate of $26.10 per inmate per month contained in Article II, Paragraph 1 of the Fifteenth Amendment to the Agreement is superceded and replaced by a capitation rate of twenty-two dollars and forty-nine cents ($22.49) per inmate per month for the period of July 1, 2004 through December 31, 2005 and twenty-two dollars and ninety-four cents ($22.94) for the period of January 1, 2005 through June 30, 2005. The Department shall have the unilateral right to renew the Agreement for two one-year periods, from July 1, 2005 through June 30, 2006, at a capitated rate of twenty-three dollars and sixty-three cents ($23.63), and from July 1, 2006 through June 30, 2007, at a capitated rate of twenty-four dollars and thirty-four cents ($24.34).

Article III – Medication Costs

The Contractor is not required to reimburse the Department for the cost of any medication dispensed on or after the effective date of this Amendment. The Department will repurchase psychotropic medication inventory, up to an amount not to exceed $163,172.94, upon the effective date of this Amendment. The Department's remittance for the lesser of the full amount of the cost of the inventory or $163,172.94 will be submitted to the Contractor within sixty days of the effective date of this Amendment. This Article supercedes Article 4 of the Agreement, as amended by subsequent agreement of the parties.

Article IV – Temporary Dental Services

The Department agrees to pay the Contractor for the actual hours worked by each dentist at an hourly rate of $100, superseding and replacing the current rate of $75.00 per hour as delineated in Article II, Paragraph 9 of the Eighth Amendment to the Agreement. All other terms and conditions previously stipulated in the original Agreement and the following Amendments shall remain the same.

Article V– Salary Adjustment for Certain Psychiatrist and Psychologist Positions

The adjustment regarding salaries of certain psychiatrists and psychologists as reflected in Article III, Paragraph 1 of the Sixteenth Amendment to the Agreement continues. The recovery of the cost is eliminated from the reduction of the "Net Rebate" as described in Article III, Paragraph 2 of the Sixteenth Amendment to the Agreement and is deemed to be inclusive in the Capitated Rate for the extension period per Article II of this Amendment.

Article VI – Psychiatry Staffing at the Georgia Diagnostic and Classification Prison

The current Psychiatry staffing pattern for the Georgia Diagnostic and Classification Prison as reflected in Article IV, Paragraph 1 of the Sixteenth Amendment to the Agreement continues as 2.0 FTE Psychiatry. The recovery of the cost is eliminated from the reduction of the "Net Rebate" as described in Article IV, Paragraph 2 of the Sixteenth Amendment to the Agreement and is deemed to be inclusive in the Capitated Rate for the extension period, per Article II of this Amendment.

Article VII – Psychiatry Staffing at Autry State Prison

The current Psychiatry staffing pattern for the Autry State Prison as reflected in Article I, Paragraph I of the Seventeenth Amendment to the Agreement continues as 1.4 FTE Psychiatry. The recovery of the cost is eliminated from the reduction of the "Net Rebate" as described in Article I, Paragraph 2 of the Seventeenth Amendment to the Agreement and is deemed to be inclusive in the Capitated Rate for the extension period, per Article II of this Amendment.

Article VIII– Psychiatry Staffing

The Psychiatry staffing pattern is adjusted to include 1.0 psychiatrist who is dedicated to providing back-up and coverage for psychiatry absences. 50% of the cost of this psychiatrist is included in the capitated rate in effect for the extension period. The remaining 50% will be borne by the Contractor at its expense.

Article IX – Psychiatry Staffing at Coastal and Baldwin

The Psychiatry staffing pattern is adjusted to include 0.5 psychiatrist at Coastal and 0.5 psychiatrist at Baldwin. The cost is included in the revised capitated rate.

Article X – [redacted]

The Utilization Management (UM) Program as reflected in Article I of the Fourteenth Amendment to the Agreement continues as reflected in the amendment with the following exception:

A. MHM shall establish at its own expense, office space to support the UM Program. Such space will include a Control Room for the purpose of receiving, displaying, and storing utilization data from the Department's facilities. The Control Room shall be equipped with a designated fax

machine, desktop computers with internet access and e-mail capabilities, a filing system, wall-mounted site map identifying all Department facilities, and telephones with voice mail capability. All equipment, supplies and telecommunications, including pagers and mobile phones will be provided by MHM, Inc. at its own expense.

B. The GDC Office of Information Technology will assist in providing access and connectivity to GDC applications through a VPN connection. MHM will establish and maintain an IT network that guarantees 99.7% availability along with IT support to manage the VPN and CitriX applications required to operate and perform UM functions. Further, recovery from down time within four (4) hours will be assured.

C. In the event of catastrophic failure of IT support of UM functions, GDC will assist with the provision of an alternate worksite with Internet access and access to GDC applications. In these instances, MHM will move UM staff to this alternate location on a temporary basis until the IT failure can be resolved.

The cost of these services for the extension period shall be $663,474 payable as follows:

[illegible]	through	December	2004	[illegible]
January	through	June	2005	55,837 per month

Article XI– Miscellaneous Provisions

1. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

2. This Amendment shall be coterminous with the original agreement, as amended with the understanding that the Department may terminate this Amendment when and if the Department determines it is within its best interests to do so. The Department will provide MHM with 30 days notice of its intent to terminate this Amendment.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

MHM CORRECTIONAL SERVICES INC:

BY: _____
Steven H. Wheeler
President/COO
6-17-04

MHM Correctional Services, Inc.

Exhibit B

PSYCHIATRISTS STAFFING PROPOSAL
Cost Assumptions

Base Salary		$ 166,400.00	$ 176,800.00	$ 187,200.00	$ 197,600.00
Hourly Rate		$ 80.00	$ 85.00	$ 90.00	$ 95.00
Benefits					
	FICA*				
	Medicare	$5,450	$5,450	$5,450	$5,450
	Federal Unemployment**	$2,413	$2,564	$2,714	$2,865
	State Unemployment***	$56	$56	$56	$56
	Workers Comp	$216	$216	$216	$216
	Health Insurance/Dental/Vision-Assumes Family PPO Coverage	$4,160	$4,420	$4,680	$4,940
	401K	$7,920	$7,920	$7,920	$7,920
	Recruiting	$2,496	$2,652	$2,808	$2,964
	Malpractice	$1,200	$1,200	$1,200	$1,200
	Regional Overhead	$4,992	$5,304	$5,616	$5,928
		$500	$500	$500	$500
Total Benefits and Overhead		$29,403	$30,281	$31,160	$32,039
Total Salaries and Benefits		$195,803	$207,081	$218,360	$229,639
Margin		$21,538	$21,538	$21,538	$21,538
Margin as % of Total Salaries and Benefits		11.0%	10.4%	9.9%	9.4%
Total Projected Cost		$ 217,341	$ 228,619	$ 239,898	$ 251,177
	Actual Hourly Rate	$ 104.49	$ 109.91	$ 115.34	$ 120.76
Billing Rate Per Hour		$ 105.00	$ 110.00	$ 115.00	$ 121.00

* Up to the first $87,900
** Up to the first $7,000
*** Up to the first $6,000
**** Malpractice is calculated by multiplying the base salary times 3.0%

MHM Correctional Services, Inc.

Exhibit A

PSYCHOLOGISTS STAFFING PROPOSAL
Cost Assumptions

Base Salary		$ 83,200.00	$ 87,360.00	$ 91,520.00	$ 93,600.00
Hourly Rate		$ 40.00	$ 42.00	$ 44.00	$ 45.00
Benefits					
	FICA*	$5,158	$5,416	$5,450	$5,450
	Medicare	$1,206	$1,267	$1,327	$1,357
	Federal Unemployment**	$56	$56	$56	$56
	State Unemployment***	$216	$216	$216	$216
	Workers Comp	$2,080	$2,184	$2,288	$2,340
	Health Insurance/Dental/Vision-Assumes Family PPO Coverage	$7,920	$7,920	$7,920	$7,920
	401K	$1,248	$1,310	$1,373	$1,404
	Recruiting	$600	$600	$600	$600
	Malpractice	$2,496	$2,621	$2,746	$2,808
	Regional Overhead	$500	$500	$500	$500
Total Benefits and Overhead		$21,681	$22,290	$22,675	$22,851
Total Salaries and Benefits		$104,881	$109,650	$114,195	$116,451
Margin		$11,537	$11,537	$11,537	$11,537
Margin as % of Total Salaries and Benefits		11.0%	10.5%	10.1%	9.9%
Total Projected Cost		$ 116,418	$ 121,187	$ 125,732	$ 127,988
	Actual Hourly Rate	$ 55.97	$ 58.20	$ 60.45	$ 61.53
Billing Rate Per Hour		$ 58.00	$ 59.00	$ 61.00	$ 62.00

* Up to the first $87,900
** Up to the first $7,000
*** Up to the first $8,000
**** Malpractice is calculated by multiplying the base salary times 3.0%

MHM Correctional Services, Inc.

Exhibit C

MENTAL HEALTH CLERKS STAFFING PROPOSAL
Cost Assumptions

Base Salary		$	15,000	$	17,500	$	20,000	$	22,500	$	25,000	$	30,000	$	33,280	$	36,000
	Wage rate per hour	$	7.21	$	8.41	$	9.62	$	10.82	$	12.02	$	14.42	$	16.00	$	17.31
Benefits																	
	FICA*		$930		$1,085		$1,240		$1,395		$1,550		$1,860		$2,063		$2,232
	Medicare		$218		$254		$290		$326		$362		$435		$483		$522
	Federal Unemployment**		$56		$56		$56		$56		$56		$56		$56		$56
	State Unemployment***		$218		$218		$218		$218		$218		$218		$218		$218
	Workers Comp		$375		$438		$500		$563		$625		$750		$832		$900
	Health Insurance/Dental&Vision-Assumes Family PPO Coverage		$7,920		$7,920		$7,920		$7,920		$7,920		$7,920		$7,920		$7,920
	401K		$225		$263		$300		$338		$375		$450		$499		$540
	Recruiting		$400		$400		$400		$400		$400		$400		$400		$400
	Malpractice		$450		$525		$600		$675		$750		$900		$998		$1,080
	Regional Overhead		$500		$500		$500		$500		$500		$500		$500		$500
Total Benefits and Overhead			$11,290		$11,836		$12,022		$12,188		$12,788		$13,487		$13,968		$14,366
Total Salaries and Benefits			$26,290		$29,336		$32,022		$34,688		$37,788		$43,487		$47,248		$50,366
Margin			$2,600		$2,600		$2,600		$2,600		$2,600		$3,479		$3,780		$4,029
Margin as % of Total Salaries and Benefits			10.7%		9.6%		8.7%		8.0%		8.0%		8.0%		8.0%		8.0%
Total Projected Cost			$28,890		$31,936		$34,622		$37,288		$40,775		$46,966		$51,027		$54,395
	Actual Hourly Rate		$13.89		$15.36		$16.74		$18.12		$19.80		$22.84		$24.53		$26.15
Billing Rate Per Hour		$	14.00	$	15.50	$	17.00	$	19.00	$	20.00	$	23.00	$	25.00	$	27.00

* Up to the first $87,900
** Up to the first $7,000
*** Up to the first $8,000
**** Malpractice is calculated by multiplying the base salary times 3.0%

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

TWENTIETH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 30th day of September, 2004, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

Article I – Governor's MH Diversion Program

1. MHM shall provide three (3) Mental Health Counselor for purposes of implementing the mental health diversion program in Hall County. The salary for the Mental Health Counselors shall be in accordance with Article II, "Exhibit C" of Amendment 16 to this Agreement. In no event shall the salary of any Mental Health Counselor hired pursuant to this Amendment exceed $60,000.00 per year, exclusive of all benefits normally offered by MHM to its employees. The Mental Health Counselors, if licensed, shall have the minimum

qualifications and perform the duties as delineated in Article III of Amendment No. 8 to the Agreement and if unlicensed, Article II of Amendment No. 9 to the Agreement. The Mental Health Counselors shall be based at the Gainesville Diversion Center and will seek to identify and divert mental health offenders from incarceration.

2. MHM shall provide a Psychologist for 20 hours a week or a 0.5 FTE, for purposes of implementing the mental health diversion program in Hall County. The cost of the part-time Psychologist position will be in accordance with the Psychologists Staffing Proposal, "Exhibit A" of this Amendment. If the Psychologist is employed for part of a month, the cost will be reduced on a pro-rata basis. The Psychologist shall be based at the Gainesville Diversion Center and will seek to identify and divert mental health offenders from incarceration. MHM will recruit and retain only Georgia licensed clinical psychologists. Psychologists with experience and training in forensic psychology will be preferred. The Psychologist shall perform the job responsibilities and adhere to the performance standards as delineated within MHM's Proposal of August 1, 1997, Section 3.2.2.

3. Payments for the services of the Mental Health Counselors shall be paid on the basis of the salary standards reflected in Article II of "Exhibit C" of Amendment 16 to this Agreement. Payments for the services of the Psychologist shall be paid on the basis of the terms as delineated above. Payments for the services of the Mental Health Counselors and the Psychologist shall be made in monthly installments upon receipt of MHM's monthly invoices in approved form on or before the 15th of each month. At a minimum, MHM's invoices for services provided shall specify the site at which the services were performed and will include supporting documentation detailing the actual hours provided, and the applicable hourly rate depicted on Article II of "Exhibit C" of Amendment 16 to this Agreement. The above-referenced exhibit for Mental Health Counselors reflects a salary standard for the positions allowing for twenty-eight (28) paid days off (including vacations leave, sick leave, holidays and personal floating holidays. The Department shall endeavor to pay approved invoices within 30 days of receipt; however, no interest shall accrue on past-due amounts.

4. The Department shall have the option to add additional Mental Health Counselors and Psychologists at designated facilities. The number and locations of additional Mental Health Counselors and Psychologists will be at the sole discretion of the Department.

Article II – Additional Psychiatry Hours at Coastal State Prison

1. The psychiatry hours at Coastal State Prison shall be increased by ten (10) hours each week. This increase in psychiatry hours increases the current psychiatry position from a .5 position to a .75 position.

2. MHM will recover the cost of the part-time psychiatrist position through a reduction in the "Net Rebate" as determined under the provisions of Amendment No. 14, Article II. The cost of the part-time psychiatrist position will be in accordance with the Psychiatrists Staffing Proposal, "Exhibit B" of this Amendment. For each month in which a Coastal State Prison psychiatrist is employed, the authorized amount from "Exhibit B" will be deducted from the aforementioned "Net Rebate". If such psychiatrist is employed for only part of a month, the offset will be reduced on a pro-rata basis.

Article III – Creation of Mental Health Program at Emanuel PDC-Swainsboro Unit

1. MHM shall hire one (1) Mental Health Counselor for purposes of creating a mental health program at the Swainsboro Unit of the Emanuel Probation Detention Center. The salary for the Mental Health Counselor shall be in accordance Article II of "Exhibit C" of Amendment 16 to this Agreement. In no event shall the salary of any Mental Health Counselor hired pursuant to this Amendment exceed $60,000.00 per year, exclusive of all benefits normally offered by MHM to its employees. The Mental Health Counselors, if licensed, shall have the minimum qualifications and perform the duties as delineated in Article III of Amendment No. 8 to the Agreement and if unlicensed, Article II of Amendment No. 9 to the Agreement. The Mental Health Counselors shall be based at the Swainsboro Unit of the Emanuel PDC.

2. Payments for the services of the Mental Health Counselor shall be paid on the basis of the salary standards reflected in Article II of "Exhibit C" of Amendment 16 to this Agreement and Exhibit B. Payments for the services of the Mental Health Counselor shall be made in monthly installments upon receipt of MHM's monthly invoices in approved form on or before the 15th of each month. At a minimum, MHM's invoices for services provided shall specify the site at which the services were performed and will include supporting documentation detailing the actual hours provided, and the applicable hourly rate depicted on Article II of "Exhibit C" of Amendment 16 to this Agreement. The above-referenced exhibit reflects a salary standard for the positions allowing for twenty-eight (28) paid days off (including vacations leave, sick leave, holidays and personal floating holidays. The Department shall endeavor to pay approved invoices within 30 days of receipt; however, no interest shall accrue on past-due amounts.

3. The Department shall have the option to add additional Mental Health Counselors and Psychologists at designated facilities. The number and locations of additional Mental Health Counselors and Psychologists will be at the sole discretion of the Department.

4. MHM shall also add ten (10) hours per week or 0.25 FTE of both psychiatry and psychology time at the Swainsboro Unit of the Emanuel Probation Detention Center.

3. MHM will recover the cost of the part-time psychologist and psychiatrist position through a reduction in the "Net Rebate" as determined under the provisions of Amendment No. 14, Article II. For each month in which a Swainsboro Unit psychologist is employed, the authorized amount from "Exhibit A" will be deducted from the aforementioned "Net Rebate". For each month in which a Swainsboro Unit psychiatrist is employed, the authorized amount from "Exhibit B" will be deducted from the aforementioned "Net Rebate". If such psychologist or psychiatrist is employed for only part of a month, the offset will be reduced on a pro-rata basis.

Article IV – Salary Adjustment for Mental Health Clerks

1. In recognition of market changes regarding salaries for mental health clerks and the need for more competitive salaries to enhance MHM's recruitment efforts for mental health clerks, the parties agree to adjust the salary structure for mental health clerks. The current salary structure for mental health clerks reflected in Exhibit "C" to Amendment No. 9 of this Agreement shall be replaced with Exhibit "C" which is attached hereto and made a part hereof. In no event shall the salary of any licensed mental health clerk exceed $36,000.00 per year, exclusive of all benefits normally offered by MHM to its employees. All other provisions of Amendment Number 9 pertaining to mental health clerks remain unchanged and in full force and effect.

Article V – Salary Adjustment for Psychologist Position at Phillips State Prison

1. In recognition of market changes regarding salaries of psychologists and the need for more competitive salaries to enhance MHM's recruitment efforts to obtain a better qualified psychologist for Phillips State Prison, the parties agree to adjust the salary structure for the psychologist position. The current salary structure for the psychologist position at Phillips State Prison attached to Amendment 14 of this Agreement shall be adjusted as follows: for the full-time psychologist position, the maximum salary shall be $98,000.00 per year, exclusive of all benefits normally offered by MHM to its employees

2. MHM will recover the additional cost of this salary adjustment through a reduction in the "Net Rebate" as determined under the provisions of Amendment No. 14, Article II. For each month in which a Phillips psychologist is employed at the new pay scale, the rebate will be reduced by $2,115.00 for each psychologist. If such psychologist is employed for only part of a month, the offset will be reduced on a pro-rata bases.

Article VI – Effective Date

This Amendment shall have an effective date of August 01, 2004, and shall be coterminous with the original Agreement, as amended.

Article VII– Miscellaneous Provisions

1. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

2. This Amendment shall be coterminous with the original agreement, as amended with the understanding that the Department may terminate this Amendment when and if the Department determines it is within its best interests to do so. The Department will provide MHM with 30 days notice of its intent to terminate this Amendment.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

MHM CORRECTIONAL SERVICES INC:

BY: _____
PRESIDENT /COO
9-20-04

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

TWENTY-FIRST AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 1st day of March, 2005, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

Article I – Inmate Community Residential Coordinator

1. MHM shall hire one (1) Inmate Community Residential Coordinator for purposes of identifying appropriate residential opportunities, on a statewide basis, for discharging/paroling inmates in need of residential resources. The salary for the Inmate Community Residential Coordinator shall be in accordance Exhibit A which is attached hereto and made a part hereof. In no event shall the base salary of the Inmate Community Residential Coordinator hired pursuant to this Amendment exceed $55,000.00 per year, exclusive of all benefits normally offered by MHM to its employees. The Community Residential Coordinator shall have the minimum qualifications contained in "Exhibit B" which is attached hereto and made a part hereof. The Inmate Community Residential Coordinator shall perform the job responsibilities and adhere to the performance standards contained on Exhibit B. The Inmate Community Residential Coordinator shall be based at MHM's Regional Office in Atlanta and will seek to identify appropriate residential opportunities for inmates who are to be discharged/paroled from prison. The Department will reimburse MHM actual expenses associated with necessary business travel for this position on a monthly basis. The request for reimbursement will include supporting documentation of actual travel costs.

Article II – Additional Mental Health Staffing at Bleckley PDC

1. The psychiatrist hours at Bleckley PDC shall be increased by ten (10) hours each week. The rates for these additional psychiatry hours shall be the same as the rates established in Exhibit B to Amendment 20 of the Agreement.

2. The psychologist hours at Bleckley PDC shall be increased by ten (10) hours each week. The rates for these additional psychiatry hours shall be the same as the rates established in Exhibit A to Amendment 20 of the Agreement.

3. The mental health counselor hours at Bleckley PDC shall be increased by forty (40) hours each week. The rates for these additional mental health counselor hours shall be the same as the rates established in Exhibit A of Amendment 9 of the Agreement for unlicensed mental health counselor hours and Exhibit C of Amendment 16 of the Agreement for licensed mental health counselors.

Article III – Additional Mental Health Staffing at Lee Arrendale State Prison

1. MHM shall hire four (4) additional Mental Health Counselors for Lee Arrendale State Prison. The salary for the Mental Health Counselors shall be in accordance Article II of "Exhibit C" of Amendment 16 to this Agreement. In no event shall the base salary of any Mental Health Counselor hired pursuant to this Amendment exceed $60,000.00 per year, exclusive of all benefits normally offered by MHM to its employees. The rates for these additional mental health counselor hours shall be the same as the rates established in Exhibit A of Amendment 9 of the Agreement for unlicensed mental health counselor hours and Exhibit C of Amendment 16 of the Agreement for licensed mental health counselors.

2. Payments for the services of the Mental Health Counselor shall be paid on the basis of the salary standards reflected in Article II of "Exhibit C" of Amendment 16 to this Agreement and Exhibit B. Payments for the services of the Mental Health Counselors shall be made in monthly installments upon receipt of MHM's monthly invoices in approved form on or before the 15th of each month. At a minimum, MHM's invoices for services provided shall specify the site at which the services were performed and will include supporting documentation detailing the actual hours provided, and the applicable hourly rate depicted on Article II of "Exhibit C" of Amendment 16 to this Agreement. The above-referenced exhibit reflects a salary standard for the positions allowing for twenty-eight (28) paid days off (including vacations leave, sick leave, holidays and personal floating holidays. The Department shall endeavor to pay approved invoices within 30 days of receipt; however, no interest shall accrue on past-due amounts.

3. MHM shall also add twenty (20) hours per week of both psychiatry and psychology time at the Lee Arrendale State Prison. Payment for the additional psychiatry and psychology time shall be in accordance with Exhibits A and B of Amendment 20 of this Agreement governing payments for

Psychiatrists and Psychologists.

Article IV – Reduction in Mental Health Staffing at Washington State Prison

MHM staffing at Washington State Prison shall be reduced by two (2) Mental Health Counselors effective May 1, 2005. All other staffing, to include psychiatry and psychology hours will remain the same.

Article V– Effective Date

This Amendment shall have an effective date of March 1, 2005, and shall be coterminous with the original Agreement, as amended.

Article VI– Miscellaneous Provisions

1. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

2. This Amendment shall be coterminous with the original agreement, as amended with the understanding that the Department may terminate this Amendment when and if the Department determines it is within its best interests to do so. The Department will provide MHM with 30 days notice of its intent to terminate this Amendment.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

4. In the future the Department shall have the option to add or delete Mental Health Counselors, Psychiatrists, and Psychologists at designated facilities. This is to eliminate the need for executing future amendments exclusively for purposes of changing staffing patterns at GDC facilities. The number and locations of additional Mental Health Counselors, Psychiatrists, and Psychologists will be at the sole discretion of the Department.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

MHM CORRECTIONAL SERVICES INC:

BY: _____ 3/21/05

MHM Correctional Services, Inc.

EXHIBIT A

RESIDENTIAL COORDINATOR STAFFING PROPOSAL

Cost Assumptions

Base Salary		$40,000.00	$ 45,000.00	$ 50,000.00	$ 55,000.00
Benefits					
	FICA*	$2,480	$2,790	$3,100	$3,410
	Medicare	$580	$653	$725	$798
	Federal Unemployment**	$56	$56	$56	$56
	State Unemployment***	$91	$91	$91	$91
	Workers Comp	$1,000	$1,125	$1,250	$1,375
	Health Insurance(Assumes PPO/Family Coverage)	$8,309	$8,309	$8,309	$8,309
	Dental Insurance	$443	$443	$443	$443
	Life, ADD & Short term disability	$556	$626	$695	$765
	401K	$500	$675	$750	$825
	Recruiting	$400	$400	$400	$400
	Malpractice****	$1,200	$1,350	$1,500	$1,650
	Regional Overhead*****	$2,400	$2,400	$2,400	$2,400
Total Benefits and Overhead		$18,115	$18,917	$19,719	$20,821
Total Salaries and Benefits		$58,115	$63,917	$69,719	$75,821
Margin		$7,064	$7,064	$7,064	$7,064
Margin as % of Total Salaries and Benefits		12%	11%	10%	9%
Total Projected Cost		$ 65,179	$ 70,981	$ 76,783	$ 82,885
	Actual Hourly Rate	$ 31.34	$ 34.13	$ 36.92	$ 39.70
Billing Rate Per Hour		$ 31.00	$ 34.00	$ 37.00	$ 40.00
Travel Hours-Estimated					
Miles Per Hour		1,040	1,040	1,040	
Annual Miles		50	50	50	
Rate per Mile		52,000	52,000	52,000	
Annual Travel Allowance		$ 0.405	$ 0.405	$ 0.405	
		$ 21,060	$ 21,060	$ 21,060	

* FICA — Rates as of 1/1/2005
** Federal Unemployment — Up to the first $90000
*** State Unemployment — Up to the first $7,000
**** Malpractice — Up to the first $8,500
***** Regional Overhead — Malpractice is calculated by multiplying the base salary times 3.0%
Regional Overhead -Used Annual amount of $2400 per Steve Wheeler

EXHIBIT B

MHM CORRECTIONAL SERVICES, INC.

PROVIDING ON-SITE MENTAL HEALTHCARE

POSITION DESCRIPTION **GEORGIA**

Position Title: Inmate Community Residential Coordinator
Program: Georgia Department of Corrections

DESCRIPTION:

Under general supervision of MHM Services, Inc.and its Georgia Program Manager, and in coordination with the GDOC Director of Operations, Planning, and Training, the GDOC Director of Health Services and the Director of Clemency for the Georgia Board of Pardon and Parole, the Residential Coordinator will identify appropriate residential opportunities, statewide for discharging/ paroling inmates in need of resources. Interaction with organizations to include multiple state agencies, private community human services and faith-based organizations will be required.

QUALIFICATIONS

Two years of Human Services Experience, preferably working with indigent clients or offenders. The minimum education requirement is a bachelor's degree in a human services related field.

SPECIFIC DUTIES

The ability to self-manage; perform data collection, report writing, knowledge of Georgia's human services network, and ability to communicate with offenders and professional staff.

Ensures compliance with all GDOC, Georgia Pardon and Parole, and MHM protocol, procedures, and guidelines.

SALARY

$45,000 to $55,000 with Benefits

TRAVEL

Statewide travel will be required at a minimum of 50% of work hours

Please sign below that you understand the job responsibilities as outlined above and agree to perform them to the best of your ability.

Signature _____ Date _____

Supervisor _____ Date _____

EXHIBIT B

MHM CORRECTIONAL SERVICES, INC.

PROVIDING ON-SITE MENTAL HEALTHCARE

POSITION DESCRIPTION **GEORGIA**

Position Title: Inmate Community Residential Coordinator
Program: Georgia Department of Corrections

DESCRIPTION:

Under general supervision of MHM Services, Inc.and its Georgia Program Manager, and in coordination with the GDOC Director of Operations, Planning, and Training, the GDOC Director of Health Services and the Director of Clemency for the Georgia Board of Pardon and Parole, the Residential Coordinator will identify appropriate residential opportunities, statewide for discharging/ paroling inmates in need of resources. Interaction with organizations to include multiple state agencies, private community human services and faith-based organizations will be required.

QUALIFICATIONS

Two years of Human Services Experience, preferably working with indigent clients or offenders. The minimum education requirement is a bachelor's degree in a human services related field.

SPECIFIC DUTIES

The ability to self-manage; perform data collection, report writing, knowledge of Georgia's human services network, and ability to communicate with offenders and professional staff.

Ensures compliance with all GDOC, Georgia Pardon and Parole, and MHM protocol, procedures, and guidelines.

SALARY

$45,000 to $55,000 with Benefits

TRAVEL

Statewide travel will be required at a minimum of 50% of work hours

Please sign below that you understand the job responsibilities as outlined above and agree to perform them to the best of your ability.

_____ _____
Signature Date

_____ _____
Supervisor Date

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

TWENTY-SECOND AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 22nd day of June, 2005, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

Article I – Contract Extension

The parties mutually agree to extend the effectiveness of their Agreement for a further one-year period effective July 1, 2005, through June 30, 2006.

Article II - Capitated Rate for Extension Period

The capitation rate for the extension period shall be in accordance with "Exhibit A" which is attached hereto and incorporated herein. More specifically, the capitation rate of $24.87 per inmate per month shall be the capitation rate from July 1, 2005 through December 31, 2005 and the capitation rate of $25.37 per inmate per month shall be the capitation rate from January 1, 2006 through June 30, 2006.

Article III – Base Salary Rate Increase for MHM Employees

The Department will increase the base salary rate by 2% effective January 1, 2006 for all MHM employees with the exception of psychiatrists and psychologists who have provided services pursuant to this Agreement and who have been continually employed by MHM since January 1, 2005. The increase in the base salary rate is only applicable to those employees who have received a pay increase from MHM of at least 2%.

Article IV - Utilization Management Program

The monthly cost of the Utilization Management (UM) Program, per amendment 19, is $55,837.00 per month through June, 2005. The monthly cost of the UM program will remain at $55,837.00 per month through December, 2005. Effective January 1, 2006, the monthly cost will be $56,954.00.

Article V– Miscellaneous Provisions

1. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

2. This Amendment shall be coterminous with the original agreement, as amended with the understanding that the Department may terminate this Amendment when and if the Department determines it is within its best interests to do so. The Department will provide MHM with 30 days notice of its intent to terminate this Amendment.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or Designee

Print Name: MARK E. GUZZI
COMMISSIONERS DESIGNEE

MHM CORRECTIONAL SERVICES INC:

BY: _____
Steven H. Wheeler

Print Name: Steven H. Wheeler

6-13-05

Exhibit A

GDOC

			Per Inmate per Month	Billing rate per Hour	Annual Hours
Amendment 19 rate effective 7/1/05			$ 23.63		
Services to be included in the capitation rate		Annual Total			
Amendment 20-Psychiatry Coastal-.25 FTE		56,160		$ 108.00	520
Amendment 20-Psychology -Phillips $2115 per month		25,380			
Amendment 20 - Psychiatry-Swainsboro-.25 FTE		57,720		$ 111.00	520
Amendment 20-Psychology -Swainsboro-.25FTE		29,120		$ 56.00	520
Amendment 21-Psychiatry-Arrendale .5 FTE		121,680		$ 117.00	1,040
Amendment 21-Psychology-Arrendale.5 FTE		58,240		$ 56.00	1,040
Amendment 21-Psychiatry-Blekley - .25		57,720		$ 111.00	520
Amendment 21-Psychology-Blekley -.25		29,120		$ 56.00	520
Estimated Annual Cost		$ 435,140	$ 0.84		
Capitated Rate Effective 7/1/05 for add'l amendments 20 & 21			$ 24.47		
CSU Billing-Current Billing Annually	187,660				
CSU - Inflation factor FY 2002 -3.5%	194,249				
CSU - Inflation factor FY 2003-2.5%	199,105				
CSU - Inflation factor FY 2004-0.0%	199,105				
CSU - Inflation factor FY 2005 - 2%	203,087	203,087	0.40		
Proposed Rate Effective 7/1/05			$ 24.87		
Contract Inflation			2%		
Proposed Rate Effective 1/1/2006			$ 25.37		
Estimated Census based on 97% of capacity			43,285		
Capacity 44,634					

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

TWENTY-THIRD AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 1st day of September, 2005, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

Article I – Utilization Management Program for Physical Health

In recognition of evolving needs within the Department, the parties to the Agreement agree that the Utilization Management Program for Physical Health that is established within Amendment Fourteen to the Agreement is in need of revision. Therefore, the parties agree that Article I of Amendment Fourteen is hereby amended to reflect the following changes in staffing:

1. MHM shall hire one (1) Medical Appointments Scheduling Coordinator for purposes of coordinating medical appointments and related security escort support to ensure efficiency and effectiveness in the delivery of services. In no event shall the base salary of the hired pursuant to this Amendment exceed $50,000.00 per year, exclusive of all benefits normally offered by MHM to its employees. The Appointments Scheduling Coordinator shall have the minimum qualifications contained in Exhibit A, which is attached hereto and made a part hereof. In addition, the Medical Appointments Scheduling Coordinator shall perform the job responsibilities and adhere to the performance standards contained on Exhibit A. The Medical Appointments Scheduling Coordinator

shall be based at the Central Offices of the Department in Atlanta and will work with the Office of Health Services, the Corrections Division, Georgia Correctional HealthCare and MHM's Utilization Management Office to ensure continuity of operations in appointments scheduling.

2. With regard to other UM staffing, the required complement of staffing delineated within Amendment Fourteen, Article I, Paragraph 3 is hereby amended to reflect the following changes in staffing: one Physician Medical Director, one Staff Physician, one Nurse Supervisor (RN), three Nurses (RN or LPN) and one Administrative Assistant, all with training and experience in health care utilization management.

3. The Department shall pay MHM a monthly program management fee for the UM Program. The cost of these services shall be $72,153/month, October through December, 2005. Effective January 1, 2006 the monthly cost will be $73,270.

Article II– Effective Date

This Amendment shall have an effective date of October 1, 2005, and shall be coterminous with the original Agreement, as amended.

Article III -- Professional Staffing Efficiencies

The Department and MHM agree that if the required hours for psychiatry, psychology and clinical nurse specialist at a facility as a result of decreases in caseload are less than the authorized hours in the Private Practice Model, any excess hours may be utilized to offset hours that are deficient at another facility.

Article IV– Miscellaneous Provisions

1. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

2. This Amendment shall be coterminous with the original agreement, as amended with the understanding that the Department may terminate this Amendment when and if the Department determines it is within its best interests to do so. The Department will provide MHM with 30 days notice of its intent to terminate this Amendment.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

MHM CORRECTIONAL SERVICES INC:

BY: Steven H. Wheeler
Steven H. Wheeler
President/COO
August 31, 2005

MHM Correctional Services, Inc.

EXHIBIT A

MEDICAL APPOINTMENTS SCHEDULING COORDINATOR PROPOSAL

Cost Assumptions

Base Salary		$40,000.00	$ 45,000.00	$ 50,000.00	$ 55,000.00
Benefits					
	FICA*	$2,480	$2,790	$3,100	$3,410
	Medicare	$580	$653	$725	$798
	Federal Unemployment**	$56	$56	$56	$56
	State Unemployment***	$91	$91	$91	$91
	Workers Comp	$1,000	$1,125	$1,250	$1,375
	Health Insurance(Assumes PPO/Family Coverage)	$8,309	$8,309	$8,309	$8,309
	Dental Insurance	$443	$443	$443	$443
	Life, ADD & Short term disability	$556	$626	$695	$765
	401K	$600	$675	$750	$825
	Recruiting	$400	$400	$400	$400
	Malpractice****	$1,200	$1,350	$1,500	$1,650
	Regional Overhead*****	$2,400	$2,400	$2,400	$2,400
Total Benefits and Overhead		$18,115	$18,917	$19,719	$20,521
Total Salaries and Benefits		$58,115	$63,917	$69,719	$75,521
Margin		$7,064	$7,064	$7,064	$7,064
Margin as % of Total Salaries and Benefits		12%	11%	10%	9%
Total Projected Cost		$ 65,179	$ 70,981	$ 76,783	$ 82,586
	Actual Hourly Rate	$ 31.34	$ 34.13	$ 36.92	$ 39.70
Billing Rate Per Hour		$ 31.00	$ 34.00	$ 37.00	$ 40.00
Travel Hours-Estimated					
Miles Per Hour		104	104	104	
Annual Miles		50	50	50	
Rate per Mile		5,200	5,200	5,200	
Annual Travel Allowance		$ 0.405	$ 0.405	$ 0.405	
		$ 2,106	$ 2,106	$ 2,106	

APPROVED BY: _____

Date: _____

		Rates as 07/01/05
*	FICA	Up to the first $90000
**	Federal Unemployment	Up to the first $7,000
***	State Unemployment	Up to the first $8,500
****	Malpractice	Malpractice is calculated by multiplying the base salary times 3.0%
*****	**Regional Overhead**	**Regional Overhead -Used Annual amount of $2400 per Steve Wheeler**

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

TWENTY-FOURTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 13th day of July, 2006, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, previous amendments to the Agreement have extended the Agreement through June 30, 2006; and

WHEREAS, the parties are currently negotiating changes to the Agreement regarding the licensure of mental health counselors and have yet to reach mutually agreeable terms; and

WHEREAS, the Department requires the services of MHM and MHM is agreeable to continue providing services to the Department and both parties desire to extend the Agreement for a further one (1) month period while negotiations continue to reach an agreement to cover FY-2007.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

1. The parties mutually agree to extend their Agreement, as amended, for a further one (1) month period, effective July 1, 2006, through July 31, 2006. This Agreement may be extended further upon written agreement by and between the parties.

2. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

MHM CORRECTIONAL SERVICES INC:

BY: _____

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

TWENTY-FIFTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 1st day of August, 2006, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, previous amendments to the Agreement have extended the Agreement through July 31, 2006; and

WHEREAS, the parties are currently negotiating changes to the Agreement regarding the licensure of mental health counselors and have yet to reach mutually agreeable terms; and

WHEREAS, the Department requires the services of MHM and MHM is agreeable to continue providing services to the Department and both parties desire to extend the Agreement for a further one (1) month period while negotiations continue to reach an agreement to cover FY-2007.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

1. The parties mutually agree to extend their Agreement, as amended, for a further one (1) month period, effective August 1, 2006, through August 31, 2006. This Agreement may be extended further upon written agreement by and between the parties.

2. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

MHM CORRECTIONAL SERVICES INC:

BY: _____
Steven H. Wheeler
President / COO

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

TWENTY-SIXTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 1st day of September, 2006, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, previous amendments to the Agreement have extended the Agreement through August 31, 2006; and

WHEREAS, the parties are currently negotiating changes to the Agreement regarding the licensure of mental health counselors and have yet to reach mutually agreeable terms; and

WHEREAS, the Department requires the services of MHM and MHM is agreeable to continue providing services to the Department and both parties desire to extend the Agreement for a further one (1) month period while negotiations continue to reach an agreement to cover FY-2007.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

1. The parties mutually agree to extend their Agreement, as amended, for a further one (1) month period, effective September 1, 2006, through September 30, 2006. This Agreement may be extended further upon written agreement by and between the parties.

2. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or Designee

Print Name: MARK E. GUZZI COMMISSIONERS DESIGNEE

MHM CORRECTIONAL SERVICES INC:

BY: _____

Print Name: M. S. Plunkett
CEO

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

TWENTY-SEVENTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 1ST day of October, 2006, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, previous amendments to the Agreement have extended the Agreement through September 30, 2006; and

WHEREAS, the parties are currently negotiating changes to the Agreement regarding the licensure of mental health counselors and have yet to reach mutually agreeable terms; and

WHEREAS, the Department requires the services of MHM and MHM is agreeable to continue providing services to the Department and both parties desire to extend the Agreement for a further one (1) month period while negotiations continue to reach an agreement to cover FY-2007.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

1. The parties mutually agree to extend their Agreement, as amended, for a further one (1) month period, effective October 1, 2006, through October 31, 2006. This Agreement may be extended further upon written agreement by and between the parties.

2. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

3. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or Designee

Print Name: MARK E. GUZZI COMMISSIONER'S DESIGNEE

MHM CORRECTIONAL SERVICES INC:

BY: _____

Print Name: Steven H. Wheeler
President / COO

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

TWENTY-EIGHTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 15 day of November 2006, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, previous amendments to the Agreement have extended the Agreement through October 31, 2006; and

WHEREAS, the parties are completed negotiations concerning to the Agreement regarding the licensure of mental health counselors and have reached mutually agreeable terms; and

WHEREAS, the Department requires the services of MHM and MHM is agreeable to continue providing services to the Department and both parties desire to extend the Agreement for the remainder of FY-2007.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

Article I – Licensure of Mental Health Counselors

1. Effective immediately, Paragraph 1 of Article II of the Ninth Amendment to the Agreement is hereby rescinded in its entirety and no longer of any force or effect and shall be replaced with the following provision: "As of November 1, 2006, MHM shall only recruit, interview, and make available to the Department a sufficient number of qualified licensed mental health counselors for purposes of providing mental health counseling to the Department's inmate population on an as needed basis. All such licensed mental health counselors shall be provided

pursuant to and in conformity with all applicable provisions contained in the Professional Counselors, Social Workers, and Marriage and Family Therapists Licensing Law, O.C.G.A. §§43-10A-1, et seq."

2. Non-licensed mental health counselors that are currently employed by MHM and providing services at Department facilities who desire to continue providing services at Department facilities must commit to obtaining mental health counselor licensure in accordance with the requirements of O.C.G.A. 43-10A-11(a) within three (3) years of December 1, 2006. For licensure purposes, MHM shall develop and implement a supervision program for its non-licensed mental health counselors that is acceptable to the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. Once MHM implements a supervision program for its non-licensed mental health counselors all non-licensed mental health counselors who desire to continue providing services at Department facilities must complete ten (10) hours of supervised counseling services within three (3) months of implementation of the supervision program. Thereafter, each non-licensed mental health counselor must complete not less than thirty (30) hours of supervised counseling per year until licensure is obtained. Any non-licensed mental health counselor that fails to acquire licensure within three (3) years of December 1, 2006 or who fails to obtain supervised counseling services at the pace referenced above shall be dismissed from their counseling duties at Department facilities and replaced with a licensed mental health counselor as soon as possible after the dismissal.

3. All non-licensed mental health counselors that are currently employed by MHM and providing services at Department facilities who desire to continue providing services at Department facilities must also confirm, by December 1, 2006, that their Master's Degrees and internship experiences meet the licensure requirements of O.C.G.A. 43-10A-11(a). Those non-licensed mental health counselors that fail to confirm by December 1, 2006, that their Master's Degrees and internship experiences meet the licensure requirements of O.C.G.A. 43-10A-11(a) shall not be permitted to continue providing mental health counseling services at any Department facility effective January 1, 2007.

4. All non-licensed mental health counselors who do not desire to continue working at Department facilities may opt out of the licensure requirements mandated herein and shall discontinue their counseling duties within sixty (60) days of opting out. MHM shall replace those non-licensed mental health counselors that opt out with licensed mental health counselors as soon as possible.

5. MHM shall ensure there are sufficient supervisor eligible licensed therapists who are currently employed by MHM to participate in the supervision program as supervisors so as to make supervision available to all non-licensed and licensed mental health counselors.

6. MHM shall ensure sufficient psychology hours will be available to meet the needs of the Department's inmate population and the supervision program.

Article II – Extension of Agreement

1. The parties mutually agree to extend their Agreement, as amended, for the period effective November 1, 2006 through June 30, 2007. This Agreement may be extended further upon written agreement by and between the parties.

Article III – Pay Increases for MHM Employees

All MHM employees, with the exception of psychiatrists and psychologists, who have been continually employed by MHM since January 1, 2006, or longer and who provide services pursuant to this Agreement shall be eligible to receive a pay increase effective January 1, 2007. The aggregate total of all such pay increases will target an average of 2% of the affected payroll and will not exceed an annualized aggregate billing increase to GDC of $100,000.

Article IV - Capitated Rate for Extension Period

The current capitation rate of $25.37 per inmate per month shall no longer be effective as of November 1, 2006. Beginning on November 1, 2006 the capitation rate shall be $25.75 per inmate per month.

Article V – Miscellaneous Provisions

1. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

2. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

MHM CORRECTIONAL SERVICES INC:

BY: _____

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

TWENTY-NINTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

THIS AMENDMENT is entered into this 1st day of July, 2007, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia ("MHM").

WITNESSETH:

WHEREAS, the Department and MHM entered into that certain professional services agreement of August 29, 1997, amended subsequently by further agreements of the parties (collectively referred to as the "Agreement"); and

WHEREAS, previous amendments to the Agreement have extended the Agreement through June 30, 2007; and

WHEREAS, the Department requires the services of MHM and MHM is agreeable to continue providing services to the Department and both parties desire to extend the Agreement through June 30, 2008.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

Article I – Contract Extension

The parties mutually agree to extend the effectiveness of their Agreement for a further one year period effective July 1, 2007, through June 30, 2008.

Article II – Capitation Rate for Extension Period

The capitation rate for the period July 1, 2007 through June 30, 2008 shall be increased by 3% to $26.52 per inmate per month. This Agreement may be extended further upon written agreement by and between the parties.

Article III – Pay Increases for MHM Employees

All MHM employees, with the exception of psychiatrists and psychologists, who have been continually employed by MHM since January 1, 2007, or longer and who provide services pursuant to this Agreement shall be eligible to receive a pay increase effective January 1, 2008. The aggregate total of all such pay increases will target an average of 2% of the affected payroll.

Article IV – Miscellaneous Provisions

1. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original Agreement, as amended.

2. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS

BY: _____
Commissioner or His Designee

Mark E. Guzzi
Assistant General Counsel
Commissioner's Designee
Print Name

MHM CORRECTIONAL SERVICES INC:

BY: _____

STEVEN H. WHEELER
Print Name

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

CONSOLIDATED AND RESTATED PROFESSIONAL SERVICES AGREEMENT

THIS consolidation and restatement of that certain professional services agreement of August 29, 1997, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia (hereinafter referred to as the "Department"), and MHM CORRECTIONAL SERVICES, INC., duly authorized by law to transact business in the State of Georgia (the "Contractor"), as amended subsequently by further agreements of the parties (together with such amendments collectively referred to as the "Agreement"), is entered into this 1st day of July, 2008, to be effective as of July 1, 2008 (the "Effective Date").

WHEREAS, there have been twenty-nine amendments to the Agreement since its original execution resulting in a cumbersome and unwieldy agreement that has proven difficult to manage; and

WHEREAS, the parties have determined that certain modifications would result in the more efficient and economical delivery of the services contemplated by the Agreement; and

WHEREAS, previous amendments to the Agreement have extended the Agreement through June 30, 2008 and the parties desire to further extend the Agreement,

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree to the following consolidation and restatement of the Agreement, incorporating those of its amendments which remain operative and those modifications described herein:

1. Scope of Services. A. The Contractor agrees to perform fully and faithfully the services described herein and in Exhibit A (which is incorporated herein by reference) (the "Services"), in accordance with standards applicable to similar professionals practicing in the

geographic locality that Services are to be performed and with the terms and conditions set forth herein. Any additional or different services to be performed shall be specified by an amendment to this Agreement, executed by the parties in the manner provided for herein. No provision of this Agreement shall be construed to prohibit Contractor from offering similar or different services to the public, including other State agencies.

B. Staffing shall be as set forth in Exhibit B, subject to such adjustments as may be agreed to from time to time including, but not limited to, staffing adjustments based on fluctuations in the MH/MR population, subject to the provisions of section 3(B) below. All staffing adjustments must be approved by the Department's MH/MR Program Supervisor prior to the staffing adjustments taking effect.

C. The services to be provided by Contractor shall include:

1. Caseload Management

2. Clinical Supervision

3. Clinical Facility Audit Support

4. CSU Bed Management

5. Assist with telemedicine program coordination

6. Quality assurance including participation in the state-wide CQI process

7. Human resource/personnel support including appropriate recruiting and management and assist with training and follow SOP VG01-0001 MH/MR Organization and Administration which states that the contractor will be responsible for hiring staff but the MH/MR Program Supervisor (Dr. DeGroot) will have veto authority and all hiring must have the approval of the on-site administrative staff. It also states that all administrative decisions regarding work schedules, job duties, use of leave, etc. is subject to approval by the DOC administrative staff. The process for Resolutions of Clinical Conflict states that it will be resolved by the local Deputy Warden of Care and Treatment or Warden if necessary. If there is still conflict the State MH/MR Program Supervisor will consult with the Regional Program Manager, Regional Clinical Director and local administrative staff to resolve. The highest level of resolution rests with the State Health Services Director.

8. Corporate level management, supervision and planning

9. Psychotropic pharmaceutical utilization management

D. Contractor shall establish, maintain, and appropriately staff a regional office to supervise delivery of the Services to the Department.

2. Independent Contractor. In the performance of the Services, and for all tax, liability and insurance purposes, Contractor shall at all times be an independent contractor and not an agent, representative or employee of the Department. Contractor may perform Services through employees or subcontractors, provided in each case that the individuals actually providing the Services shall meet all applicable criteria set out at Exhibit "A," as reasonably determined by the Department, provided further that Contractor shall at all times remain responsible for performance of Services hereunder. Contractor shall determine the means and manner of performance of Services to be rendered, and Contractor shall not hold itself out to be an employee or agent of the Department or use the name of the Department in its business (except to describe its role under this Agreement).

3. Compensation. A. The Department agrees to pay Contractor a flat monthly fee of $2,250,000 per month, subject to adjustment as described below, for the full and faithful performance of Services during the Term hereof, said sum being payable in monthly installments in advance, upon receipt of Contractor's monthly invoice in approved form on or before the 15th of each month (commencing with an invoice prior to June 15, 2008 for the following month's Services). The Department shall endeavor to pay approved invoices within 30 days of receipt; however, no interest shall accrue on past-due amounts. The contractor will provide GDOC a vacancy report by the 15th of each month for the prior month services. The contractor shall also send a rebate check for all vacant positions by the 15th of the following month.

B. In the event the Department elects to add additional staffing, including pursuant to section 1(B), above, the monthly rate payable to MHM shall be increased by the relevant amounts set forth in Exhibit C, effective upon such additional staff position(s) being filled.

C. In the event a position set forth on Exhibit B is eliminated (permanently or temporarily) by election of the Department or remains unfilled after a period of sixty consecutive days (other than as a result of vacation or sick time), the monthly rate thereafter payable to MHM shall be decreased by the relevant amount set forth in Exhibit D. The contractor agrees to notify GDOC when a position has been vacant for over sixty (60) days (even if filled by temporary locums) and then after every (10) days if the position has not been filled because the contractor is not providing full and faithful services. The contractor will submit time sheets for all fill-in psychiatrist and psychologist on a bi-monthly basis to GDOC's contract specialist.

D. As of July 1, 2009, and each July 1 thereafter while this Agreement remains in force, the monthly fee and the amounts set forth in Exhibits C and D will be increased by a percentage increase equal to the percentage increase(s) in the CPI-U, U.S. City Average, all items

MHM

if funds are made available to the Department for this purpose.

4. Medication Costs. The Department will be responsible for furnishing at its cost such psychotropic medications as may be prescribed by Contractor's physicians in accordance with the provisions of this paragraph. The Department shall maintain an adequate inventory to be available to Contractor for prescription purposes. Contractor shall co-operate with the Department in establishing and implementing an appropriate formulary of such medications, subject to such exceptions as may be medically necessary.

5. Pledges of Credit. Contractor acknowledges that the State of Georgia may not lawfully pledge its credit so as to cause a State agency to incur a financial obligation unless funds to honor the obligation have been lawfully appropriated. In the event that the source of any payment by the Department as provided for herein is insufficient, in the sole discretion of the Department, then this Agreement shall terminate without further obligation of the Department.

6. Expenses. The Department shall not be liable for and shall not reimburse the Contractor for any travel or other expenses incurred by the Contractor except as required and approved in advance by the Department in writing. Any request for reimbursement shall be submitted in accordance with fiscal guidelines established by the Department.

7. Term of Agreement. The Agreement, as consolidated and restated herein, shall commence as of the Effective Date and shall terminate at 11:59 on June 30, 2009 unless such period is extended by mutual agreement of the parties in writing. The Department shall have the right to terminate the Agreement at any time for its convenience, with 30 days' prior written notice to the Contractor. Contractor agrees that no agreement shall be effective to prohibit the Department from, or in any manner impairing the Department's ability with respect to, engaging the services of any employees, agents or subcontractors of Contractor in the event of any termination of this Agreement.

8. Compliance with Laws. The Contractor agrees to perform Services in accordance with the terms and conditions of this Agreement and in compliance with all laws, rules, regulations and orders of federal, state and local governments, including orders of any court of competent jurisdiction. Without limitation to the generality of the foregoing, Contractor agrees to comply with any special conditions, undertakings or representations attached hereto, all of which form a part hereof.

9. Screening. Contractor acknowledges and agrees that Contractor, including employees and subcontractors of Contractor, shall be subject to customary background investigations conducted by duly authorized agents of the State, and, while on the premises of any GDC facility, Contractor and Contractor's personnel shall be subject to, and agree to comply with, reasonable rules pertaining or related to safety and security, including spoken directives of GDC facility staff.

10. Licenses, Certifications and Insurance. Contractor agrees to maintain for the duration of this Agreement all licenses, certifications and permits applicable to Services. Contractor further agrees to maintain insurance during the term of this Agreement in amounts and of types reasonably protective of the respective interests of the parties, and in any event, in amounts and of types as follows:

a) Workers' compensation insurance in amounts established by State law;

b) Comprehensive general liability insurance on an occurrence basis, broad form, in the amount of $1,000,000.00 per occurrence/ $3,000,000.00 aggregate;

c) Auto liability insurance covering owned and nonowned vehicles in the amount of $1,000,000.00 per occurrence/ $2,000,000.00 aggregate;

d) Professional liability insurance in the amount of $1,000,000.00 per occurrence/ $1,000,000.00 aggregate.

The foregoing policies shall be obtained from insurance companies licensed to do business in the State of Georgia and shall contain a provision that coverages afforded under the policies will not be canceled or amended without 30 days' prior written notice to the Department. All policies shall be specifically endorsed to provide for a waiver of the insurance carrier's rights to subrogation against the Department. Evidence of insurance, in the form of an insurance certificate naming the Department as a certificate holder, will be required of Contractor prior to the commencement of Services.

11. Shop Right. Contractor agrees that any processes, equipment, proprietary know-how or other proprietary information or matters that are produced or result, directly or indirectly, from or in connection with Contractor's performance of the Services shall be the property of the Department, and Contractor further agrees to execute any and all documents, or take additional actions which may be necessary in the future to give full effect to this provision.

12. Cooperation. Contractor, its employees, agents, subcontractors and assigns, agree to cooperate fully in the defense of any litigation brought against the Department or Contractor relating to Services to be performed under the Agreement, and each party shall give the other prompt notice of any claim, demand, suit or proceeding.

13. Taxes. Contractor shall be solely responsible for the payment in a timely manner, of all federal, State and local taxes, fees or assessments of any type. Contractor further agrees to indemnify the Department from any loss, cost, claim, damage or expense arising therefrom.

14. Entire Agreement. The Agreement, as consolidated and restated herein, constitutes the entire agreement and understanding between the parties hereto and replaces, cancels and supersedes any prior agreements and understandings relating to the subject matter hereof; and all prior representations, agreements, and undertakings between the parties hereto

with respect to the subject matter hereof are merged herein.

15. Amendment. The parties recognize and agree that it may be necessary or convenient for the parties to amend the Agreement as consolidated and restated herein so as to provide for the orderly implementation of all of the undertakings described herein, and the parties agree to cooperate fully in connection with such amendments if and as necessary. However, no change, modification or amendment to this Agreement shall be effective unless the same is reduced to writing and signed by the parties hereto.

In the event that there shall be changes in the scope of services, governmental policies or regulations, the drug formulary governing psychotropic medications that may be utilized in providing the Services, or other circumstances, then either party may submit a written request to renegotiate any of the terms hereof, including but not limited to terms respecting payments to be made hereunder. However, no request for renegotiation of the Agreement shall be submitted (a) if at the time this Agreement as consolidated and restated was executed, the party submitting the request had actual knowledge of the facts on which the request would be based, and (b) unless the basis for the request has a substantial and material financial impact on the party submitting the request. If within thirty (30) days of receipt of the request, the parties are unable in good faith to negotiate a satisfactory modification hereto, the party submitting the request may terminate this Agreement by giving the other sixty days' notice thereof.

16. Notices. Any notice under this Agreement shall be deemed duly given if delivered by hand (against receipt) or if sent by registered or certified mail -- return receipt requested, to a party hereto at the address set forth below or to such other address as the parties may designate by notice from time to time in accordance with this Agreement.

If to the Contractor:
MHM Correctional Services, Inc.
1593 Spring Hill Road
Suite 610
Vienna, Virginia 22182

If to the Department:
Commissioner of Corrections
Georgia Department of Corrections
Room 852, East Tower
Floyd Memorial Building
Two Martin Luther King, Jr., Drive
Atlanta, Georgia 30334

17. Headings. The headings in this Agreement have been inserted for convenience only and shall not affect or control the meaning or construction of any of the provisions of this Agreement.

18. Survival. The terms, conditions, representations, obligations, understandings and undertakings herein shall survive any termination of this Agreement.

19. Governing Law. This Agreement is executed in the State of Georgia, and all matters pertaining to the validity, construction, interpretation and effect of this Agreement shall be governed by the laws of the State of Georgia.

20. Remedies. No remedies or rights herein conferred upon the parties are intended to be exclusive of any remedy or right provided by law, but each shall be cumulative and shall be in addition to every other remedy or right given hereunder or now or hereafter existing at law or in quity (including the right of specific performance).

21. Counterparts. This Agreement may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Agreement until all parties have executed it.

22. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of the Agreement. To the extent any provisions of the Agreement as originally drafted, the amendments thereto, and any policies and procedures established there under (including provisions of the original Agreement dealing with compensation and staffing) are inconsistent with this consolidation and restatement of the Agreement, this consolidation and restatement shall control.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Agreement on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Commissioner or His Designee

Mark E. Guzzi
Assistant General Counsel
Commissioner's Designee
Print Name

MHM CORRECTIONAL SERVICES, INC:

By: _____

Steven H. Wheeler
Print Name

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

FIRST AMENDMENT

THIS AMENDMENT is entered into as of this 1st day of July, 2009, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia ("Department"), and MHM CORRECTIONAL SERVICES, INC. ("Contractor").

RECITALS

WHEREAS, the Department and the Contractor entered into that certain Consolidated and Restated Professional Services Agreement dated March 30, 2009, providing for mental health treatment services for offenders in the Department's facilities; and

WHEREAS, the parties desire to amend their Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

1. The parties agree to extend the effectiveness of their agreement for a one-year period commencing on July 1, 2009 and terminating at 11:59 p.m. on June 30, 2010, unless further extended by amendment to the agreement by and between the parties.

2. In consideration of the foregoing, the Department agrees to pay Contractor a sum not to exceed Twenty Five Million, Seven Hundred Eighty Thousand, Seven Hundred Twenty Nine Dollars ($25,780,729.00) for the full and faithful performance of services during the term hereof.

3. Except as amended hereby, the parties ratify and confirm the effectiveness of the terms and conditions of their original agreement, as amended.

4. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT CORRECTIONS:

By: _____
Commissioner or Designee

Yurie Y. Bae
Assistant Counsel
Commissioner's Designee

MHM CORRECTIONIAL SERVICES, INC:

By: _____
Steven H. Wheeler
President & COO

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

SECOND AMENDMENT

THIS AMENDMENT is entered into as of this 1st day of July 2010, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia ("GDC"), and MHM CORRECTIONAL SERVICES, INC. ("MHM").

RECITALS

WHEREAS, the GDC and MHM entered into that certain Consolidated and Restated Professional Services Agreement dated March 30, 2009, providing for mental health treatment services for offenders in the Department's facilities; and

WHEREAS, the parties desire to amend their Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

1. The parties agree to extend the effectiveness of their agreement for a one-year period commencing on July 1, 2010 and terminating at 11:59 p.m. on June 30, 2011, unless further extended by amendment to the agreement by and between the parties.

2. In consideration of the foregoing, the Department agrees to pay Contractor a sum not to exceed Twenty Five Million, Seven Hundred Eighty Thousand, Seven Hundred Twenty Nine Dollars ($25,780,729.00) for the full and faithful performance of services during the term hereof.

3. The parties ratify and confirm the effectiveness of the terms and conditions of their original agreement, except as specifically amended below:

(a) Payments by GDC. MHM shall invoice GDC one-twelfth (1/12th) of the FY11 contract amount each month ($2,148,394.08). Adjustments to the following month's invoice will be made based on GDC's staffing needs and the costs associated with those needs.

(b) Staffing. In the event that a position set forth on any Exhibit attached to the original agreement is eliminated (permanently or temporarily), by election of

GDC or remains unfilled after a period of 30 consecutive days, the monthly invoice shall be reduced by the relevant amount set forth in the governing exhibit. Time sheets shall continue to be submitted to GDC on a Bi-monthly basis for only those positions requested by GDC.

(c) Psychiatry Services. Diagnostics, Evaluations, Emergency Evaluations: Psychiatrist will perform routine and emergency evaluations in response to referrals or requests as outlined in SOP's VG01-0005 and VG01-0006. Psychiatrist will provide face to face or via Telepsychiatry services according to current DSM IV criteria.

(d) Making Rounds. As governed by GDC's SOP's, psychiatrist or the designated LIP will make rounds and perform face-to-face clinical services in Crisis Stabilization Units, Acute Care Units, Safe Cells, and Observation Cells within 24 hours of admission on holidays and weekends. The approval of restraints or seclusion also requires face-to-face or telepsych contact within 24 hours or shall be done in conjunction with a restraint credentialed nurse or MH professional.

4. GDC reserves the right to extend the contract with MHM through Fiscal Year 2015, at GDC's Sole Discretion and contingent upon the appropriation of funding.

5. MHM currently provides GDC with certain capitated management services, including caseload management, clinical supervision, clinical facility audit support, CSU bed management, telepsychiatry (at designated sites), quality assurance, including participation in the state-wide CQI process, human resource/personnel support, corporate level management, and psychotropic pharmaceutical utilization management. In addition to the foregoing, and in consideration of the GDC's budget constraints and in further consideration of the extension of the GDC's agreement with MHM through this Amendment, MHM will undertake, at its expense, to engage an evidence-based process utilizing industry-based criteria (such as that utilized by firms such as Milliman, Inc.) to ensure the continued efficient/effective use of available resources and delivery of mental health services within the GDC.

6. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Commissioner or Designee

MHM CORRECTIONIAL SERVICES, INC:

By: _____
Steven H. Wheeler
President & COO

GEORGIA DEPARTMENT OF CORRECTIONS
LEGAL OFFICE

THIRD AMENDMENT

THIS AMENDMENT is entered into as of this 1st day of July 2011, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia ("GDC"), and MHM CORRECTIONAL SERVICES, INC. ("MHM").

RECITALS

WHEREAS, the GDC and MHM entered into that certain Consolidated and Restated Professional Services Agreement dated March 30, 2009, providing for mental health and dental health treatment services for offenders in the Department's facilities; and

WHEREAS, the parties desire to amend their Agreement as provided below.

NOW, THEREFORE, in consideration of these premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follows:

1. The parties agree to extend the effectiveness of their agreement for a one-year period commencing on July 1, 2011 and terminating at 11:59 p.m. on June 30, 2012, unless further extended by amendment to the agreement by and between the parties.

2. In consideration of the foregoing, the Department agrees to pay Contractor a sum not to exceed Twenty Seven Million, One Hundred Fifteen Thousand, Nine Hundred and Thirty Three Dollars **($27,115,933.00)** for the full and faithful performance of services during the term hereof.

3. The parties ratify and confirm the effectiveness of the terms and conditions of their original agreement, except as specifically amended below:

(a) Payments by GDC. MHM shall invoice GDC one-twelfth (1/12th) of the FY12 contract amount each month ($2,259,661.08). Adjustments to the following month's invoice will be made based on GDC's staffing needs and the costs associated with those needs.

(b) Staffing. In the event that a position set forth on any Exhibit attached to the

original agreement is eliminated (permanently or temporarily), by election of GDC or remains unfilled after a period of 30 consecutive days, the monthly invoice shall be reduced by the relevant amount set forth in the governing exhibit. Time sheets shall continue to be submitted to GDC on a Bi-monthly basis for only those positions requested by GDC.

(c) GDC reserves the right to add additional staffing and to increase the monthly payment by the relevant amounts set forth in Exhibit C. Likewise, if positions are eliminated, the payment amount shall be adjusted.

4. GDC reserves the right to extend the contract with MHM through Fiscal Year 2016, at GDC's Sole Discretion and contingent upon the appropriation of funding.

5. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Amendment on the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS:

By:_____
Commissioner or Designee

Robert Jones
General Counsel

MHM CORRECTIONIAL SERVICES, INC:

By:_____
Steven H. Wheeler
President & COO

FIFTH AMENDMENT
MENTAL HEALTH AND DENTAL HEALTH TREATMENT SERVICES

THIS FIFTH AMENDMENT ("Amendment") to the Consolidated and Restated Professional Services Agreement originally entered into on March 30, 2009 ("Original Agreement") is entered into as of this 1st day of July 2012, by and between the GEORGIA DEPARTMENT OF CORRECTIONS, an agency of the State of Georgia ("Department"), and MHM CORRECTIONAL SERVICES, INC., a company duly authorized by law to transact business in the State of Georgia ("Contractor").

The purpose of this Amendment is to renew the Agreement through Fiscal Year 13 and clarify the Scope of Services.

NOW, THEREFORE, in consideration of the premises and the mutual promises and agreements hereinafter set forth, the parties hereby agree as follow:

1. Unchanged Terms and Conditions: Except as otherwise expressly set forth herein, the terms and conditions contained in the Original Agreement, as modified by the First, Second, Third, and Fourth amendments are unchanged. The Agreement, including all amendments, shall be referred to as the "Agreement." All capitalized terms used in this Amendment and not expressly defined herein shall have the respective meanings given to such terms in the Agreement.

2. Renewal: The parties agree to extend the effectiveness of their agreement for a one-year period commencing on July 1, 2012 and terminating at 11:59 p.m. on June 30, 2013, unless further extended by amendment to the agreement by and between the parties.

3. Correctional Dental Software: The Department will exercise its option in Section 4 of the Fourth Amendment to continue use of the Correctional Dental Software between July 1, 2012 and June 30, 2013 under the same terms and conditions of this Agreement.

4. Compensation: The Department agrees to pay Contractor a sum not to exceed Twenty Seven Million, Three Hundred Thirty ~~Three~~ Two Thousand, Five Hundred and Ninety Seven Dollars ($27,332,597.00) for the full and faithful performance of services under this Agreement during the term hereof, of which $216,668.00 will be applied towards the Correctional Dental Software. MHM shall invoice GDC one-twelfth (1/12th) of the FY13 contract amount each month ($2,277,716.42). Adjustments to the following month's invoice will be made based on GDC's staffing needs and the costs associated with those needs.

5. The parties ratify and confirm the effectiveness of the terms and conditions of their original agreement, except as specifically amended below:

   (a) Staffing: In the event that a position set forth on any Exhibit attached to the original agreement is eliminated (permanently or temporarily), by election of GDC or remains unfilled after a period of 30 consecutive days, the monthly invoice shall be reduced by the relevant amount set forth in the governing exhibit. Time sheets shall continue to be submitted to GDC on a Bi-monthly basis for only those positions requested by GDC.
   GDC reserves the right to add additional staffing and to increase the monthly payment by the relevant amounts set forth in Exhibit "C" of the Original Contract. Likewise, if positions are eliminated, the payment amount shall be adjusted.

   (b) Scope of Services: Effective July 1, 2012, the Contractor agrees to fully and faithfully perform the services described herein and in Exhibit "A" Scope of Services, which has been attached to this Amendment and incorporated herein by reference. Accordingly, Exhibit "A" Scope of Services of the Original Contract is amended as described in the attached Exhibit "A."

6. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Amendment until each party has executed it.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Amendment as of the day and year first above written.

GEORGIA DEPARTMENT OF CORRECTIONS:

Robert E. Jones
General Counsel

6/27/2012
Date

MHM CORRECTIONAL SERVICES, INC:

Steven H. Wheeler
President, COO

6/28/2012
Date

Exhibit "A"

Scope of Services –Consolidated Contract

Program Policies and Procedures Statement

All proposed mental health services as outlined in this proposal will be delivered in conformance with ALL Department standard operating procedures as they may be amended from time to time.

Program Service

MHM will provide mental health services to Georgia prison inmates to include psychotropic medication utilization management. MHM will provide for qualified, trained and Georgia licensed psychiatrists, psychologist, and licensed masters level providers as further outlined in the staffing plan. MHM will also provide dental services, utilizing qualified dentists, dental hygienists and dental assistants.

Staff management: MHM agrees that once an MHM employee is released from one of GDOC's facilities, they will not be reassigned to another facility without the written permission form the State MH/MR Supervisor of Director of Health Services. MHM further agrees to coordinate with GDOC in regards to a no re-hire list.

Psychiatry Services

As required by the Department's policies and procedures for mental health services, psychiatrists will provide the following services:

- **Medication Management:** Psychotropic medication management services will be provided by qualified psychiatric physicians in accordance with SOP VG01-0015. Face to face evaluative services for inmates on psychotropic medications will be conducted at such intervals as outlined in the SOP's for Mental Health either in person or via tele-psych.

- **Diagnostics/Evaluations/Emergency Evaluations:** Psychiatrist will perform routine and emergency evaluations in response to referrals or requests as outlined in SOP's VG01-0005 and VG01-0006. Psychiatrist will provide face to face or via telepsychiatry services according to current DSM criteria.

- **Making Rounds (level V Crisis Stabilization Units and Acute Care Units).** Psychiatrist will make rounds and perform face to face clinical services to patients in level V Crisis stabilization, Acute care Units, safe cells and observation cells in accordance with Department SOP's

- **A psychiatrist will make rounds in the CSU within twenty-four (24) hours of an inmate being admitted on weekends and holidays and if Seclusion or Restraints are ordered.**

- **Meeting attendance/Participation:** Psychiatrists will attend and actively participate in clinical and administrative meetings (i.e. treatment habilitation

planning, QA, MH/MR staff meetings and community meetings) as outlined in the SOP's and as may be additionally required by the DOC.

- **Consultation:** Psychiatrist will be available and receptive to facility mental health and administrative staff for consultation. The quality assurance process will include facility input as to the receptivity and availability of psychiatrists for consultation.

- **Charting/Documentation:** Psychiatrists will legibly document according to the department's policies and standards, utilizing the department's forms and protocols for documentation.

- **24 Hour Availability:** MHM will provide for 24-hour service coverage and availability of psychiatrist through an on-call protocol. Psychiatrists will be responsive to calls from their assigned area at their assigned time, on a 24-hour basis. Secondary or back –up coverage will be provided through an on-call rotation of regional psychiatrists.

- **Clinical Recommendations:** Psychiatrist will provide written clinical recommendations and findings as requested and assist in the referral and transfer of inmates to alternative facilities as required. Psychiatrists will openly communicate clinical information and hold dialogue with mental health personnel at receiving facilities, as requested, regarding reasons for transfer to CSU or ACU and clinical status.

- **Clinical Supervision:** psychiatrists will be available on a regularly scheduled basis as part of their routine visits to facilities to perform clinical supervisory services and/or consultation to mental health nurses, mental health program specialist, counselors, activity therapist and correctional officers.

- **Staff In-service/Training:** Psychiatrist will participate in training and educational in-service programs for facility staff and allied health professionals on a regular basis or as requested by the department.

- **Participation in CQI and UR Programs:** Psychiatrist will participate in the department's Continuous Quality Improvement (CQI) and Utilization Review (UR) programs.

- **Unique Services:** Psychiatrists will provide clinical services unique to the missions of the facilities and the MH/MR program.

Psychological Services

As required by the department's policies and procedures for mental health services, psychologist will provide the following services:

- **Individual/Group Psychotherapy:** Psychologist will provide individual and group psychotherapy services to inmates referred for such services or identified through the comprehensive treatment plan. Psychologist will also provide consultation services to departmental mental health staff providing individual and group therapy as may be requested by the department.

- **Clinical Program Oversight and Program Development:** Psychologist will provide program oversight to all MH/MR inmates, and develop programs and groups. Clinical Directors are responsible for developing and ensuring implementation of mental health programs to address clinical issues identified on inmates' comprehensive treatment plans. Each MH/MR unit will have a therapeutic program to address aberrant behaviors exhibited by personality-disordered individuals, as well, as, programs for patients with psychotic diagnoses and affective disorders.

- **Diagnostics/Evaluation/Psychological Testing:** Psychologist will provide evaluative and diagnostic services to referred inmates according to DSM criteria. Psychologist will complete written psychological evaluations in a timely fashion according to Departmental policy. Psychologist will administer, score and/or interpret psychological testing.

- **Clinical Consultation and training:** Psychologist will be available on a regularly scheduled basis as part of their routine services to facilities to perform clinical consultation to institutional mental health staff, counselors, behavior specialist, interns, students etc. The Clinical Director, along with the MH/MR Unit Manager will ensure all licensed staff performs within the parameters and scope of their license.

- **Psychologist will provide clinical supervision to all unlicensed counselors.**

- **Meeting Attendance/Participation:** Psychologist will attend and actively participate in clinical and administrative meetings as outlined in the SOP's and as may be additionally required by the department.

- **Clinical Recommendations:** Psychologists will provide written recommendations and findings as requested and assist in the referral and transfer of inmates to alternative facilities as required. Psychologist will hold dialogue with mental health personnel at the receiving facilities regarding reasons for transfer and clinical status of inmates being transferred.

- **Staff In-service/Training:** Psychologists will participate in education/in-service programs for facility staff and allied health professionals on a regular basis or as otherwise requested. Along with the MH/MR Unit Manager, the Clinical Director will ensure training addresses clinical deficiencies and other areas of clinical concern found in CQI studies and supervision/observation.

- **Charting/Documentation:** Psychologist will document according to the department's policies and procedures, utilizing the department's forms and protocols for documentation and will be required to write legibly in all documentation and will provide training and oversight to ensure quality of clinical documentation

- **Data Collection/Interpretation of Monthly Statistics:** Psychologists will collect data and provide for interpretation of monthly statistical reports as may be requested by the department.

- **Participation in CQI and UR programs:** Psychologists will participate in the department's Continuous Quality Improvement and Utilization review programs. The Clinical Director will be responsible for reviewing all CQI studies and, along with the MH/MR Unit Manager, develop a corrective action plan to address clinical/programming concerns /deficiencies found in CQI studies, or other data collection activity .The Clinical Director and the MH/MR Unit Manager will conduct a second CQI within six months to ensure the corrective action addressed the problem(s) adequately.

Unit Manager's

As required by the department's policies and procedures for mental health services the unit managers will provide the following services.

- **Plans and direct the Operation and administration of MH/MR unit:** Under authority of Deputy Warden, plans, directs and assumes responsibility for administration and operation of the unit. They will coordinate with appropriate staff to ensure that business and administrative services and support needs of the unit are met using appropriate channels of communication. They will create and maintain a high performance environment characterized by positive leadership and a strong team orientation.

- **Monitor Mental Health Program and Services:** Unit managers will continually observe and monitor the care and treatment activities and staff to ensure proper delivery of programs and services to the inmates, in accordance with the department's policies and procedures. Appropriately assigns work to employees based on pertinent factors such as staff ability, available resources work load and security requirements.

- **Supervises and Manages MH/MR staff assigned to unit:** Unit managers will ensure that employees are aware and understand performance standards associated with job responsibilities. They will properly complete and process performance reports for assigned staff. Appropriately reviews, recommends, and or initiates disciplinary/adverse actions according to applicable policies and procedures. The MH/MR Unit Manager will, along with the Clinical Director,

ensure that all licensed staff performs within the perimeters and scope of their license.

- **Staff In-service and Training:** Unit managers will ensure that MH/MR staff receive necessary training and maintain appropriate certifications, licensure, etc in accordance with established requirements and guidelines. They will maintain appropriate logs and files as outlined in the department's SOP's

- **Data Collection:** Unit Managers will collect data and provide interpretation for monthly statistical reports as requested by the department

- **Meeting attendance/Participation:** Unit managers will attend the warden's meeting and participate on committees as required May serve as duty officer in the absence of members of the warden's management team.

- **CQI/UR Programs.** Unit managers will oversee the quality improvement program and participate in self-audits. Ensures that deficiencies and problems found are properly reported and documented ant that appropriate corrective action is taken to address them as per departmental policies and procedures.

Counseling Services
All MH/MR Counselors will be licensed through the Ga. Secretary of State's Composite Board as either LCSW, LMSW, LMFT, or LPC.
Any complaint or other action filed/taken with/by the Secretary of State's Office will immediately be reported to The GDC MH/MR State Supervisor.

As required by the Department's policies and procedures for mental health services, counselors will provide the following services:

- **Conduct psychological screening and testing and develop individual treatment plans.** Counselors will review prisoner records and conduct psycho-social assessments for initial MH/MR classification of needs. They will develop treatment plans and make well-prepared recommendations to the treatment team.

- **Conduct individual and group counseling sessions to meet identified needs of the MH/MR prisoner population.** Counselors will hold individual sessions with those on assigned caseload on a regular basis. They will hold group counseling sessions as stipulated in the treatment plans and use appropriate supervision to work on desired outcomes. Counselors will document individual and counseling sessions within established time frames and according to departmental policies and procedures.

- **Provide appropriate interventions in crisis situations.** Counselors will provide appropriate interventions and emergency counseling sessions to fit the crisis.

They will de-escalate disruptive, hostile or crisis situations by using appropriate therapeutic techniques and methodologies. They will consult with psychiatry, nursing, medical educational security and others as applicable to gather information.

- **Provide case management services to assigned caseload.** Counselors will make appropriate referrals to community services to assure continuity of care when prisoner is discharged. They will serve as advocates to prisoners as needed for disciplinary due process events.

- **Serve as Duty Officer:** Counselors will serve as duty officer on a rotating basis and may serve as back up to the unit manager in his/her absence. Counselors will attend annual HIPPA training. They will participate in 2 hours per month of mental health in-service training and will actively participate in consultation/trainings to develop skills and address clinical deficiencies While serving as duty officer or back up to unit manager they will carry a beeper and will call/or report to the facility after hours and weekends, in accordance with facility policy and procedures or as directed by the warden or designee.

- **Maintains a consistent, high quality, customer focused persona when conducting business and providing services to the public.** Counselors will treat customers with respect, courtesy and tact. Counselors will approve prisoners work schedules, activities or other needs that may arise after hours. They will maintain logs and reports as necessary to ensure security and smooth operation of the unit. They will interact with all levels of state government in a way that promotes respect, encourages cooperation and contributes to excellent performance.

- **Participates as a member of the MH/MH team:** Will participate in CQI activities and attends weekly MH/MR staff meetings

Medication Clinic Coordinator:

As required by the Department's policies and procedures for mental health services, the medication clinic coordinators will provide the following services:

- **Perform routine clerical processing of documents and transactions according to prescribed procedures.** MCC's will prepare the clinic with appropriate supplies including forms, desk chair etc. They will fill out information on medication clinic forms as directed. They will coordinate scheduling and notifications of patients and security to ensure patients are available when staff is available.

- **Maintain record keeping for reference manuals.** MCC's will maintain accurate appointment schedule, producing daily call out lists that include type of

appointment and other information as requested. They will coordinate with the unit manager and the Health services Administrator to ensure that counselors, officers and nurses are working and contributing to the clinic effectively and efficiently.

- **Coordinate and assist as appropriate in triaging who is to be seen in the clinic.** This will include collaboration with the physician, nurse, security and counselors. They will make sure required labs are up to date and results available to the clinicians. They will make sure medication clinic records are available for clinic appointments and review when needed for CSU, ACU, safe cell, and MH observation.

- **Conduct routine and special studies of medication clinic productivity and effectiveness.** MCC's will keep the unit manager informed of all CQI studies and will work with MH/MR Unit Manager and HSA to address deficiencies. They will prepare the shadow files, related callouts and reports as well as facilitate clinic contacts.

Medical Reprieve Coordinator:

As required by the department's policies and procedures for mental health services, the medical reprieve coordinator will:

- Work closely with State Medical Director to facilitate the process for medical reprieve for inmates with serious medical conditions;
- Serve as the coordinator for all medical reprieve activities, including, but not limited to, Initiation, Tracking, and Completion;
- Serve as the Action Officer for establishing a SCRIBE application to track the status of medical reprieves in real time;
- Serve as the liaison between the Department, the Georgia Board of Pardons and Paroles, and Georgia Health Sciences University to identify potential candidates for reprieve;
- Visit facilities to identify potential reprieve candidates;
- Prepare and review all reprieve documents and requests;
- Coordinate with prisons and probation facilities on the release of reprieved inmates;
- Prepare weekly, monthly, and annual reports of reprieve activity and forecast reprieve trends;
- Coordinate all Inmate Grievance Appeal Activity for the Department's Office of Health Services, including, but not limited to setting and enforcing deadlines among staff responsible for grievance appeals and preparing weekly and monthly reports for the Department of grievance appeal activity;
- Perform other projects as assigned by the Department's State Medical Director.

Activity Therapy:

As required by the department's policies and procedures for mental health services, the activity therapist will:

- **Conduct Activity Therapy Assessments:** Activity therapists will conduct individual assessments according to established guidelines. They will interview clients and treatment staff to determine inmate needs. They will utilize the Activity Therapist Assessment form

- **Supervise, Monitors and Documents.** Activity therapists will ensure that there is appropriate equipment, supplies and materials for scheduled activities. They will conduct activities using current and acceptable therapeutic techniques.

- **In Supportive Living Unit programs, each A.T. will provide no less than three (3) hours of therapeutic activities per day for MH/MR Level III and Level IV inmates.**

- **Meeting attendance/Participation:** Activity therapists will participate in treatment team meetings and staff meetings as well as CQI activities as required.

- **Staff in-service/Training:** Activity therapist will participate in education/in-service programs for the facility staff and allied health professionals on a regular basis or as otherwise requested.

- **Documentation:** Activity Therapists will complete monthly notes on all activity therapy participants using the DAP format. Group rosters and group attendance data will be maintained. A.T. assessments will be completed within 30 days on all inmates placed on the MH/MR caseload. If an MH/MR inmate transfers to a facility without an A.T. assessment, one will be completed within 30 days of arrival. The assessment will be reviewed and updated annually with the treatment plan.

- **Supervision:** Activity Therapy staff will receive a minimum of one hour of supervision a month from the MH/MR clinical Director.

Clerical Support:
As required by the department's policies and procedures, Mental Health Clerks will:

- **Maintain record keeping and filing systems and/or reference manuals/materials:** Appropriately classifies sorts, files, and transfers, prepares for microfilming and/or retrieves correspondence, articles, records and other documents as required.

- **Copies and/or distributes letters, memo's reports and other documents and materials:** Prepares and distributes documents to appropriate parties according to

established policies and procedures, and time frames, or as instructed. Properly operates and maintains condition of copy machine and associated equipment ensuring appropriate supplies are maintained.

- **Enters data from forms, records, and reports into computer:** Enters data for purposes of maintaining databases. May use computer software for performing routine clerical assignments.

- **Maintains calendars and schedules appointments, meetings and conferences:** MH clerks will establish and maintain a well-organized calendar system for assigned work unit or program area. Schedule appointments according to instructions from staff.

- **Staff in-service/Training:** MH Clerks will participate in educational/in-service programs for facility staff and allied health professionals on a regular basis.

Chaplaincy Services
As required by the department's policies and procedures, the clinical chaplain will provide the following:

- **Maintain Constitutional Compliance with 1st Amendment which provides for free access to Religion and no establishment of State of Religion.** The Chaplain will monitor the facilities religious programs to accommodate various faiths of each prisoner in the program.

- **Provide Therapeutic and Pastoral Counseling Services.** The chaplain will maintain a specialized caseload of clients who have emotional/mental health problems with religious overtones. They will perform individual/family pastoral counseling services.

- **Perform Administrative Pastoral Caseload Activities:** The chaplain will accurately document client visits and counseling sessions in their charts. They will document any changes in prisoner's religious concepts as it relates to their treatment progress.

- **Participates in Treatment Team Planning.** The chaplain will attend and provide appropriate input in scheduled treatment team meetings. They will participate in developing appropriate treatment care plans.

- **Participates in and/or Schedules Staff Development Training Activities.** The chaplain will identify staff training needs. They will coordinate training through appropriate channels and accurately document training received by staff.

- **Provide Referral and Follow - Up Services to Facilitate Continuity of Care for prisoners and their Families.** The chaplain will make appropriate referrals

for support services. They will schedule follow-up appointments in a timely manner to ensure services are provided.

- **Serve as Liaison between Prisoner, Family Members and Community Care Providers.** They will provide appropriate information and/or input in meetings pertaining to case management and case collaboration

Create and Maintain a High Performance Environment Characterized by Positive Leadership and Strong Team Orientation. They will communicate regularly with staff on progress toward defined goals and/or required results, providing specific feedback and initiating corrective action as needed. They will motivate staff to improve quantity and quality of work performed and provides training and development opportunities as appropriate.

Dental Services

All Dental care and services to be provided to the inmate population of the Georgia Department of Corrections shall be accordance with standards applicable to similar practices in the state of Georgia. As required by the department's policies and procedures for dental services, the Dentist, Dental Hygienist and Dental Assistant will provide the following services.

- Diagnostic services: procedures necessary to provide information to establish a diagnosis or treatment plan.
    1. Dental screening: and evaluation to rule out any acute dental problems requiring immediate treatment.
    2. Dental examination: an examination to include a review of the inmate's dental history, charting or existing restorations and dental pathology, and a hard and soft tissue evaluation.
    3. Radiographs deemed necessary by the dentist providing treatment.

Urgent /emergent care: treatment for severe pain, infection or any other condition where in a dentist's opinion the delay of care would damage the inmate's health. Access to this type of care is available through the institution's sick call policy during normal business hours or by established after-hours emergency policy.

Routine services: All routine dental treatment will be provided on a time available basis and may include:

1. Comprehensive examination
2. Treatment Plan
3. Periodontal treatment that may include prophylaxis and curettage
4. Operative treatment that may include amalgams, composites and temporary restorations.
5. Oral surgery
6. Prosthetic treatment limited to full dentures or a full denture conjunction with a non-cast removable partial denture necessary to balance the occlusion.

Specialized dental service: treatment provided through approved referral to Augusta State Medical Prison that may include oral pathology consultation, treatment of inmates who are severely compromised by medical history, or surgical complicated cases.

Excluded services: Fixed prosthodontic (crown and bridges), orthodontic and endodontic treatments are not available in GDOC. Dental implants, ridge augmentation and cosmetic surgery are not approved.

- **Documentation:** All dental procedures are to be documented in the appropriate sections of the health care records and through the utilization management system of the correctional dental software system.

- **Infection Control:** All dental personnel will read and be familiar with the dental guidelines contained in the GDC, Office of Health services, Infection Control Manual. All dental personnel who treat patients will use universal precautions. These will include at least the following:

  The use of masks, gloves, protective eyewear and gowns, radiation badges
  Hand washing before and after direct patient care
  Needle disposal in puncture resistant containers
  Autoclaving of all instruments used on a patient
  Disinfection of trays, table and shelf surfaces, hoses
  Proper disposal of x-ray film wrappers, gauze, saliva injectors etc.
  Proper labeling of specimens, smears etc for transport.

- **In-Service/Training:** Dental staff will attend in-service and staff meeting as deemed appropriate by Health Authority.

Pharmacy and Therapeutic Committee/Medication Utilization Review:

MHM will serve as a voting member of the Department's Pharmacy and Therapeutic Committee. MHM will utilize this opportunity to assist the Department in policy and procedure development for the use of psychotropic medications and the ongoing review of the Department's formulary.

MHM will provide psychotropic medication utilization and management services as an integral component to the overall program. MHM will establish medical leadership and pharmacological consultation services in order to review psychotropic medication utilization.
Staffing Plan: The success of the program is largely dependent on the quality, competence, character and performance of the clinical and administrative staff involved in the delivery of services. MHM has a demonstrated ability to rapidly recruit, train,

activate and subsequently retain a staff of qualified professionals to implement a wide-scale mental health services program.

- MHM Professionals will be accountable to the client hierarchy as described in SOP VG001-1110.B.3, "Organizational Structure of Facility MH/MR Units"

Staff Composition: The Program will be implemented by a staff of qualified clinical (psychiatrists, psychologists, dentists, and masters level professionals) and administrative professionals geographically located throughout the state. The program will establish leadership as well as core clinical staff positions in sufficient numbers in each region to fill the service and outcome requirements of the department.

Staff Composition

Staff Category	Position	Function
Leadership	Program Manager	Overall Program Performance
	Medical/clinical Directors	Clinical Integrity
Core Clinical Staff	Psychiatrist	Service Provision
	Psychologist	Service Provision
	Master level Clinicians	Service Provision
Administrative Support Staff	Human Resources	Recruitment, Benefits, Retention
	Continuous Quality Improvement	Program Evaluation/Outcomes Monitoring
	Administrative Assistants	Clerical Support, Data/ Documentation Management, materials Management
Dental	Dentists, Dental Hygienists, Dental Assistants	Service Provision

Recruitment/Credentialing: MHM will utilize a recruitment and credentialing process to identify those professionals capable of meeting the demands of an on-site mental health service program in the correctional setting. All applications and credentials will be made available to the Department and MHM will relinquish to the Department all right and authority to refuse and/or terminate applicants whose credentials are insufficient to the Department or whose service to the Department is unsatisfactory.

MHM will perform the following functions as it relates to the credentialing of program professionals:

Credentialing Procedures
Procure and verify copies of the following as they apply: professional's state license(s), Academic diplomas, internship certification, residency certification, board certification, curriculum vitae, Drug enforcement Agency certification, and other certifications presented by applicants.
Request and make contact with references provided
Verify previous experience/employment
Conduct criminal background checks

Program Director: MHM will establish a position for a full time Program Director with overall responsibility for this program. The Program Director will reside in the Atlanta Area and be based out of MHM's Atlanta area office in order to facilitate consultation and service coordination with the Department's Director of Mental Health and other State officials as may be necessary.

The qualifications for the position will include a degree in a human services or related field, at least five years progressive management experience in healthcare and total working knowledge of the correctional environment. The Program Manager will be required to possess full understanding of the Departments Standard Operating Procedures and be charged with delivering a statewide consistent level of service, serving as the main point of contact for the state on issues related to the program. MHM shall not hire or retain a Program Director whose credentials are insufficient or whose service is unsatisfactory.

Psychiatrist: MHM will recruit and retain only Georgia licensed physicians who are board eligible or board certified in psychiatry. Psychiatrists with experience and training in forensic psychiatry will be preferred.

Psychologist: MHM will recruit and retain only Georgia licensed clinical Psychologists. Psychologists with experience and training in forensic psychology will be preferred.

Management Plan

Key to success of the program is the productivity of the clinical staff and the overall satisfaction of the facilities in which the services are provided.

- **Leadership:** MHM will establish program leadership through a designated Program Director supported by designated Clinical Directors (licensed Psychiatrist and Psychologist) all with experience and expertise in the area of delivering specialty mental health services in the correctional environment.

- **Expectations/Productivity Standards:** Service expectations will be clearly defined in writing and communicated to each applicant. Productivity standards will be based on reasonable service volumes taking into consideration the unique security issues of delivering mental health services in the correctional environment.

- **Scheduling:** Clinical service visits by professional staff will be scheduled in advance and published as required by the Department. Professionals will be designated to each facility to maintain consistency of service and continuity of care.

  MHM will work with each facility to establish regularly scheduled days and times for routine visits for professionals to provide services to referred inmates.

- **Communication:** The quality, frequency and content of the communication with field professionalism is recognized to be an integral component to the success of any on-site health services system. MHM will implement a program of ongoing, planned, effective communication with field professionals to ensure the program's objectives are understood by professionals and ultimately attained. Additionally program staff will be required to carry digital paging and voice mail pagers. Planned communication will occur via several methods.

Communication Methods

- Directive, advisory and informal memorandums
- Regional team Meetings
- 1:1 conferences with professional staff
- Program Management teleconferences
- Clinical Psychiatry Teleconferences
- Clinical Psychology Teleconferences
- Dental Teleconferences

Management Goal: Management will operate the program with the goal in mind of not only delivering services in the most efficient manner, but with the goal of establishing a professionally rewarding experience for the staff of the program. Retention of quality staff is recognized to be integral to the attainment of the program's goals for consistency and will be a priority of the program's management and a point of measurement for the program's internal quality evaluation component.

Peer Review: MHM values the importance of the peer review process and view peer review as an essential component of quality assurance and improvement. We have developed the following guidelines to enable our staff to provide consistent evaluation of peers.

- Peer review will be completed using MHM's peer review tool
- Completion of the peer review process will be documented by the reviewer's completion of the Peer Review Verification Form and submission of the Peer Review Tool.
- Reviewer and reviewee should discuss peer review findings. This is intended to facilitate a productive exchange of ideas between peers and both must sign the Peer Review Verification Form
- If peer review reveals minor deficits, reasonable solutions and corrective actions will be identified and discussed by the reviewer and the reviewee.
- Upon completion and resolution at this level of peer review, review findings will be forwarded to the MHM regional office. The peer review tools will be placed in a locked confidential file in accordance with NCCHC peer review standards.
- Copies of the Peer Review Verification Form will be maintained in MHM Continuous Quality Improvement file to confirm completion of the peer review process
- When the peer review process has been completed a copy of the verification form will be sent to the client verifying the completion of peer review.

Tele-Mental Health Program Coordination
As required by the department's policies and procedures for tele-medicine services, MHM will:

- Interface with Georgia Health Science University to expand the use of current and future telemedicine sites to include psychiatric medication management for select mental health inmates.
- This coordination will include but is not limited to training and participating in the preparation of shadow files per SOP VH17-0003, training and providing clinical coverage, training and providing shadow file maintenance.
- MHM will develop and propose reasonable, judicious expansion of the program to include additional sites not currently served by telemedicine.

- MHM will identify the needs for equipment as technology advances and work with the Georgia Department of Correction's IT program to bring these options to market.

- This program will allow us to provide additional services to a significant percentage of the mental health case load through out the state in routine and emergency circumstances as directed by the department.

SIXTH AMENDMENT
PROFESSIONAL
SERVICES AGREEMENT

This Sixth Amendment ("Amendment") to the Original Agreement, entered into on the 29th day of August, 1997 ("Original Contract") is entered into as of this 1st day of July, 2013 by and between the Georgia Department of Corrections ("Department") and MHM Correctional Services, Inc. ("Contractor").

WHEREAS, the purpose of this Amendment is to extend the effectiveness of the agreement for a one (1) year period, increase the number of required staff, and remove the thirty (30) day grace period in the vacancy rebate provision.

NOW, THEREFORE, in consideration of these premises and mutual promises and Agreements hereinafter set forth, the parties hereby agree as follows:

1. Unchanged Provisions. The Agreement, including all Amendments, shall be referred to as the "Agreement." Except as otherwise expressly set forth herein, the terms and conditions contained in the Agreement are unchanged. All capitalized terms used in this Amendment and not expressly defined herein shall have the respective meanings given to such terms in the Agreement.

2. Term Extension. The parties agree to extend the effectiveness of this Agreement for a one (1) year period, commencing on July 1, 2013 and terminating at 11:59 p.m. on June 30, 2014, unless further extended by an Amendment duly executed by both parties.

3. Staffing Matrix and Staffing Rates. Effective July 1, 2013, Contractor agrees to provide staff as described in the attached **Exhibit "A" Staffing Matrix.** Accordingly, all staffing matrixes and staffing rates established prior to this Amendment are hereby amended as described in Exhibit "A." Contractor must submit to the Department bi-weekly timesheets twice a month, showing the hours Contractor's staff provided services requested by the Department. At any time during the term of the Agreement, the Department reserves the right to increase or reduce staffing requirements on the Staffing Matrix as needed and at the rates set forth in Exhibit "A" by a written amendment to this Agreement. Nothing in this paragraph shall be construed to pledge the Department's credit or obligate the Department to pay Contractor more than the maximum compensation amount specified in Section 6. Compensation of this Amendment.

4. Vacancy Rebate. Effective July 1, 2013, Section 5(a)Staffing of the Fifth Amendment shall be deleted in its entirety and replaced with the following language:

> In the event that a position set forth in the Exhibit "A" Staffing Matrix is eliminated or is vacant at any time by the Department's election or for any

GEORGIA DEPARTMENT OF CORRECTIONS
Office of Legal Services
P.O. Box 1529
Forsyth, Georgia 31029
Telephone (478) 992-5240
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Nathan Deal
Governor

Brian Owens
Commissioner

Robert E. Jones
General Counsel

June 28, 2013

VIA EMAIL at jwells@mhm-services.com
Jeffrey S. Wells
Regional Vice President
MHM Services, Inc.

RE: FY 14 Notice to Proceed

Mr. Wells:

The current contract between MHM Correctional Services, Inc. and the Georgia Department of Corrections is set to expire June 30, 2013. The State is in the process of executing the Fiscal Year 14 amendment to renew for one additional year. This letter serves as official notification of the extension of all terms and conditions of the current Contract originally entered into on March 30, 2009, as well as prior amendments to this Contract, until such time as the Fiscal Year 14 amendment to these contracts are fully executed by the parties, but in any event no later than July 31, 2013.

Sincerely,

Robert E. Jones
General Counsel

other reason, the Contractor shall reduce the monthly invoice in accordance with the rates specified in Exhibit "A" Staffing Matrix for the hours the position is vacant and the Department will not pay for that position during the time the position is vacant. MHM and GDC agree that the vacancy paybacks are then offset by utilizing a combination of tele-mental health and on-site staffing to be determined by the GDC Statewide Mental Health Director. This coverage will be needed to service the contract for that particular month to come up with the final credit to GDC. A position is vacant when staff qualified to provide the service required by the Department is not on-site providing such service, except for GDC approved paid days off, administrative meetings, or training. GDC approved vacancies do not include short or long term disability, FMLA, maternity leave, military leave, or workmen's compensation absences.

5. Correctional Dental Software. In accordance with Section 4. Compensation Options in Subsequent Terms of the Fourth Amendment, the Department is exercising its option to continue use of the Correctional Dental Software until February 8, 2014 at the monthly installment rate of Twelve Thousand Five Hundred Dollars ($12,500.00) per month. Contractor shall continue providing maintenance and upgrades to ensure the Correctional Dental Software is fully operational in accordance with the terms and conditions of this Agreement. The parties further agree that Contractor shall provide the Department with the use, maintenance, and upgrades of the Correctional Dental Software until June 30, 2014 at the monthly installment rate of Twelve Thousand Five Hundred Dollars ($12,500.00) per month.

6. Compensation. For Fiscal Year 14, the Department will pay Contractor a sum not to exceed Twenty-Eight Million Fifteen Thousand Five Hundred and Ninety Eight Dollars ($28,015,598.00), which sum is calculated at a maximum of Twenty-Seven Million Eight Hundred and Sixty Five Thousand Five Hundred and Ninety Eight Dollars ($27,865,598.00) for staffing at the rates specified in Exhibit "A" Staffing Matrix and One Hundred and Fifty Thousand Dollars ($150,000.00) for Correctional Dental Software to be paid in twelve equal monthly installments of Twelve Thousand Five Hundred Dollars ($12,500.00) per month. Payments in this paragraph are subject to the Section 4. Vacancy Rebate.

7. Entire Amendment. This Amendment sets forth the entire understanding between the parties with regard to the subject matter hereof and supersedes any prior or contemporaneous Agreements, discussions, negotiations, or representations between the parties whether written or oral with respect thereto. The Agreement, together with this Amendment, may not be amended except by the mutual written Agreement of the parties.

8. Multiple Counterparts. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one Agreement. No party shall be bound by this Amendment until each party has executed it.

In WITNESS whereof, the parties have caused this amendment to be signed effective as of the date and year first written above.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Robert E. Jones
General Counsel

MHM CORRECTIONAL SERVICES, INC.:

By: _____

Name: Steven H. Wheeler

Title: President & COO

ACORD™ CERTIFICATE OF LIABILITY INSURANCE 7/1/2014

DATE (MM/DD/YYYY): 6/25/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER: Lockton Companies, LLC Denver 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED: 1310906 MHM Correctional Services, Inc. 1593 Spring Hill Road, Suite 610 Vienna, VA 22182	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Evanston Insurance Company — 35378 INSURER B: The Charter Oak Fire Insurance Company — 25615 INSURER C: Darwin Select Insurance Company — 24319 INSURER D: Travelers Commercial Casualty Company — 40282 INSURER E: INSURER F:

COVERAGES MHMCO01 CERTIFICATE NUMBER: 10918416 REVISION NUMBER: XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	N	N	MM823544	7/1/2013	7/1/2014	EACH OCCURRENCE	$ 2,100,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ Excluded
	[X] $100,000 SIR						PERSONAL & ADV INJURY	$ 2,100,000
	[X] $100,000 Ded PA & FL						GENERAL AGGREGATE	$ 6,300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ Included
	[X] POLICY [ ] PRO-JECT [ ] LOC							$
B	AUTOMOBILE LIABILITY	N	N	BA-8106C672-13-CAG	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	[X] HIRED AUTOS [X] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
C	[X] UMBRELLA LIAB [X] OCCUR	N	N	03047483	7/1/2013	7/1/2014	EACH OCCURRENCE	$ 10,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 10,000,000
	[ ] DED [X] RETENTION $ 25,000							$ XXXXXXX
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		N	TC2HUB-1107L44A-13	7/1/2013	7/1/2014	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A A	Professional Liability Claims Made	N	N	MM823544 Retro Date 12-31-00	7/1/2013	7/1/2014	$2,100,000: Each Claim $6,300,000: Aggregate $100,000 Ded. $100,000 Ded. FL & PA	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Worker's Compensation deductible is $150,000. Coverage is excluded for punitive damages.

CERTIFICATE HOLDER

10918416

Georgia Department of Corrections
Attn: Tom Sitnick- Director of health Services
State Offices South- Upshaw
300 Patrol Road
Forsyth GA 31029

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Charles M. McDaniel

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE 7/1/2014

DATE (MM/DD/YYYY): 6/25/2013

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PRODUCER	Lockton Companies, LLC Denver 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Evanston Insurance Company	35378
INSURED 1310906	MHM Correctional Services, Inc. 1593 Spring Hill Road, Suite 610 Vienna, VA 22182	INSURER B: The Charter Oak Fire Insurance Company	25615
		INSURER C: Darwin Select Insurance Company	24319
		INSURER D: Travelers Commercial Casualty Company	40282
		INSURER E:	
		INSURER F:	

COVERAGES MHMCO01 CERTIFICATE NUMBER: 10918416 REVISION NUMBER: XXXXXXX

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	N	N	MM823544	7/1/2013	7/1/2014	EACH OCCURRENCE	$ 2,100,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ Excluded
	X $100,000 SIR						PERSONAL & ADV INJURY	$ 2,100,000
	X $100,000 Ded PA & FL						GENERAL AGGREGATE	$ 6,300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ Included
	X POLICY PROJECT LOC							$
B	AUTOMOBILE LIABILITY	N	N	BA-8106C672-13-CAG	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
C	X UMBRELLA LIAB X OCCUR	N	N	03047483	7/1/2013	7/1/2014	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED X RETENTION $ 25,000							$ XXXXXXX
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		N	TC2HUB-1107L44A-13	7/1/2013	7/1/2014	X WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A A	Professional Liability Claims Made	N	N	MM823544 Retro Date 12-31-00	7/1/2013	7/1/2014	$2,100,000: Each Claim $6,300,000: Aggregate $100,000 Ded. $100,000 Ded. FL & PA	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Worker's Compensation deductible is $150,000. Coverage is excluded for punitive damages.

CERTIFICATE HOLDER

10918416

Georgia Department of Corrections
Attn: Tom Siltnick- Director of health Services
State Offices South- Upshaw
300 Patrol Road
Forsyth GA 31029

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Charles M. McDaniel

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE 7/1/2014

DATE (MM/DD/YYYY): 6/25/2013

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PRODUCER: Lockton Companies, LLC Denver 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Evanston Insurance Company	35378
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COVERAGES MHMCO01 CERTIFICATE NUMBER: 10918416 REVISION NUMBER: XXXXXXX

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	N	N	MM823544	7/1/2013	7/1/2014	EACH OCCURRENCE	$ 2,100,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ Excluded
	X $100,000 SIR						PERSONAL & ADV INJURY	$ 2,100,000
	X $100,000 Ded PA & FL						GENERAL AGGREGATE	$ 6,300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ Included
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	AUTOMOBILE LIABILITY	N	N	BA-8106C672-13-CAG	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
C	X UMBRELLA LIAB X OCCUR	N	N	03047483	7/1/2013	7/1/2014	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED X RETENTION $25,000							$ XXXXXXX
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	N	TC2HUB-1107L44A-13	7/1/2013	7/1/2014	X WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A A	Professional Liability Claims Made	N	N	MM823544 Retro Date 12-31-00	7/1/2013	7/1/2014	$2,100,000: Each Claim $6,300,000: Aggregate $100,000 Ded. $100,000 Ded. FL & PA	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Worker's Compensation deductible is $150,000. Coverage is excluded for punitive damages.

CERTIFICATE HOLDER

10918416

Georgia Department of Corrections
Attn: Tom Sittnick- Director of health Services
State Offices South- Upshaw
300 Patrol Road
Forsyth GA 31029

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Charles M. McDaniel

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SEVENTH AMENDMENT
PROFESSIONAL
SERVICES AGREEMENT

This Seventh Amendment ("Amendment") to the Original Agreement, entered into on the 29th day of August, 1997 ("Original Contract") is entered into as of this 1st day of July, 2014 by and between the Georgia Department of Corrections ("Department") and MHM Correctional Services, Inc. ("Contractor").

WHEREAS, the purpose of this Amendment is to extend the effectivness of the agreement for one (1) year period.

NOW, THEREFORE, in consideration of these premises and mutual promises and Agreements hereinafter set forth, the parties hereby agree as follows:

1. Unchanged Provisions. The Agreement, including all Amendments, shall be referred to as the "Agreement." Except as otherwise expressly set forth herein, the terms and conditions contained in the Agreement are unchanged. All capitalized terms used in this Amendment and not expressly defined herein shall have the respective meanings given to such terms in the Agreement.

2. Term Extension. The parties agree to extend the effectiveness of this Agreement for a one (1) year period, commencing on July 1, 2014 and terminating at 11:59 p.m. on June 30, 2015, unless further extended by an Amendment duly executed by both parties.

3. Staffing Matrix and Staffing Rates. Effective July 1, 2014, Contractor agrees to provide staff as described in the attached Exhibit "A" Staffing Matrix. Accordingly, all staffing matrixes and staffing rates established prior to this Amendment are hereby amended as described in Exhibit "A." Contractor must submit to the Department bi-weekly timesheets twice a month, showing the hours Contractor's staff provided services requested by the Department. At any time during the term of the Agreement, the Department reserves the right to increase or reduce staffing requirements on the Staffing Matrix as needed and at the rates set forth in Exhibit "A" by written amendment to this Agreement. Nothing in the paragraph shall be construed to pledge the Department's credit or obligate the Department to pay Contractor more than the maximum compensation amount specified in Section 4. Compensation of this Amendment.

4. Compensation. For Fiscal Year 15, The Department will pay Contractor a sum not to exceed Twenty Eight Million Fifteen Thousand Five Hundred Ninety Eight Dollars ($28,015,598.00) for the full and faithful performance of Services during the Term of this Agreement, calculated at a maximum of Twenty Seven Million Eight Hundred Sixty Five Thousand Five Hundred Ninety Eight Dollars ($27,865,598.00) for staffing at the rates specified in Exhibit "A"

Staffing Matrix and One Hundred Fifty Thousand Dollars ($150,000.00) for Correctional Dental Software to be paid in twelve (12) equal monthly installments of Twelve Thousand Five Hundred Dollars ($12,500.00) per month.

5. Entire Amendment. This Amendment sets forth the entire understanding between the parties with regard to the subject matter hereof and supersedes any prior or contemporaneous Agreements, discussions, negotiations, or representations between the parties whether written or oral with respect thereto. The Agreement, together with this Amendment, may not be amended except by the mutual written Agreement of the parties.

6. Multiple Counterparts. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one Agreement. No party shall be bound by this Amendment until each party has executed it.

In WITNESS whereof, the parties have caused this amendment to be signed effective as of the date and year first written above.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Robert E. Jones
General Counsel

CONTRACTOR:

By: _____
MHM Correctional Services, Inc

EIGHTH AMENDMENT
PROFESSIONAL
SERVICES AGREEMENT

This Eighth Amendment ("Amendment") to the Original Agreement, entered into on the 29th day of August, 1997 ("Original Contract") is entered into as of this ____ day of June, 2015 by and between the Georgia Department of Corrections ("Department") and MHM Correctional Services Inc. ("Contractor").

WHEREAS, the purpose of this Amendment is to correct certain overpayments by Department to Contractor which were documented in an audit of the Original Agreement conducted by Ernst and Young, ("Overpayments"); and

WHEREAS, Department and Contractor have agreed that in order to correct the Overpayments, Contractor would perform certain additional services ("Additional Services") for Department without additional compensation.

NOW, THEREFORE, in consideration of these premises and mutual promises and Agreements hereinafter set forth, the parties hereby agree as follows:

1. Unchanged Provisions. The Agreement, including all Amendments, shall be referred to as the "Agreement." Except as otherwise expressly set forth herein, the terms and conditions contained in the Agreement are unchanged. All capitalized terms used in this Amendment and not expressly defined herein shall have the respective meanings given to such terms in the Agreement.

2. Additional Services. The Additional Services are that Contractor will provide staffing for certain full-time positions located at Appling, Bleckley and West Central Integrated Treatment Facilities as described in "Exhibit A" attached hereto for the time period of February 14, 2014 through May 15, 2015 at no cost to Department.

3. Compensation. From May 16, 2015 through June 30, 2015, Contractor will be paid for the Additional Services at the rate described in the table "GDOC Pricing for Additional Full Time Employees" attached hereto as "Exhibit B." Contractor agrees to submit a separate invoice for payment of these Additional Services.

4. Entire Amendment. This Amendment sets forth the entire understanding between the parties with regard to the subject matter hereof and supersedes any prior or contemporaneous Agreements, discussions, negotiations, or representations between the parties whether written or oral with respect thereto. The Agreement, together with this Amendment, may not be amended except by the mutual written Agreement of the parties.

5. Multiple Counterparts. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one Agreement. No party shall be bound by this Amendment until each party has executed it.

In WITNESS whereof. the parties have caused this amendment to be signed effective as of the date and year first written above.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Jennifer Ammons
General Counsel

CONTRACTOR:

By: _____
MHM Correctional Services Inc.
Steven H. Wheeler
President and COO

EXHIBIT "A"

STAFFING MATRIX

Institution	Counselor	Psychiatrist	Psychologist	Grand Total
Appling ITF		0.50	0.10	0.60
Bleckley PDC	2.00	0.20	0.40	2.60
West Central IFT		0.50		0.50
TOTAL	2.00	1.20	0.50	3.70

EXHIBIT "B"

GDOC Pricing for Additional Full Time Employees
Locations: Appling, Bleckley and West Central

	FTES	Monthly Cost	Annual Cost
Counselor	2	$13,582	$162,984
Psychiatrist	1.2	$30,722	$368,669
Psychologist	0.5	$6,743	$80,916
TOTAL	**3.7**	**$51,047**	**$612,569**

NINTH AMENDMENT
PROFESSIONAL
SERVICES AGREEMENT

This Ninth Amendment ("Amendment") to the Original Agreement, entered into on the 29th day of August, 1997 ("Original Contract") is entered into as of this 1st day of July, 2015 by and between the Georgia Department of Corrections ("Department") and MHM Correctional Services, Inc. ("Contractor").

WHEREAS, the purpose of this Amendment is to extend the effectiveness of the agreement for one (1) year period.

NOW, THEREFORE, in consideration of these premises and mutual promises and Agreements hereinafter set forth, the parties hereby agree as follows:

1. Unchanged Provisions. The Agreement, including all Amendments, shall be referred to as the "Agreement." Except as otherwise expressly set forth herein, the terms and conditions contained in the Agreement are unchanged. All capitalized terms used in this Amendment and not expressly defined herein shall have the respective meanings given to such terms in the Agreement.

2. Term Extension. The parties agree to extend the effectiveness of this Agreement for a one (1) year period, commencing on July 1, 2015 and terminating at 11:59 p.m. on June 30, 2016, unless further extended by an Amendment duly executed by both parties.

3. Staffing Matrix and Staffing Rates. Effective July 1, 2015, Contractor agrees to provide staff as described in the attached Exhibit "A" Staffing Matrix. Accordingly, all staffing matrixes and staffing rates established prior to this Amendment are hereby amended as described in Exhibit "A." Contractor must submit to the Department bi-weekly timesheets twice a month, showing the hours Contractor's staff provided services requested by the Department. At any time during the term of the Agreement, the Department reserves the right to increase or reduce staffing requirements on the Staffing Matrix as needed and at the rates set forth in Exhibit "A" by written amendment to this Agreement. Nothing in the paragraph shall be construed to pledge the Department's credit or obligate the Department to pay Contractor more than the maximum compensation amount specified in Section 4. Compensation of this Amendment.

4. Compensation. For Fiscal Year 16, The Department will pay Contractor a sum not to exceed Twenty Eight Million Nine Hundred Seven Thousand Four Hundred Two Dollars ($28,907,402.00) for the full and faithful performance of Services during the Term of this Agreement, calculated at a maximum of Twenty Eight Million Seven Hundred Fifty Seven Thousand Four Hundred Two Dollars ($28,757,402.00) for staffing at the rates specified in

Exhibit "A" Staffing Matrix and One Hundred Fifty Thousand Dollars ($150,000.00) for Correctional Dental Software to be paid in twelve (12) equal monthly installments of Twelve Thousand Five Hundred Dollars ($12,500.00) per month.

5. Standards of Conduct and Sexual Harassment. Contractor agrees that the Contractor and any of its agents, employees, officials or subcontractors who enter any facility, institution, office or other premise of the Department or who come into contact with any employee of the Department shall comply with the Department's Policies and Procedures relating to Standards of Conduct and Sexual Harassment and shall follow all orders or directives given by Department personnel. If the Contractor or any of its agents, employees, officials or subcontractors should be accused of violating any of these policies or procedures or otherwise violating this provision, then the Contractor will allow and assist the Department in investigating the charge or accusation. If the charge is established, the contractor will take appropriate action to sanction the violation and to ensure that there were no further violations. The Department may also bar anyone from its premises whom it finds to have violated these policies or procedures or who has otherwise violated this provision.

6. Prison Rape Elimination Act. Contractor agrees to assist the Department in complying with standards articulated under 28 C.F.R. 115, entitled the Prison Rape Elimination Act, by submitting to a background check and agreeing not to sexually abuse or harass any offenders. Contractor agrees to undergo training, as the Department sees fit, regarding the Department's zero-tolerance policy for sexual abuse and sexual harassment and Contractor agrees to document that Contractor understands such training. Contractor agrees to inform Department of any knowledge, suspicion, or information regarding the occurrence of sexual abuse or harassment in any facility in which the Contractor is present. Contractor agrees to keep all information about sexual abuse or sexual harassment, other than such information as is required to report the incident, completely confidential. Contractor acknowledges that failure to maintain the standards articulated in this paragraph is considered a material breach of this Agreement and is grounds for termination of this Agreement.

7. Compliance with Federal and State Work Authorization and Immigration Laws. Contractor certifies its compliance with Illegal Immigration Reform and Enforcement Act of 2011 and specifically those provisions codified at O.C.G.A. §13-10-90 et. seq. Contractor warrants that it has registered with and uses the federal work authorization program commonly known as "E-Verify." Contractor further agrees that it will contract for the physical performance of services in satisfaction of this contract only with subcontractors who present an affidavit as required by O.C.G.A. §13-10-91. Contractor warrants that it will include a similar provision in all contracts entered into for the physical performance of services in satisfaction of this contract.

8. Compliance with all State and Federal Laws. Contractor certifies its compliance with all state and federal laws, including but not limited to, the Prison Rate Elimination Act ("PREA") and

all laws relating to health information privacy, to include HIPAA, is an express condition of this Agreement.

9. Entire Amendment. This Amendment sets forth the entire understanding between the parties with regard to the subject matter hereof and supersedes any prior or contemporaneous Agreements, discussions, negotiations, or representations between the parties whether written or oral with respect thereto. The Agreement, together with this Amendment, may not be amended except by the mutual written Agreement of the parties.

10. Multiple Counterparts. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one Agreement. No party shall be bound by this Amendment until each party has executed it.

In WITNESS whereof, the parties have caused this amendment to be signed effective as of the date and year first written above.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Jennifer G. Ammons
General Counsel

CONTRACTOR: MHM CORRECTIONAL SERVICES

By: _____
Steven H. Wheeler
President and COO

TENTH AMENDMENT
PROFESSIONAL
SERVICES AGREEMENT

This Tenth Amendment ("Amendment") to the Original Agreement, entered into on the 29th day of August, 1997 ("Original Contract") is entered into as of this 15th day of November, 2016 by and between the Georgia Department of Corrections ("Department") and MHM Correctional Services, Inc. ("Contractor").

WHEREAS, certain overpayments made by Department to Contractor were detailed in an audit of the Original Contract conducted by Ernst and Young, ("Overpayments"); and

WHEREAS, Department and Contractor resolved the Overpayments by having Contractor provide additional mental health staff at Appling ITF, West Central ITF and Bleckley PDC for a period of time at no cost to Department, the value of which additional staff time became equal to the amount of the Overpayments at the conclusion of Fiscal Year 2015; and

WHEREAS, Department and Contractor desire that Contractor continue to staff the above mental health positions for all of Fiscal Year 2016 and that Contractor staff one additional dental hygienist position for the remainder of Fiscal Year 2016 at Calhoun State Prison; and

WHEREAS, it is necessary to increase the value of the Agreement by $724,373.00, which includes $664,673.00 to pay for the above mental health positions for all of FY 2016 and $59,700.00 for the dental hygienist position from the date of this Amendment through the end of FY 2016.

NOW, THEREFORE, in consideration of these premises and mutual promises and Agreements hereinafter set forth, the parties hereby agree as follows:

1. Unchanged Provisions. The Original Contract, including all Amendments, shall be referred to as the "Agreement." Except as otherwise expressly set forth herein, the terms and conditions contained in the Agreement are unchanged. All capitalized terms used in this Amendment and not expressly defined herein shall have the respective meanings given to such terms in the Agreement.

2. Additional Services. The Additional Services are that Contractor will continue to provide staffing for certain full-time positions located at Appling, Bleckley and West Central Integrated Treatment Facilities and will provide staffing for one new dental hygienist position beginning on November 16, 2015, as described in "Exhibit A" attached hereto.

3. Compensation. For the Additional Services, Contractor will be paid $724,373.00.

4. Entire Amendment. This Amendment sets forth the entire understanding between the parties with regard to the subject matter hereof and supersedes any prior or contemporaneous agreements, discussions, negotiations, or representations between the parties whether written or oral with respect thereto. The Agreement, together with this Amendment, may not be amended except by the mutual written agreement of the parties.

5. Multiple Counterparts. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one Agreement. No party shall be bound by this Amendment until each party has executed it.

In WITNESS whereof, the parties have caused this Amendment to be signed effective as of the date and year first written above.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Jennifer Ammons
General Counsel

CONTRACTOR:

By: _____
MHM Correctional Services, Inc
Steven H. Leonard
President + COO

ELEVENTH AMENDMENT
PROFESSIONAL
SERVICES AGREEMENT

This Eleventh Amendment ("Amendment") to the Original Agreement, entered into on the 29th day of August, 1997 ("Original Contract") is entered into as of this 15th day of February, 2016 by and between the Georgia Department of Corrections ("Department") and MHM Correctional Services, Inc. ("Contractor").

WHEREAS, Department desires to change the staffing matrix by changing a ten (10) hour CNS position at Hays State Prison to a twenty (20) hour Medication Clinic Coordinator position; and

WHEREAS, Department and Contractor agree the change will add no additional financial responsibility to the Department and the change in staffing shall be effective from the date of this Amendment through the end of FY 2016.

NOW, THEREFORE, in consideration of these premises and mutual promises and Agreements hereinafter set forth, the parties hereby agree as follows:

1. Unchanged Provisions. The Original Contract, including all Amendments, shall be referred to as the "Agreement." Except as otherwise expressly set forth herein, the terms and conditions contained in the Agreement are unchanged. All capitalized terms used in this Amendment and not expressly defined herein shall have the respective meanings given to such terms in the Agreement.

2. Compensation. Department and Contractor agree there is no change to the compensation.

3. Staffing Matrix. Effective February 15, 2016, Contractor agrees to provide staff as described in the attached Exhibit "A" Staffing Matrix. Accordingly, all staffing matrixes established prior to this Amendment are hereby replaced as described in Exhibit "A." Contractor must submit to the Department bi-weekly timesheets twice a month, showing the hours Contractor's staff provided services requested by the Department. At any time during the term of the Agreement, the Department reserves the right to increase or reduce staffing requirements on the Staffing Matrix as needed and at the rates set forth in Exhibit "A" by written amendment to this Agreement.

4. Entire Amendment. This Amendment sets forth the entire understanding between the parties with regard to the subject matter hereof and supersedes any prior or contemporaneous

agreements, discussions, negotiations, or representations between the parties whether written or oral with respect thereto. The Agreement, together with this Amendment, may not be amended except by the mutual written agreement of the parties.

5. Multiple Counterparts. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one Agreement. No party shall be bound by this Amendment until each party has executed it.

In WITNESS whereof, the parties have caused this Amendment to be signed effective as of the date and year first written above.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Jennifer Ammons
General Counsel

CONTRACTOR:

By: _____
MHM Correctional Services, Inc
Steven H. Wheeler
President & COO

TWELFTH AMENDMENT
PROFESSIONAL
SERVICES AGREEMENT

This Twelfth Amendment ("Amendment") to the Original Agreement, entered into on the 29th day of August, 1997 ("Original Contract") is entered into as of this 1st day of July, 2016 by and between the Georgia Department of Corrections ("Department") and MHM Correctional Services, Inc.("Contractor").

WHEREAS, the purpose of this Amendment is to extend the effectiveness of the agreement for one (1) year period.

NOW, THEREFORE, in consideration of these premises and mutual promises and Agreements hereinafter set forth, the parties hereby agree as follows:

1. Unchanged Provisions. The Agreement, including all Amendments, shall be referred to as the "Agreement." Except as otherwise expressly set forth herein, the terms and conditions contained in the Agreement are unchanged. All capitalized terms used in this Amendment and not expressly defined herein shall have the respective meanings given to such terms in the Agreement.

2. Term Extension. The parties agree to extend the effectiveness of this Agreement for a one (1) year period, commencing on July 1, 2016 and terminating at 11:59 p.m. on June 30, 2017, unless further extended by an Amendment duly executed by both parties.

3. Staffing Matrix and Staffing Rates. Effective July 1, 2016, Contractor agrees to provide staff as described in the attached Exhibit "A" Staffing Matrix. Accordingly, all staffing matrixes and staffing rates established prior to this Amendment are hereby amended as described in Exhibit "A." Contractor must submit to the Department bi-weekly timesheets twice a month, showing the hours Contractor's staff provided services requested by the Department. At any time during the term of the Agreement, the Department reserves the right to increase or reduce staffing requirements on the Staffing Matrix as needed and at the rates set forth in Exhibit "A" by written amendment to this Agreement. Nothing in the paragraph shall be construed to pledge the Department's credit or obligate the Department to pay Contractor more than the maximum compensation amount specified in Section 4. Compensation of this Amendment.

4. Compensation. For Fiscal Year 17, The Department will pay Contractor a sum not to exceed Thirty Million Eighty One Thousand Two Hundred Forty Seven Dollars ($30,081,247.00) for the full and faithful performance of Services during the Term of this Agreement, calculated at a maximum of Twenty Nine Million Nine Hundred Thirty One Thousand Two Hundred Forty Seven Dollars ($29,931,247.00) for staffing at the rates specified in Exhibit "A" Staffing

Matrix and One Hundred Fifty Thousand Dollars ($150,000.00) for Correctional Dental Software to be paid in twelve (12) equal monthly installments of Twelve Thousand Five Hundred Dollars ($12,500.00) per month.

5. Entire Amendment. This Amendment sets forth the entire understanding between the parties with regard to the subject matter hereof and supersedes any prior or contemporaneous Agreements, discussions, negotiations, or representations between the parties whether written or oral with respect thereto. The Agreement, together with this Amendment, may not be amended except by the mutual written Agreement of the parties.

6. Multiple Counterparts. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one Agreement. No party shall be bound by this Amendment until each party has executed it.

In WITNESS whereof, the parties have caused this amendment to be signed effective as of the date and year first written above.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Jennifer G. Ammons
General Counsel

CONTRACTOR:

By: _____
Steven H. Wheeler
President and COO
MHM Correctional Services, Inc.

THIRTEENTH AMENDMENT
PROFESSIONAL
SERVICES AGREEMENT

This Thirteenth Amendment ("Amendment") to the Original Agreement, entered into on the 29th day of August, 1997 ("Original Contract") is entered into as of this 21st day of September, 2016 by and between the Georgia Department of Corrections ("Department") and MHM Correctional Services, Inc. ("Contractor").

WHEREAS, the purpose of this Amendment is to move one (1) Mental Health Counselor position from Georgia State Prison to Valdosta State Prison.

NOW, THEREFORE, in consideration of these premises and mutual promises and Agreements hereinafter set forth, the parties hereby agree as follows:

1. Unchanged Provisions. The Agreement, including all Amendments, shall be referred to as the "Agreement." Except as otherwise expressly set forth herein, the terms and conditions contained in the Agreement are unchanged. All capitalized terms used in this Amendment and not expressly defined herein shall have the respective meanings given to such terms in the Agreement.

2. Staffing Matrix Changes. Effective September 21, 2016, Contractor agrees to provide staff as described in the attached Exhibit "A" Staffing Matrix dated September 2016. Accordingly, all staffing matrixes and staffing rates established prior to this Amendment are hereby amended as described in Exhibit "A." Contractor must submit to the Department bi-weekly timesheets twice a month, showing the hours Contractor's staff provided services requested by the Department. At any time during the term of the Agreement, the Department reserves the right to increase or reduce staffing requirements on the Staffing Matrix as needed and at the rates set forth in Exhibit "A" by written amendment to this Agreement. Nothing in the paragraph shall be construed to pledge the Department's credit or obligate the Department to pay Contractor more than the maximum compensation amount specified in Section 4. Compensation of this Amendment.

3. Compensation. The parties agree, this change in the Staffing Matrix does not change the compensation amount of the Agreement.

4. Entire Amendment. This Amendment sets forth the entire understanding between the parties with regard to the subject matter hereof and supersedes any prior or contemporaneous Agreements, discussions, negotiations, or representations between the parties whether written or oral with respect thereto. The Agreement, together with this Amendment, may not be amended except by the mutual written Agreement of the parties.

5. Multiple Counterparts. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one Agreement. No party shall be bound by this Amendment until each party has executed it.

In WITNESS whereof, the parties have caused this amendment to be signed effective as of the date and year first written above.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Jennifer O. Ammons
General Counsel

CONTRACTOR:

By: _____
MHM Correctional Services, Inc
Steven H. Leonard
President & COO

FOURTEENTH AMENDMENT
PROFESSIONAL
SERVICES AGREEMENT

This Fourteenth Amendment ("Amendment") to the Original Agreement, entered into on the 29th day of August, 1997 ("Original Contract") is entered into as of this 1st day of July, 2017 by and between the Georgia Department of Corrections ("Department") and MHM Correctional Services, Inc. ("Contractor").

WHEREAS, the purpose of this Amendment is to extend the effectiveness of the agreement for a one (1) year period.

NOW, THEREFORE, in consideration of these premises and mutual promises and Agreements hereinafter set forth, the parties hereby agree as follows:

1. Unchanged Provisions. The Agreement, including all Amendments, shall be referred to as the "Agreement." Except as otherwise expressly set forth herein, the terms and conditions contained in the Agreement are unchanged. All capitalized terms used in this Amendment and not expressly defined herein shall have the respective meanings given to such terms in the Agreement.

2. Term Extension. The parties agree to extend the effectiveness of this Agreement for a one (1) year period, commencing on July 1, 2017 and terminating at 11:59 p.m. on June 30, 2018, unless further extended by an Amendment duly executed by both parties.

3. Staffing Matrix Changes. Effective July 1, 2017, Contractor agrees to provide staff as described in the attached Exhibit "A" Staffing Matrix dated May 23, 2017. Accordingly, all staffing matrixes and staffing rates established prior to this Amendment are hereby amended as described in Exhibit "A." Contractor must submit to the Department bi-weekly timesheets twice a month, showing the hours Contractor's staff provided services requested by the Department. At any time during the term of the Agreement, the Department reserves the right to increase or reduce staffing requirements on the Staffing Matrix as needed and at the rates set forth in Exhibit "A" by written amendment to this Agreement. Nothing in the paragraph shall be construed to pledge the Department's credit or obligate the Department to pay Contractor more than the maximum compensation amount specified in Section 4. Compensation of this Amendment.

4. Compensation. For Fiscal Year 2018, The Department will pay Contractor a sum not to exceed Thirty-Two Million Three Hundred Fifty-Two Thousand Three Hundred Nineteen Dollars ($32,352,319.00) for the full and faithful performance of Services during the Term of this Agreement, calculated at a maximum of Thirty-Two Million Two Hundred Two Thousand

Three Hundred Nineteen Dollars ($32,202,319.00) for staffing at the rates specified in Exhibit "A" Staffing Matrix and One Hundred Fifty Thousand Dollars ($150,000.00) for Correctional Dental Software to be paid in twelve (12) equal monthly installments of Twelve Thousand Five Hundred Dollars ($12,500.00) per month.

5. Entire Amendment. This Amendment sets forth the entire understanding between the parties with regard to the subject matter hereof and supersedes any prior or contemporaneous Agreements, discussions, negotiations, or representations between the parties whether written or oral with respect thereto. The Agreement, together with this Amendment, may not be amended except by the mutual written Agreement of the parties.

6. Multiple Counterparts. This Amendment may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one Agreement. No party shall be bound by this Amendment until each party has executed it.

In WITNESS whereof, the parties have caused this amendment to be signed effective as of the date and year first written above.

GEORGIA DEPARTMENT OF CORRECTIONS:

By: _____
Jennifer G. Ammons
General Counsel

CONTRACTOR:

By: _____
John Campbell
Executive Vice President & CFO
MHM Correctional Services, Inc

GDC DENTAL PEER REVIEW

DENTIST REVIEWED _____

FACILITY _____

DATE _____

SCORE _____%

AUDITOR: _____

Inmate initials and GDC#	1	2	3	4	5	6	7	8	9	10
Screen # 1 - SOAP										
Screen # 2 - Informed Consent										
Screen # 3 - Medical History										
Screen # 4 - Date and Institution										
Screen # 5 – Progress Notes										
Screen # 6 - Forensic Exam										
Screen # 7 – Treatment charted										
Screen # 8 - X-rays										
Screen # 9 – Adheres to GDC policies										
Screen # 10 – Treatment is appropriate										

Screen # 1: SOAP format used in progress notes

Screen # 2: Informed Consent completed for each appointment

Screen # 3: Medical History reviewed and noted on each entry

Screen # 4: Entries in Progress Notes dated and institution indicated

Screen # 5: Progress Notes are adequate and legible

Screen # 6: Forensic Exam completed and Treatment Plan outlined

Screen # 7: Completed dental treatment is charted

Screen # 8: Necessary x-rays taken and in chart

Screen # 9: Adheres to GDC treatment policies

Screen # 10: Treatment offered is appropriate to patient's complaint

GDC DENTAL ADMINISTRATIVE AUDIT

FACILITY _____

DATE _____

SCORE _____% **AUDITOR:** _____

CLINIC AND EQUIPMENT

	Compliance	Comments
1) Equipment is adequate and functioning		
2) GDC SOP's available		
3) Treatment waiting lists documented and updated		
4) MSDS sheets present in clinic		
5) Credentials current and on record with HSA		
6) Plan posted for after-hours dental emergencies		
7) Access to oxygen, AED, and Ambu-bag readily available		
8) Sign-out/Sign-in logs for instruments and needles in use		
9) Sharps container in clinic and restricted		

INFECTION CONTROL

	Compliance	Comments
1) Infection control policy available		
2) Autoclave tested weekly and results log current		
3) Gowns, shields, eye protection, and gloves in use		
4) Operatory area disinfected after each patient contact		
5) Sterilization pouches and cold solutions dated		
6) Biohazard containers labeled and used appropriately		
7) Eye-wash station available and inspection log current		

RADIOLOGY

	Compliance	Comments
1) X-ray equipment has current inspection		
2) Each employee using x-ray has dosimeter badge		
3) Dental assistant certified in x-ray safety training		
4) Lead apron used for patient protection		

POSITION → - ↓ FUNCTION	MENTAL HEALTH COUNSELOR	PSYCHOLOGIST	PSYCHIATRIST	ACTIVITY THERAPIST
	FTE : Offender	FTE : Offender	FTE : Offender	FTE : Offender
LEVEL II – Medium	1 : 75	.5 : 350	.5 : 350	-
LEVEL III– Medium	1 : 50	1 : 200	1 : 200	1 : 100
LEVEL IV– Medium	1 : 20	1 : 200	1 : 200	1 : 100
LEVEL II– Close	1 : 60	.5 : 250	.5 : 250	-
LEVEL III– Close	1 : 40	1 : 200	1 : 200	1 : 70
LEVEL IV– Close	1 : 20	1 : 200	1 : 200	1 : 70
ITF	1 : 20	1 FTE	1 FTE	1 FTE
ACU/CSU	1:20 beds	.25 : 20 beds	1 : 20 beds	-
ISOLATION-SEGREGATION	1 : 70	-	-	-
TIER I	1 : 70	1 : 200	1 : 200	-
TIER II - NON-MH	1 : 35	-	-	-
TIER II - ON MH (LEVEL IIs)	1 : 35	1 : 200	1 : 200	-
SMHTU (LEVEL III/IV)	1 : 20	1 : 100	1 : 100	1 : 75
TIER III - NON-MH/or ON MH (Level II)	1 : 70	1:200	1:200	1 : 75
TIER III - (Level III)	1 : 35	1:100	1:100	1 : 75
CATCHMENT FACILITIES -MH Evaluations -Review evaluations -Follow-Up	.2 FTEs per facility	.25 per 5 facilities	.25 per 5 facilities	-
PREA -Evaluations -Review Evaluations -Follow-up Evaluations -Treatment	.5 FTEs per facility X	.25 per facility X X X	.25 per facility X X X	-
MEDICAL TRANSIENTS	1 : 30	-	-	-
JUVENILES	1 : 20	-	-	-
UNDER DEATH SENTENCE – (UDS) -UDS Rounds	1 : 20 1 : 70	.50 per facility	.50 facility	.5 per facility
DIAGNOSTICS	1 : 80	1 : 80	1 : 160	-
MHCs – - Consultation and/or Supervision -Treatment Plans -Case Conference -Staff Training -Staffings -Treatment Team	-	1 : 15 MHCs	1 : 30 MHCs	-
ATs- -Supervision	-	.25 : 3 ATs	-	-

Mental Health Service Providers

Male State Prisons													
Facility	**Diagnostics**	**Juveniles**	**Level II**	**Level III**	**Level IV**	**CSU**	**ACU**	**Safe Cells**	**Observation Cells**	**Wheelchair Accessible**	**Catchment Facilities**	**Parent Facility**	**Other**
Augusta State Medical Prison	X		X	X	X	X	X			X	-Augusta TC -Emanuel PDC -CORRECTCARE Hub -Jefferson Co. -Richmond Co.	None	- 1st tier cells
Autry State Prison			X						X	X	-Albany TC -Bainbridge PSATC -Calhoun SP -Colquitt Co. -Decatur Co. -Lee SP -Mitchell Co. -Terrell Co. -Thomas Co.	None	- 1st tier cells
Baldwin State Prison			X	X		X	X			X	-Hancock SP -Macon SP -Riverbend CF -Screven Co.	None	-1st tier cells
Central State Prison			X	X					X		-Burruss CTC -Dodge SP -Dooly SP -Macon TC -McEver PDC -Treutlen PDC -Wilcox SP	None	-1st tier cells

Retention Schedule: This service provider document shall be kept posted until obsolete or replaced.

Mental Health Service Providers

Male State Prisons													
Facility	**Diagnostics**	**Juveniles**	**Level II**	**Level III**	**Level IV**	**CSU**	**ACU**	**Safe Cells**	**Observation Cells**	**Wheelchair Accessible**	**Catchment Facilities**	**Parent Facility**	**Other**
Coastal State Prison			X						X	X	-Bulloch Co. -Coastal TC Coffee CF -Effingham Co. -Wheeler CF	None	-1st tier cells
Georgia Diagnostic & Classification Prison	X	X	X	X	X	X	X			X	-Atlanta TC -Clayton Co. -Clayton TC -Coweta Co. -Spalding Co.	None	-1st tier cells -UDS -SMU program
Georgia State Prison			X	X	X	X	X			X	-Appling ITF -Long SP -Smith SP -Smith TC	None	-1st tier cells
Hays State Prison			X						X	X	-Floyd Co. -Paulding PDC -Walker SP	None	-1st tier cells -SMU program
Johnson State Prison			X	X					X	X	-Jenkins CF -Washington PRC -Washington SP	None	-1st tier cells
Phillips State Prison			X	X	X	X	X				-Carroll Co. -Clark Co. -Colwell PDC -Gwinnett Co. -Harris Co. -Jackson Co. -Phillips TC	None	-1st tier cells
Rogers State Prison			X						X		-Bacon PDC -Montgomery SP	None	-1st tier cells

Retention Schedule: This service provider document shall be kept posted until obsolete or replaced.

Mental Health Service Providers

Male State Prisons													
Facility	**Diagnostics**	**Juveniles**	**Level II**	**Level III**	**Level IV**	**CSU**	**ACU**	**Safe Cells**	**Observation Cells**	**Wheelchair Accessible**	**Catchment Facilities**	**Parent Facility**	**Other**
Rutledge State Prison			X	X					X		-Columbus TC -Hall Co. -Hudson TC -Muscogee Co. -Sumter Co. -Troup Co.	None	-1st tier cells
Valdosta State Prison			X	X		X	X			X	-Patten PDC -Telfair SP -Turner Pre-Release -Valdosta Annex -Valdosta TC -Ware SP	None	-1st tier cells

Female State Prisons													
Facility	**Diagnostics**	**Juveniles**	**Level II**	**Level III**	**Level IV**	**CSU**	**ACU**	**Safe Cells**	**Observation Cells**	**Wheelchair Accessible**	**Catchment Facilities**	**Parent Facility**	**Other**
Emanuel WF			X						X	X	None	Pulaski	-1st tier cells
Pulaski State Prison		X	X					X	X	X	-Bleckley PDC -Emanuel WF -Women's PDC	None	-1st tier cells
Arrendale State Prison	X	X	X	X	X	X	X				-Helms TC -Lee Arrendale TC -Metro TC -West Central ITF -Whitworth WF	None	-1st tier cells

Retention Schedule: This service provider document shall be kept posted until obsolete or replaced.

Mental Health Service Providers

Whitworth State Prison			X						X		None	-Arrendale SP	-1st tier cells

Male Private Facilities													
Facility	**Diagnostics**	**Juveniles**	**Level II**	**Level III**	**Level IV**	**CSU**	**ACU**	**Safe Cells**	**Observation Cells**	**Wheelchair Accessible**	**Catchment Facilities**	**Parent Facility**	**Other**
Coffee Correctional Facility			X						X	X	None	Coastal SP	-1st tier cells
River Bend Correctional Facility			X						X	X	None	Baldwin SP	-1st tier cells
Wheeler Correctional Facility			X						X	X	None	Coastal SP	-1st tier cells
Jenkins Correctional Facility			X						X	X	None	Johnson SP	-1st tier cells

Male Probation Detention Centers, CTC, PSATC													
Facility	**Diagnostics**	**Juveniles**	**Level II**	**Level III**	**Level IV**	**CSU**	**ACU**	**Safe Cells**	**Observation Cells**	**Wheelchair Accessible**	**Catchment Facilities**	**Parent Facility**	**Other**
Bainbridge PSATC			X								None	-Autry State Prison	- 1st tier cells
Burruss CTC		X	X								None	-Central State Prison	-1ST tier cells
Emanuel PDC			X								None	-ASMP	-1st tier cells
Patten PDC			X								None	-Valdosta State Prison	-1st tier cells
Washington Annex/PRC			X								None	-Johnson State Prison	-1st tier cells

Retention Schedule: This service provider document shall be kept posted until obsolete or replaced.

Mental Health Service Providers

Female Probation Detention Centers													
Facility	**Diagnostics**	**Juveniles**	**Level II**	**Level III**	**Level IV**	**CSU**	**ACU**	**Safe Cells**	**Observation Cells**	**Wheelchair Accessible**	**Catchment Facilities**	**Parent Facility**	**Other**
Women's PDC			X								None	-Pulaski State Prison	-1st tier cells

*Parent Facility: Provides; In-service training, management and clinical guidance, lockdown services when needed, etc.

Male/Female Integrated Treatment Programs													
Facility	**Diagnostics**	**Juveniles**	**Level II**	**Level III**	**Level IV**	**CSU**	**ACU**	**Safe Cells**	**Observation Cells**	**Wheelchair Accessible**	**Catchment Facilities**	**Parent Facility**	**Other**
West Central ITF (F)			X								None	-Arrendale SP	-1st tier cells
Appling ITF (M)			X								None	-Georgia SP	-1st tier cells

Retention Schedule: This service provider document shall be kept posted until obsolete or replaced.

Mental Health Comprehensive Audit Tool

I. Administration

A. Staffing Patterns

1. Credentialing Files (508.04)

Review the credentialing file for core employees, to include GDC and contract employees (MH Unit Manager, Clinical Director, Counselors, Behavior Specialists, Activity Therapists, MH Nurses, Psychiatrists, APRN's, and Psychologists).

Staff Names → → **Screen ↓ ↓**										
1.										
2.										
3.										
FC =	**PC =**	**NC =**	**Scorable Items = 30 - #NA/NR =** **Score = (FCX2) + (PCX1) =**					**Compliance Score = %**		

Screen 1. The employee has a credentialing file. [VI.A.1. & VI.B.3]
Screen 2. All required credentialing documents are present and current, e.g., license, degree, board certificate, DEA certificate, CPR card, CE verification, current annual psychopharmacological training for APRNs, verification of peer review for upper level providers, and vitae/state application as appropriate.
Screen 3. A protocol, which is signed by the APRN and supervising psychiatrist, is present.

Auditor's Signature/Title: _____

****

FC = full (90%-100%) compliance, PC = partial (50% - 89%) compliance, NC = non-compliance (less than 50 %), NA = not applicable at this facility, NR = not rated during this audit.
Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

2. Privileging Files (508.04)

Review the privileging files for current Counselors and Behavior Specialists

Staff Names → → Screen ↓ ↓										
1.										
2.										
3.										

FC =	PC =	NC =	Scoreable Items = 30 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Screen 1. This Counselor/Behavior Specialist has a privileging form. [VI.A.1. & VI.B.3]
Screen 2. The Privileging form is complete and current for Counselors and Behavior Specialists. [VI.B.I]
Screen 3. The staff member is privileged to perform only those clinical functions for which he/she is credentialed. [VI.B.1].

Auditor's Signature/Title: _____

****

FC = full (90%-100%) compliance, PC = partial (50% - 89%) compliance, NC = non-compliance (less than 50 %), NA = not applicable at this facility, NR = not rated during this audit.
Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

B. Training Programs (508.07 / 508.08)
1. Clinical Supervision/Consultation (508.07)

Review the supervision/consultation files for MH nurses, Activity Therapist and unlicensed counselors.

Staff Names → → Screen ↓ ↓										
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

FC =	PC =	NC=	Scorable Items = 80- #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Screen 1. There is a supervision/consultation file for the unlicensed Counselor, Activity Therapist or MH Nurse.
Screen 2. There is documentation that the unlicensed Counselor received clinical supervision at least three (3) hours per month from a psychologist, that the Activity Therapist received one (1) hour per month of consultation from a psychologist, or that the MH Nurse received consultation at least one (1) hour per month from a psychiatrist or APRN.
Screen 3. The Supervision/Consultation form documents the date plus beginning and end times for each session.
Screen 4. The Supervision/Consultation form documents relevant clinical issues and names (with ID numbers) of offenders/cases discussed.
Screen 5. The Supervision form documents the unlicensed Counselor's clinical strengths and limitations/areas for development.
Screen 6. There is a current Semi-Annual Report for Clinical Supervision on the unlicensed Counselor/Behavioral Specialist.
Screen 7. There is documentation that the Activity Therapist, unlicensed Counselor or MH Nurse attended at least four (4) of the six (6) monthly case conferences.
Screen 8. There is documentation in the credentialing file that APRN records were reviewed by a psychiatrist within the past three (3) months.

Auditor's Signature/Title: _____

****

FC = full (90%-100%) compliance, PC = partial (50% - 89%) compliance, NC = non-compliance (less than 50 %), NA = not applicable at this facility, NR = not rated during this audit.
Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

B. Training Programs (508.07)
2. Group Case Conference

Screen	FC	PC	NC	NA	NR
1. A file is maintained by the Clinical Director that documents monthly one to two hour case conferences for MH staff.					
2. There is documentation that the case conference was led by a psychologist/psychiatrist/APRN.					
3. There is documentation of monthly attendance by counselors (licensed and unlicensed), Behavior Specialists, Activity Therapists and MH Nurses.					
4. There is documentation of the names and numbers of offenders/cases discussed as well as relevant clinical issues.					

FC =	PC =	NC =	Scorable Items = 4 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Auditor's Signature/Title:_____

3. In-Service Training (508.08)

Review the training records of ten (10) MH Counselors and Behavior Specialists.

Staff Names →→→ Screen ↓ ↓										
1.										
2.										
3.										

FC =	PC =	NC =	Scorable Items = 30 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Screen 1. There is documentation that the counselor/behavior specialist has completed the mandatory MH training or he/she is scheduled to attend an upcoming session of the mandatory MH Training. [D.3.b.]
Screen 2. There is documentation that the counselor/behavior specialist has completed a minimum of two (2) hours of GDC-sponsored training in ethics within the past year. [C.1 & 1.b.]
Screen 3. There is documentation that the counselor/behavior specialist has completed at least two (2) hours of in-service training each month for at least four (4) of the last six (6) months. [C.1.]

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C. Record Maintenance

1. Mental Health Clinical Files (Security, Confidentiality & Organization) (508.09 / 508.10)

Screen	FC	PC	NC	NA	NR
1. Mental Health records are maintained in a central and secure location. [B.1.]					
2. Mental Health records are monitored by a Mental Health staff person (clerical when available) who is responsible for checking out records and ensuring their return by the close of business each day. [B.2.]					
3. Mental Health records are released to third parties only after the receipt of a valid Release of Information form signed by the offender. (Check one mental health record. Section 5.) [D.1.]					
4. A physical inventory of all Mental Health records is taking place at least monthly with the results forwarded to the Mental Health Unit Manager. [VI.D.4.]					
5. Primary care providers review the limits of confidentiality with offenders and place a signed copy of the Consent for Mental Health Evaluation for Treatment Form in section 5 of the offender's Mental Health record. (review 10 files.)					
6. Mental Health records are organized into eight (8) sections and documents are filed in the appropriate sections. (review 10 files) [D1a]					

FC =	PC =	NC =	Scorable Items = 6- #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Auditor's Signature/Title: _____

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C. Records Maintenance

2. Duty Officer Log Book (508.05)

Review the records of ten (10) mental health offenders who have had an entry documented in the Mental Health Duty Officer's Log Book within the past year.

Offender ID#s →→ / **Screen ↓ ↓**										
1.										
2.										
3.										
4.										
5.										

FC =	**PC =**	**NC =**	**Scorable Items = 50 - #NA/NR =** **Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. There is a complete entry for every clinical call. (Date, time of call, action taken, etc.) [F.1.]
Screen 2. There is a corresponding DAP note in the MH record for all after hour clinical calls. [F.1.d]
Screen 3. The corresponding DAP note includes <u>all</u> identifying data (date, time of call, action taken, persons notified and etc.) [F.10.]
Screen 4. The progress note provided a concise narrative of significant information. [VIF10]
Screen 5. The appropriate clinical action was taken.

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D. Oversight Procedures

1. Scribe Reports

Documents presented for the audit include (Scribe procedures to assure that the following reports can be generated):

Screen	FC	PC	NC	NA	NR
1. The MH Caseload Summary. [C.8.1.c.1.]					
2. The MH Caseload by Counselor. [C.8.a.(2).]					
3. The Offender by Diagnosis List and Level of Care. [C.8.1.(3).]					
4. The Psychiatrists' Schedules. [C.8.1.(4).]					
5. The Psychologists' Schedules. [C.8.a.(4).]					
6. The Scribe MH Level is consistent with the most recent treatment plans.					

FC =	PC =	NC =	Scorable Items = 6 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Auditor's Signature/Title: _____

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D. Oversight Procedures (508.19)
2. Logs

Review each log to assure the required elements are present and the state approved log is utilized.

Referral Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state-approved log form.					

FC =	PC =	NC =	Scorable Items =1- #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Record Request Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state-approved log form.					

FC =	PC =	NC =	Scorable Items =1 #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Parole Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state-approved log form.					

FC =	PC =	NC =	Scorable Items = 1 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Isolation/Segregation Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state-approved log form.					

FC =	PC =	NC =	Scorable Items = 1- #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Sexual Allegation Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state-approved log form.					

FC =	PC =	NC =	Scorable Items = 1- #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Auditor's Signature/Title: _____

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2. Logs (continued)

Involuntary Medication Hearing Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state-approved log form.					

FC =	PC =	NC =	Scorable Items =1 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Discharge Log (Re-Entry)

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state-approved log form.					

FC =	PC =	NC =	Scorable Items = 1 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Crisis Stabilization Unit Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state–approved log form.					

FC =	PC =	NC =	Scorable Items = 1- #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Acute Care Unit Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state-approved log form.					

FC =	PC =	NC =	Scorable Items = 1 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Diagnostic Referral Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state–approved log form.					

FC =	PC =	NC =	Scorable Items = 1- #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Observation Cell Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state–approved log form.					

FC =	PC =	NC =	Scorable Items = 1 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Auditor's Signature/Title: _____

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2. Logs (continued)

SP2 Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state -approved log form.					

FC =	PC =	NC =	Scorable Items 1- #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

SP1 Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state -approved log form.					

FC =	PC =	NC =	Scorable Items =1 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Activity Therapy Group Log

Screen	FC	PC	NC	NA	NR
1. Each required element is present on the state -approved log form.					

FC =	PC =	NC =	Scorable Items =1- #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Auditor's Signature/Title: _____

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Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

II. IDENTIFICATION

A. Identifying Severely Mentally Ill (SMI)

1. Evaluations

a. Diagnostics (508.36)

Offender ID#s →→ / Screen ↓ ↓										
1.										
2.										
3.										
4.										
5.										

FC =	PC =	NC =	Scorable Items = 50 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Screen 1. A MH Reception Screen is completed on all offenders on the day of their arrival into the system. [VI.A.2.]
Screen 2. Offenders on psychotropic medications are referred for an Initial Psychiatric/Psychological Evaluation, within the time period specified by SOP. (Emergency – 24 hours; routine – 14 days).
Screen 3. The original MH Reception Screen is filed in section 5 of the offender's medical record. [VI.A.8.]
Screen 4. A Release of Information form is in place (section 3) to obtain previous treatment records. [A & B]
Screen 5. A Mental Health Evaluation for Services form was completed within 14 days of incarceration. [VI.A.6.]

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b. Initial Psychiatric/Psychological Evaluations

Pull ten (10) charts of offenders who had an Initial Psychiatric/Psychological Evaluation performed at the present facility. (508.24) Five charts will be reviewed by a psychologist and five charts will be reviewed by a psychiatrist.

Offender ID#s →→ / **Screen ↓ ↓**										
Psychiatric						**Psychological**				
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

FC =	**PC =**	**NC =**	**Scorable Items = 100 - #NA/NR =** **Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. There is documentation indicating whether the Initial Psychiatric/Psychological evaluation was conducted on-site or by tele-mental health.
Screen 2. The Initial Psychiatric/Psychological Evaluation includes the referral information and chief complaint. [VI.A.1.b.]
Screen 3. The Initial Psychiatric/Psychological Evaluation includes relevant mental health history. [VI.A.1.c.]
Screen 4. The Initial Psychiatric/Psychological Evaluation includes a history of substance use and treatment. [VI.A.1.d.]
Screen 5. The Initial Psychiatric/Psychological Evaluation includes a medication history.
Screen 6. The Initial Psychiatric Evaluation identifies drug allergies.
Screen 7. The Initial Psychiatric/Psychological Evaluation includes the current medication regimen. [VI.A.1.f.]
Screen 8. The Initial Psychiatric/Psychological Evaluation includes a mental status examination. [VIA1e]
Screen 9. The Initial Psychiatric/Psychological Evaluation includes a diagnosis or diagnostic impression using DSM criteria and nomenclature. [VIA2]
Screen 10. The information contained in the Initial Psychiatric/Psychological Evaluation provides the DSM criteria for the diagnosis or diagnostic impression. [VI3h]

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c. Sexual Allegation Evaluations and Referrals (508.22)

Use the log for sexual allegation referrals and evaluations. Identify ten (10) offenders and review records.

Offender ID#s →→ / **Screen ↓ ↓**										
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

FC =	**PC =**	**NC =**	**Scorable Items = 100 - #NA/NR =** **Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. There is a signed Consent Form for the evaluation. [VI.A.2.]
Screen 2. The evaluating Counselor has received training and is privileged to perform the evaluation. [VI.D.]
Screen 3. The Sexual Allegation Evaluation was completed within 24 hours. [VI.B.4.]
Screen 4. The Evaluation includes a comprehensive mental status exam. [VIB3]
Screen 5. The Evaluation adequately assesses for emotional trauma. [VIB3]
Screen 6. The Evaluation is clinically focused and is not involved with the security investigation and/or truth or falsehood of the allegation. [VIA3]
Screen 7. If clinically indicated, the offender was referred for treatment or further evaluation. [VIB5]
Screen 8. If referred for treatment or further evaluation, a copy of the completed MH Referral Form (M35-01-01) is present in the Sexual Allegation Log packet.
Screen 9. If referred for treatment or further evaluation, there is documentation in the Mental Health file that this has occurred.
Screen 10. If referred for abuse/trauma treatment, the offender's treatment plan and progress notes confirm treatment for abuse/trauma.

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d. Isolation/Segregation (508.20)
48 Hour Screen

Pull records of ten (10) MH offenders who have just been placed in isolation/segregation.

Offender ID#s →→ / **Screen ↓ ↓**										
1.										
2.										

FC =	**PC =**	**NC =**	**Scorable Items = 20 - #NA/NR = Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. A MH screen/evaluation was performed within 2 working days of the MH offender's placement in isolation/segregation. [VI.A.2.]

Screen 2. There was a substantive clinical assessment of contra-indication to lockdown.

Auditor's Signature/Title: _____

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e. Disciplinary Report Evaluations (508.18)

Offender ID#s→→ Screen ↓ ↓					
1.					
2.					
3.					
4.					
5.					

FC =	**PC =**	**NC =**	**Scorable Items = 25 - #NA/NR =
			Score = (FCX2) + (PCX1) =**
				**Compliance
				Score = %**	

Screen 1. There is documentation that the evaluator reviewed documents/records, interviewed the offender and performed a Mental Status Exam (MSE). [VIB3]
Screen 2. The evaluator's impressions are consistent with the results of the evaluation.
Screen 3. The evaluator's conclusions and recommendations are consistent with the results of the evaluation including recommendations for alternative sanctions.
Screen 4. When alternative sanctions are recommended, they are specific and clinically appropriate.
Screen 5. There is documentation to reflect whether or not alternative sanctions were followed.

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f. Parole Evaluations (508.15)

Offender ID#s →→ Screen ↓ ↓					
1.					
2.					
3.					

FC =	**PC =**	**NC =**	**Scorable Items = 15 - #NA/NR =
			Score = (FCX2) + (PCX1) =**
					**Compliance
					Score = %**

Screen 1. Parole evaluations were completed within 30 days. [VIB7b]
Screen 2. The evaluation adequately addresses issues of assets and limitations for release back to the community.
Screen 3. The evaluation includes appropriate recommendations should the offender be released on parole.

Auditor's Signature/Title: _____

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2. Rounds
Isolation/Segregation (508.20)

Pull ten (10) charts of offenders who were referred for evaluation during the past year after being identified with problems during isolation/segregation rounds.

Offender ID#s→→ **Screen** **↓** **↓**										
1.										
2.										
3.										
4.										
5.										

FC =	**PC =**	**NC =**	**Scorable Items = 50 - #NA/NR = Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. The offender was referred and evaluated. [VG40-0001 IV.B.4.b. & IV.C.1.]
Screen 2. The evaluation was completed in a timely manner. (Emergency –24 hours / routine – 14 days) [IV.B.1.]
Screen 3. A Mental Status Evaluation (MSE) was completed. [VG40-0001 IVB4]
Screen 4. If mental health problems were identified, there was documentation that appropriate treatment interventions were made.
Screen 5. [Offenders NOT in Tier] If over 30 days in isolation/segregation, there is documentation of follow-up by a MH staff member in the non-MH offender's medical chart (section 5). [IVB4]

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3. Referrals (508.19)
a. Routine/Self- Referrals

Match the Referral Log with the mental health record and medical record for ten (10) offenders.

Offender ID#s→→ / **Screen ↓ ↓**										
Type Referral * →										
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

FC =	**PC =**	**NC =**	**Scorable Items = 80 - #NA/NR =** **Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. The Mental Health Referral Form (M35-01-01) is being used for all referrals except those from the MH Reception screen. (information from a self-referral has been placed on a Mental Health Referral form) [VI.A.1.]
Screen 2. A mental status exam and mental health evaluation was completed. [VI.B.3.b. & c.]
Screen 3. The original of the Referral Form (M35-01-01) has been placed in section four (4) of the Mental Health Record. [VI.B.3.i.]
Screen 4. A copy of the Referral Form (M35-01-01) has been placed in section five (5) of the Medical Record. [VI.B.3.i].
Screen 5. The evaluation date in the Referral Log matches the evaluation date on the Referral Form. (M35-01-01)
Screen 6. Non-emergency referrals have met with a qualified MH professional within fourteen (14) days of receiving the referral. [VI.B.1].
Screen 7. The offender was appropriately placed on the Mental Health caseload and treatment was initiated per SOP.
Screen 8. If the evaluation was done by tele-mental health, there is a fax confirmation of documents sent to the home institution (if applicable).

*Type referral code: Routine (R); Self (S)

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b. Emergency Referrals (508.19)

Match the Referral Log with the mental health records for ten (10) offenders.

Offender ID#s→→ / **Screen ↓ ↓**										
1.										
2.										
3.										
4.										
5.										

FC =	**PC =**	**NC =**	**Scorable Items = 50 - #NA/NR = Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. The Mental Health Referral Form (M35-01-01) is being used for all referrals except those from the MH Reception screen.
Screen 2. The Referral Form (M35-01-01) has been placed in section four (4) of the Mental Health Record with a copy in section five (5) of the medical record. [VI.B.3.b. & c.]
Screen 3. Emergency referrals have met with a qualified MH professional within 24 hours of receiving the referral. [VI.B.1.]
Screen 4. A Mental Status Exam (MSE) and mental health evaluation was completed. [VI.B.3.b. & c.]
Screen 5. The offender was appropriately placed on the Mental Health caseload and treatment was initiated per Standard Operating Procedures.

Auditor's Signature/Title: _____

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4. Classifying SMI
Appropriately Changing Levels of Care and Discontinuing Services (508.16)

Review the records of five (5) mental health offenders whose level of care has been changed within the past year and five (5) offenders who have been made Level I within the past year. Screens 1-2 are offenders changing levels; Screens 3-4 are offenders discontinuing services.

Offender ID#s →→ / **Screen ↓ ↓**										
Changing Levels of Care						**Discontinuing Services**				
1.						**NA**	**NA**	**NA**	**NA**	**NA**
2.						**NA**	**NA**	**NA**	**NA**	**NA**
3.	**NA**	**NA**	**NA**	**NA**	**NA**					
4.	**NA**	**NA**	**NA**	**NA**	**NA**					

FC =	**PC =**	**NC =**	**Scorable Items = 20 - #NA/NR =** **Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. The appropriate level of care needed is being determined by a psychiatrist or psychologist in collaboration with the treatment team as manifested by appropriate signatures on treatment plans and/or Utilization Reviews and Diagnosis List. [VI.]

Screen 2. There is a corresponding note in the MH record justifying the decrease/increase in level change by the treatment team.

Screen 3. Offenders who have met treatment plan goals and have been stable without psychotropic medication for a minimum of 60 days were appropriately discharged from the caseload. [VIB6a3]

Screen 4. An offender diagnosed with serious and persistent mental illness was taken off the caseload only when the psychiatrist or psychologist concluded that the diagnosis of serious and persistent mental illness was incorrect and completed a new Diagnosis List in collaboration with the treatment team.[VIB6a3]

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Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

III. TREATMENT

A. Direction of Treatment

1. Comprehensive Treatment Plans (508.21)

Offender ID#s →→ Screen ↓ ↓										
1.										
2.										
3.										
4.										
5.										
6.										
7.										

FC =	PC =	NC =	Scorable Items = 70 - #NA/NR =
			Score = (FCX2) + (PCX1) =
				Compliance
				Score = %

Screen 1. The Comprehensive Treatment Plan is current and was completed within the time frame required by Standard Operating Procedures. [C.]
Screen 2. The psychology supervisor has reviewed and signed the Treatment Plan.
Screen 3. The offender has reviewed and signed the Treatment Plan.
Screen 4. Problems are individualized, specific and appropriate. [VIA4a]
Screen 5. The goal description is individualized, behavioral and appropriate.
Screen 6. Intervention strategies are individualized and appropriate to diagnosis and level of functioning.
Screen 7. Class of medication, if prescribed, is listed on the Treatment Plan as an intervention strategy with a specific goal targeted toward a specific problem.

Auditor's Signature/Title: _____

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Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

B. Type of Treatment (508.21)

1. Non-Pharmacological Interventions

a. Group Treatment

(1) Therapy, Psycho-Education or Support Groups

Pull charts of ten (10) offenders who are members of a therapy, psycho-education or support group and match the attendance logs with the MH records.

Offender ID#s→→ Screen ↓ ↓										
Type Group* →										
1.										
2.										
3										

FC =	PC =	NC =	Scorable Items = 30 - #NA/NR =
			Score = (FCX2) + (PCX1) =
				Compliance Score = %

Screen 1. Roster and progress notes match.
Screen 2. Placement in the therapy or support group was determined by the Treatment Plan interventions and is appropriate to diagnosis and/or problems. (508.21)
Screen 3. Evidence of progress or lack of progress is reflected in the group progress notes.

*Type group code: Therapy (T); Psycho-Education (P); Support Group (S)

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(2) Activity Therapy Groups (508.06)

Pull charts of ten (10) offenders who are members of an activity therapy group and match the attendance logs with the MH records.

Offender ID#s →→ **Screen ↓ ↓**										
1.										
2.										
3.										
4.										
5.										
6.										
7.										

FC =	**PC =**	**NC =**	**Scorable Items = 70 - #NA/NR =** **Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. An Activity Therapy Assessment (form M56-01-01) was completed within 30 days of the offender's placement in the mental health program. [VG12-0001 B.]
Screen 2. The Activity Therapy Assessment identifies problems and/or needs regarding the offender's activities and individualized treatment plan. [VIE.1]
Screen 3. The Activity Therapy Assessment form was filed in section two of the Mental Health record. [VIE.3.]
Screen 4. The Activity Therapy Assessment was reviewed annually. [VIE.3.]
Screen 5. Monthly Activity Therapy notes are documented on the approved group progress note form, which is filed in section one of the mental health record. (M56-01-02)
Screen 6. The monthly Activity Therapy notes reflect the offender's progress toward established goals of the Treatment Plan. [VIE.2]
Screen 7. Group roster and other group attendance data are maintained by the Mental Health Unit Manager. [VIE.3.]

Auditor's Signature/Title: _____

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b. Group Data

Review the scheduled Mental Health Groups. Review the number of offenders scheduled for the assigned group. Count the number of offenders attending the group. (c.4.b.4 & D.3.b.) Data will be recorded in the written report but not scored.

Group Name					
Date					
Time					
# offenders **Scheduled**					
#-offenders **Attending Group**					
Percentage in Attendance					

Screens 1-3 should reflect the number of groups. Screen 4 reflects the number of offenders.

Screen	**#**
1. Number of groups for LII offenders.	
2. Number of groups for LIII/LIV offenders.	
3. Number of activity therapy groups.	
4. Number of offenders involved in offender incentive programming as a therapeutic behavior management approach.	

Screens should reflect a yes or no answer. Data will be recorded in the written report but not scored.

Screen	**Y**	**N**
1. Is there an alternative sanctions program for DR's that includes tracking recommended dispositions?		
2. Is there a list of alternative options available at this facility? If yes _____#		

Auditor's Signature/Title: _____

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c. MH Counseling (508.16)

Offender ID#s →→ / Screen ↓ ↓										
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
FC =	**PC =**	**NC =**	**Scorable Items = 80 - #NA/NR = Score = (FCX2) + (PCX1) =**					**Compliance Score = %**		

Screen 1. Frequency of progress notes is in compliance with Standard Operating Procedures.
Screen 2. Progress notes are signed, dated and affixed with the printed, typed or stamped name of the care provider.
Screen 3. Progress notes state if the problem/target symptoms are new, worse, unchanged, improved or eliminated.
Screen 4. Progress notes identify the problem and/or target symptoms from the treatment plan discussed during the session.
Screen 5. Progress note interventions are appropriate to the diagnosis/problems/target symptoms.
Screen 6. Progress note interventions are consistent with the Comprehensive Treatment Plan interventions.
Screen 7. Progress notes present a clinical plan for future sessions.
Screen 8. Counseling sessions, including plans for intervention, reflect continuity of care.

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d. Lockdown Services (508.20)

Review the MH records of ten (10) offenders who have been locked down. Auditors will conduct rounds on offenders in lockdown. (If there are no MH offenders in lockdown, files of MH offenders recently in lockdown will be reviewed for compliance.)

Offender ID#s→→ / **Screen ↓ ↓**										
1.										
2.										
3.										

FC =	**PC =**	**NC =**	**Scorable Items = 30 - #NA/NR = Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. There is a weekly mental status evaluation made by a counselor. [VI.A.3.]
Screen 2. Counseling progress notes reflect continuation of treatment services at the frequency required by Standard Operating Procedures while in lockdown.
Screen 3. For offenders in lockdown over one month, out-of-cell therapeutic contacts are occurring in a private/confidential space, on at least a monthly basis for Level II offenders and twice a month for Level III & IV offenders.

Auditor's Signature/Title: _____

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2. Type of Treatment: Pharmacological Interventions

a. Medication Non-Adherence (508.24/508.11)

(1) Statistics

Screen	FC	PC	NC	NA	NR
1. Weekly listings of medication non-compliance are given to the Mental Health staff.					
2. Non-compliance statistics have been presented at quarterly CQI meetings.					
3. If the percentage of non-adherence is greater than 20%, a CQI study has been developed to address at least one of the top three reasons for non-adherence.					
4. MARs are copied for psychiatry/tele-psychiatry clinics. [508.24 IV.A.14]					

FC =	PC =	NC =	Scorable Items = 4 - #NA/NR =
			Score = (FCX2) + (PCX1) =
				Compliance Score = %

Auditor's Signature/Title: _____

(2) Non-Adherence Documentation (508.24)

Locate ten (10) offender records of offenders who have been non-compliant.

Offender ID#s →→ Screen ↓ ↓										
1.										
2.										
3.										
4.										

FC =	PC =	NC =	Scorable Items = 40- #NA/NR =
			Score = (FCX2) + (PCX1) =
				Compliance Score = %

Screen 1. Documentation is present indicating the offender was counseled by the Mental Health nurse or was referred to psychiatry. [C.5.]
Screen 2. The offender is referred to the psychiatrist/APRN for issues, such as medication side effects or lack of agreement with the medication plan. [VH33-0001]
Screen 3 Documentation is individualized and reflects offender's reasons for non-compliance. [VH33-0001 VID]
Screen 4. Documentation addresses (identifies) "no-shows" versus refusals.

Auditor's Signature/Title: _____

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Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

b. Quantitative Issues (508.24/508.09)

Offender ID#s→→ / Screen ↓ ↓										
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										

FC =	PC =	NC =	Scorable Items = 110 - #NA/NR = Score = (FCX2) + (PCX1) =	Compliance Score = %

Screen 1. The medical record contains a psychiatric assessment or transfer summary. [508.09/VG20-0001 VI.E.1.g.]
Screen 2. The medical record contains an Informed Consent form for the current medication signed by offender and prescriber within the past year. [A.9.]
Screen 3. For offenders on psychotropic medication, the psychiatrist has reviewed the Level IV offenders at least every 30 days, the Level III offenders at least every 30 - 60 days or the Level II offenders at least every 90 - 120 calendar days. [B.1.]
Screen 4. The psychiatric progress notes include the current diagnosis. [B.2.f.]
Screen 5. There is a psychiatric progress note for each order of psychotropic medication. [A.8.]
Screen 6. Progress notes are legible.
Screen 7. When a new medication is prescribed, there is a review of the offender's adjustment to the medication within 10 working days of its initiation. [VIB1]
Screen 8. The psychiatric progress notes include target symptoms for the medication prescribed. [VIA1f]
Screen 9. The psychiatric progress notes include documentation of the effectiveness of the medications prescribed and the presence or absence of side effects. [VIB2a]
Screen 10. The psychiatric progress notes include laboratory results for tests related to the medication prescribed. [VIB2c and VIE]
Screen 11. Progress notes explain reasons for change in diagnosis and/or medication. [VIB2]

Auditor's Signature/Title: _____

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c. Qualitative Issues (508.24)

Offender ID#s →→ Screen ↓ ↓										
1.										
2.										
3.										
4.										
5.										
6.										
7.										

FC =	PC =	NC =	Scorable Items = 70 - #NA/NR =
			Score = (FCX2) + (PCX1) =
				Compliance Score = %

Screen 1. The type of psychotropic medication prescribed fits with the symptoms described in the treatment plan and/or progress notes. [VIC1]

Screen 2. The Psychotropic medications prescribed are indicated for the current diagnosis or diagnoses or "off-label" use is justified annually in the medical record.

Screen 3. The dosages of psychotropic medications are within the limits of normal psychiatric practice unless there is documented justification for higher or lower dosages.

Screen 4. Appropriate time trials on prescribed psychotropic medications are allowed before changes are made in dosage or medication.

Screen 5. Multiple psychotropic medications within the same class are used only when all appropriate single medications have been adequately tried and/or the necessity of each medication is justified.

Screen 6. Combinations of medications with known adverse interactions are avoided.

Screen 7. The use of benzodiazepines is restricted to the treatment of well documented anxiety disorders and emergencies. [VIE3]

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Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

d. Laboratory Monitoring (508.24)
(1) Antipsychotic Medication

Pull ten (10) charts of offenders with current prescriptions for antipsychotic medications.

Offender ID#s→→ **Screen ↓ ↓**										
1.										
2.										
3.										
4.										
5.										
FC =	**PC =**	**NC =**	**Scorable Items = 50 - #NA/NR = Score = (FCX2) + (PCX1) =**					**Compliance Score = %**		

Screen 1. AIMs have been performed within the last six months. [E.1.b.2.]
Screen 2. The psychiatrist/APRN has reviewed or ordered FBS or HgbA1c at the time of initiation of the antipsychotic medication.
Screen 3. The psychiatrist/APRN has reviewed or ordered a lipid panel at the time of initiation of the antipsychotic medication.
Screen 4. The offender's weight and waist circumference are documented within the past 6 months.
Screen 5. If offender has been on an antipsychotic medication prescribed over 1 year, items 1-2 have been done within the past year.

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(2) Tegretol

Pull ten (10) charts of offenders with current prescriptions for Tegretol.

Offender ID#s →→ Screen ↓ ↓										
1.										
2.										
3.										
4.										
5.										
6.										
FC =	**PC =**	**NC =**	**Scorable Items = 60- #NA/NR = Score = (FCX2) + (PCX1) =**						**Compliance Score = %**	

Screen 1. The initial work up indicates the psychiatrist has reviewed a recent CBC with Differential. [VIE4a (1)]
Screen 2. The initial work up indicates the psychiatrist has reviewed recent LFTs. [VIE4 a (3)]
Screen 3. If the offender is female, the initial work up indicates the psychiatrist has reviewed a recent pregnancy test. [VIE3a (5)]
Screen 4. After initiation of Tegretol, blood levels were done X2 within six months. [VIE4c]
Screen 5. Blood levels have been done within the past six months. [VIE4c]
Screen 6. The lab work in screens 1-2 has been repeated within the past six months.

Auditor's Signature/Title: _____

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(3) Lithium

Pull ten (10) charts of offenders with current prescriptions for Lithium.

Offender ID#s →→ / **Screen ↓ ↓**										
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

FC =	**PC =**	**NC =**	**Scorable Items = 80- #NA/NR =** **Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. The initial work up indicates the psychiatrist has reviewed a recent CBC. [VIE3a (1)]
Screen 2. The initial work up indicates the psychiatrist has reviewed a recent BUN, electrolytes and Cr. [VIE3a (2)]
Screen 3. The initial work up indicates the psychiatrist has reviewed a recent thyroid profile. [VIE3a (4)]
Screen 4. If the offender is over 45 years old or has a history of heart problems, the initial work up indicates the psychiatrist has reviewed a recent EKG. [VIE3a (6)]
Screen 5. If the offender is female, the initial work up indicates the psychiatrist has reviewed a recent pregnancy test. [VIE3a (5)]
Screen 6. If the offender has been on Lithium for 1 year or longer, the procedures in screens 1-3 have been done within the past six months. [VIE3b (1)]
Screen 7. If the Lithium dosage was changed, a level was done within 7 days after the change. [VIE3]
Screen 8. A lithium level has been done within the past six months. [VIE3]

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(4) Valproic Acid

Pull ten (10) charts of offenders with current prescriptions for Valproic acid.

Offender ID#s →→ Screen ↓ ↓										
1.										
2.										
3.										
4.										
5.										
FC =	**PC =**	**NC =**	**Scorable Items = 50- #NA/NR = Score = (FCX2) + (PCX1) =**					**Compliance Score = %**		

Screen 1. The initial work up indicates the psychiatrist has reviewed a recent CBC with Differential. [VIE5a (1)]
Screen 2. The initial work up indicates the psychiatrist has reviewed recent LFTs. [VIE4 a (3)]
Screen 3. If the offender is female, the initial work up indicates the psychiatrist has reviewed a recent pregnancy test. [VIE3a (5)]
Screen 4. The lab work in screens 1-2 have been repeated in the last six months. [VIE5b]
Screen 5. Blood levels have been done within the past 6 months and within 2 weeks of dosage change.

Auditor's Signature/Title: _____

(5) Benzodiazepines

Pull ten (10) charts of offenders with current prescriptions for benzodiazepines.

Offender ID#s →→ Screen ↓										
1.										
2.										
FC =	**PC =**	**NC =**	**Scorable Items = 20 - #NA/NR = Score = (FCX2) + (PCX1) =**					**Compliance Score = %**		

Screen 1. If use has exceeded two weeks, there is a second psychiatric opinion concurring with the continued use of benzodiazepines. [VIE6a (5)]
Screen 2. There is a psychiatric progress note indicating evaluation of drug abuse history. [VIE6a (4)]

Auditor's Signature/Title: _____

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e. Medication Administration (508.24)

Select ten (10) health records and corresponding MARs of Mental Health offenders receiving psychotropic medications in the preceding 180 days.

Offender ID#s →→ / **Screen ↓ ↓**										
1.										
2.										
FC =	**PC =**	**NC =**	**Scorable Items = 20 - #NA/NR = Score = (FCX2) + (PCX1) =**					**Compliance Score = %**		

Screen 1. The MAR shows that medications were initiated on the day of the order (for medications that must be started the same day), start day ordered or within 72 hours of the order being written. For stat meds, the same day. (this is for formulary as well as non-formulary drugs)

Screen 2. There is a progress note completed by the psychiatrist/APRN or the nurse (if a verbal order is received) that corresponds to each medication order. [508.24]

Auditor's Signature/Title: _____

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Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

f. Heat Education (508.24)

Pull ten (10) charts of offenders on psychotropic medications.

Offender ID#s →→ Screen ↓ ↓										
1.										

FC =	PC =	NC =	Scorable Items = 10 - #NA/NR =
			Score = (FCX2) + (PCX1) =
				Compliance Score = %

Screen 1. The offender's medical record contains documentation indicating heat counseling/education annually between April 1st and September 30th. [508.24 E.2.] (section 5, medical file; section 5, MH file)

g. Heat Monitoring

Screen	FC	PC	NC	NA	NR
1.There is a daily log for the Supportive Living Units and lockdown units to reflect the housing temperatures from April 1st – September 30th. [E.2.]					
2.When housing temperature exceeds 85° F, the log reflects adequate ice and fluids are provided in the housing unit. [E.2.]					
3.When housing temperature exceeds 85° F , the log reflects fans are used to increase air flow. [E.2.]					
4. When housing temperature exceeds 85° F, the log reflects additional showers are allowed. [E.2.]					
5.There are an adequate number of fans in the Supportive Living Unit and lockdown units.					

FC =	PC =	NC =	Scorable Items = 5 - #NA/NR =
			Score = (FCX2) + (PCX1) =
				Compliance Score = %

Auditor's Signature/Title: _____

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Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

3. Type of Treatment: Supportive Living Unit Services
a. Support Living Unit Programming (508.16)

Review Scribe schedules and treatment plans of SLU offenders

Offender ID#s →→ / Screen ↓ ↓										
1.										
2.										
3.										

FC =	PC =	NC =	Scorable Items = 30 - #NA/NR =
			Score = (FCX2) + (PCX1) =
				Compliance
				Score = %

Screen 1. Activities required as part of the treatment plan are part of the offender's schedule. [C.4.b.7.]
Screen 2. All therapeutic activities on the offender's schedule are part of the treatment plan. [C.4.b.7.]
Screen 3. If living in an SLU, the offender is scheduled for at least two (2) to four (4) hours of therapeutic programming each day. [C.4.b.4.]

Auditor's Signature/Title: _____

b. Community Meetings (508.16)

Screen	FC	PC	NC	NA	NR
1. Community meetings are being held in each Supportive Living Unit at least one (1) time a week. [C.4.c.14.]					
2. A Supportive Living Unit Correctional Officer is participating in each community meeting . [C.4.c.14.]					
3. Community meetings focus on issues of community living and mutual support.					
4. There is adequate seating capability for community meetings.					

FC =	PC =	NC =	Scorable Items = 4 - #NA/NR =
			Score = (FCX2) + (PCX1) =
				Compliance
				Score = %

Auditor's Signature/Title: _____

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4. Type of Treatment: Stabilization Services
a. Acute Care Unit (508.30)

Pull five (5) charts of offenders who were placed in the Acute Care Unit for reasons other than suicide precautions. Auditors will make rounds on offenders admitted in ACU.

Offender ID#s →→ **Screen ↓ ↓**					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
FC =	**PC =**	**NC =**	**Scorable Items = 45 - #NA/NR = Score = (FCX2) + (PCX1) =**		**Compliance Score = %**

Screen 1. An Acute Care Unit admission evaluation has been completed by a psychiatrist/psychologist/APRN by the next working day after placement in ACU. [B.2.]

Screen 2. Content of the mental health counselor admission progress note addressed psychological factors related to the precipitating event, the offender's state of mind (MSE), and behavioral criteria for release from the Acute Care Unit. [C.6]

Screen 3. A daily progress note was completed by a psychiatrist/psychologist/APRN on each working day during placement in the Acute Care Unit. [B.2.]

Screen 4. Daily progress notes including a Mental Status Examination were completed by the Acute Care Unit counselor on workdays, and included information regarding the offender's progress/improvement. [C.6.]

Screen 5 Progress notes, including a Mental Status Examination, were completed by the mental health nurse or mental health daily, including weekends and holidays and contained information regarding the offender's progress/improvement. [C.6.]

Screen 6. The Acute Care Unit Treatment Plan or SP1/SP2 Treatment Plan was individualized and established specific goals related to current issues.

Screen 7. Content of the mental health counselor's discharge progress note addressed the offender's state of mind and indicated the discharge was done in concurrence with a psychiatrist/psychologist/APRN. [VID.3]

Screen 8. A Suicide Risk Assessment should be completed (if applicable) and if present, filed with the ACU packet in the medical file (section 5). A copy of the Suicide Risk Assessment should be in the MH file (section 4).

Screen 9. A copy of the admission and discharge notes from the Psychologist/Psychiatrist/APRN, MH Nurse and MH Counselor are present in section 1 of the mental health record. [D.1.]

Auditor's Signature/Title: _____

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Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

b. Stabilization Interventions/Crisis Stabilization Unit (VG70-0002)

Pull five (5) charts of offenders who were placed in the Crisis Stabilization Unit. Auditors will make rounds on offenders admitted in the Crisis Stabilization Unit.

Offender ID#s →→ Screen ↓↓					
1.					
2.					
3.					
4.					
5.					
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7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

FC =	**PC =**	**NC =**	**Scorable Items = 70 - #NA/NR = Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. An admission order was written by a psychiatrist within one hour of placement in the Crisis Stabilization Unit. [G.2.]
Screen 2. The admission order included the Reason for Admission, the Diagnosis, frequency of vital signs, dietary orders, the nature and frequency of observation required. [G.3.]
Screen.3. Content of the Mental Health counselor admission progress note addressed psychological factors related to the precipitating event, the offender's mental status and behavioral criteria for release. [H.10.]
Screen 4. A Mental Health Counselor note that addressed treatment issues was completed daily on workdays. [H.9.]
Screen 5. A Nursing Assessment was completed and included the reason for admission, vital signs, relevant history and pertinent physical and mental health observations. [G.1.]
Screen 6. A history and physical were completed within 24 hours of admission. [H.7.]
Screen 7. A Nursing progress note including a mental status evaluation was completed each shift. [H.9.]
Screen 8. A Psychiatric note addressing treatment issues was completed daily (on workdays). [H.9.]
Screen 9. The Crisis Stabilization Unit Treatment Plan or SP2 Treatment Plan was individualized and established specific goals related to current issues.
Screen 10. A Suicide Risk Assessment should be completed (if applicable) and if present, filed with the CSU packet in the medical file.
Screen 11. A discharge summary is completed by the Mental Health counselor and was done in concurrence with a psychiatrist and/or psychologist and was placed in section 5 of the medical record and section 8 of the mental health record. (The MH record will have all the admission and discharge notes only.) [I.6].
Screen 12. A psychiatric discharge summary was completed and content of the note addressed the offender's mental status. [I.5]
Screen 13. A copy of the admission and discharge notes from the Psychiatrist/APRN, MH Nurse and MH Counselor are present in section 1 of the mental health record. .
Screen 14. Follow-up was done by a licensed mental health staff member within 48 hours after discharge from the Crisis Stabilization Unit.

Auditor's Signature/Title: _____

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c. Suicide Precautions (508.29)

(1) SP1

Pull five (5) charts of offenders who were placed on suicide precautions with SP1 status.

Offender ID#s→→ **Screen ↓ ↓**					
1.					
2.					
3.					
4.					
5.					
6.					
FC =	**PC =**	**NC =**	**Scorable Items = 30 - #NA/NR = Score = (FCX2) + (PCX1) =**		**Compliance Score = %**

Screen 1. Placement on Suicide Precautions SP1 is clinically indicated.
Screen 2. The Suicide Risk Assessment Instrument (SRAI) was completed, individualized and signed on or before the first working day after placement on suicide precautions.
Screen 3. There is an upper-level provider's original signature on page three of the Suicide Risk Assessment Instrument.
Screen 4 There is documentation that the offender on SP1 has received therapeutic services at least two times per week.
Screen 5. The offender is receiving treatment specific to reduction of suicide risk or SIB.
Screen 6. Discontinuation from SP status was clinically indicated and appropriately documented.

Auditor's Signature/Title: _____

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(2) SP2

Pull five (5) charts of offenders who were placed on suicide precautions with SP2 status.

Offender ID#s →→ **Screen ↓ ↓**					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
FC =	**PC =**	**NC =**	**Scorable Items = 45- #NA/NR = Score = (FCX2) + (PCX1) =**		**Compliance Score = %**

Screen 1. Placement on Suicide Precautions SP2 is clinically indicated.
Screen 2. The Suicide Risk Assessment Instrument (SRAI) was completed, individualized and signed on or before the first working day after placement on suicide precautions.
Screen 3. There is an upper-level provider's original signature on page three of the Suicide Risk Assessment Instrument.
Screen 4. The Suicide Precautions Treatment Plan has been completed and is individualized.
Screen 5. There is documentation of daily rounds on work days by an upper-level provider.
Screen 6. There is documentation that the offender had a therapeutic contact with a MH Counselor each work day.
Screen 7. There is documentation that the offender in CSU had daily contact with a MH nurse.
Screen 8 There is documentation of appropriate follow-up/aftercare for the offender/probationer released from SP2.
Screen 9. Reduction of or discontinuation from SP2 status was clinically indicated and appropriately documented.

Auditor's Signature/Title: _____

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Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

d. Restraints (508.27)

Pull five (5) charts of offenders who were placed in Restraints.

Offender ID#s →→ / **Screen ↓ ↓**					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

FC =	**PC =**	**NC =**	**Scorable Items = 55 - #NA/NR =** **Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. A psychiatrist was contacted within one hour of placement in Restraints to obtain a Restraint Order. [D.7.a.]
Screen 2. The restraint order was recorded on each Restraint/Seclusion Order Form for no longer than 4 Hours and in the Medical Record. [D.7.a.]
Screen 3. The provision of fluids, meals, toileting that is offered, and ROM is documented at least every two (2) hours. [D.9]
Screen 4. Observation of the offender was documented at least every 15 minutes. [C.9. & D.1.]
Screen 5. Notification of the Warden is present for the first order and for subsequent 24-hour intervals of restraint.[C.13. & D. 1.]
Screen 6. Notification to the State MH Program Supervisor is present if restraint was continued beyond 72 hours. [C.13. & D.1.]
Screen 7. The original of the restraint package is with the Crisis Stabilization Unit paperwork in the medical record. [D.1. & E.]
Screen 8. Progress notes indicate a psychiatrist evaluated the offender on the next working day. [D.1. & E.]
Screen 9. Placement in Restraints was clinically indicated and behavioral criteria for release were documented.
Screen 10. Mental Status and behavioral information are recorded in the progress notes covering the restraint period.
Screen 11. There is evidence in the documentation that the offender was released from restraint when the behavioral criteria for release were met. [VID1]

Auditor's Signature/Title: _____

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FC = full (90%-100%) compliance, PC = partial (50% - 89%) compliance, NC = non-compliance (less than 50 %), NA = not applicable at this facility, NR = not rated during this audit.
Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

e. Involuntary Medication (508.26)

Pull five (5) charts of offenders who were placed on Involuntary Medication.

Offender ID#s →→ Screen ↓ ↓					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

FC =	**PC =**	**NC =**	**Scorable Items = 75 - #NA/NR = Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. The temporary involuntary medication order is for no longer than five days preceding the hearing. [B.1.a.5.]
Screen 2. Emergency medications administered were short acting injectables, not decanoates. [VIB2]
Screen 3. There is evidence in documentation that there was substantial risk of harm to self or others at the time the emergency medication was administered or there is a history through progress notes and/or community mental health records that indicate the offender has a chronic psychiatric condition that results in deterioration of behavior that is life endangering and without medication the offender could not improve his/her condition. [VIB]
Screen 4. There is evidence that the Mental Health Due Process Committee was composed of the Deputy Warden of Care and Treatment or designee, the offender advocate a non-treating mental health staff member, and a medical staff member who is not directly involved in treatment of the offender. [D.2.]
Screen 5. A mental health staff member represented the offender in the hearing or the offender retained his/her own attorney. [E.3.]
Screen 6. There is evidence that the offender was notified of the hearing and was informed to the right to counsel. [E.3.]
Screen 7. The offender was given the opportunity to attend the hearing. [E.10.]
Screen 8. There is evidence that the offender was provided documentation of the results of the hearing within two working days following the hearing. [F.]
Screen 9. There has been a review and due process hearing every six months since the initiation of involuntary medication. [E.16.]
Screen 10. All MARs are marked to indicate that the offender is on involuntary medication. [G.4.]
Screen 11. Placement on involuntary medication was clinically indicated.
Screen 12. There is documentation that the treating psychiatrist talked with the offender about his/her assessment, reasons for the medication, risks and benefits of the medicine and advantages and disadvantages of voluntary versus involuntary medication.
Screen 13. Medications ordered were within acceptable ranges per current practice or ranges outside the GDC formulary limits are justified. [VIB]
Screen 14. A second psychiatric opinion of the need for medication is documented and in agreement with the treating psychiatrist. [VIA2c]
Screen 15. There is documentation that efforts were made to gain cooperation from the offender to take the medication voluntarily. [VIA2d]

Auditor's Signature/Title: _____

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FC = full (90%-100%) compliance, PC = partial (50% - 89%) compliance, NC = non-compliance (less than 50 %), NA = not applicable at this facility, NR = not rated during this audit.
Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

f. Observation Cell Unit (508.28)

Review the files of offenders who remained in an observation cell. Auditors will make rounds on offenders housed in the observation cell(s).

Offender ID#s →→ **Screen ↓ ↓**					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

FC =	**PC =**	**NC =**	**Scorable Items = 50- #NA/NR =** **Score = (FCX2) + (PCX1) =**	**Compliance Score = %**

Screen 1. Offenders admitted were evaluated within 12 hours of placement by a Qualified Mental Health Provider. [C.5.h.]
Screen 2. There is an admission DAP note in the MH record.
Screen 3. Admission was done in concurrence with a psychiatrist/psychologist/APRN. [05.]
Screen 4. There is documentation of efforts to obtain a CSU or ACU bed. [C.5.i.]
Screen 5. If placement exceeds 24 hours there is written justification on form M68-01-05 for the length of stay in the observation cell and a copy of the form placed in section 8 of the mental health record [VIC5g.]
Screen 6. Form M68-01-05 is completed for each subsequent 24-hour period.
Screen 7. The Warden/designee has reviewed and signed form M68-01-05. [C.5.g.]
Screen 8. There is a discharge DAP note in the MH record. [VIC5e]
Screen 9. The discharge DAP note reflects concurrence with a psychiatrist/psychologist/APRN. [VIC5e]
Screen 10. The cell is suicide resistant.

Auditor's Signature/Title: _____

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FC = full (90%-100%) compliance, PC = partial (50% - 89%) compliance, NC = non-compliance (less than 50 %), NA = not applicable at this facility, NR = not rated during this audit.
Scoring: FC = 2 PC = 1 NC = 0 NA and NR = are not scored

Mental Health Positions by Facility

FACILITY	MH UNIT MGR	CLIN DIR/PSYCH	PSY	APRN	MH COUNSELOR
Arrendale	1	2.5	2.5		18.25
ASMP	2	2.25	0		29
Autry	1	0.75	1	0.5	6
Baldwin	1	1.5	1.5		12
Burruss CTC	0	0.375			2
Central	1	1	1		10
Coastal	1	0.5	1		4
Emanuel WF	0	0.25	0.5		3
GDCP	1	3.5	1.75	1.25	17
GSP	1	1.5	1.25	1	13
Hays	1	1	0.75		11
Johnson	1	1.25	1		10
Phillips	1	1.5	1.5		15
Pulaski	1	1.5	1		12
Rogers	1	0.5	0.5		4
Rutledge	1	1	0.75		10
Valdosta	1	2	1.5	0.5	22
Whitworth WF	0	0.4	0.4		3
Appling ITF	1	0.7	0.5		12
Bainbridge	0	0	0		1
Bleckley	0	0.4	0.2		2
Emanuel PDC	0	0.06	0.25		2
Patten	0	0	0		2
West Central	1	0.6	0.5		8
Women’s PDC	0	0.04	0		2
Metro TC	0	0	0.25		2

BEH SPECIALIST	ACTIVITY THERAPIST	CLERKS
1	2	2
	8	2
	1	2
	3	3
	1	0
	2	2
	1	1
	0	0
1	2	2
	3	2
	0	1
	2	1
	4	2
	1	1.5
	0	0
	2	1
	3	3
	0	1
	0	1
1	0	0
	0	0
	0	0
	0	0
	0	1
	0	0
	0	0

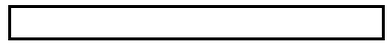
Dental Staffing Matrix

Institution		Total Capacity	Dental Assistant	Dental Hygienist	Dentist	Grand Total	Days per week
ARRENDALE STATE PRISON (LASP)	Cordelia, Ga.	1500	2.00		2.00	**4.00**	**M- Fr**
ASMP	Augusta, Ga	1326	2.00	1.00	1.50	**4.50**	**M- Fr**
AUTRY STATE PRISON	Pelham, Ga.	1712	1.00		1.00	**2.00**	**M-Th**
BALDWIN STATE PRISON	Hardwick, Ga	981	1.00	1.00	1.00	**3.00**	**M-Th**
BLECKLEY PDC (to Pulaski)	Cochran, GA.	208				**-**	
BURUSS CTC (Share staff with CSP)	Forsyth, Ga	758				**-**	**T-Th**
CALHOUN STATE PRISON (Share DH with Autry)	Morgan, Ga	1639	1.00	1.00	1.00	**3.00**	**M-W**
CENTRAL STATE PRISON	Macon, Ga.	1153	1.00		1.00	**2.00**	**M & W**
CLAXTON PDC (to Emanuel WF)	Claxton, Ga.	237				**-**	
COASTAL STATE PRISON	Garden City , Ga.	1839	1.00	1.00	1.00	**3.00**	**M-Th**
COLUMBIA REGIONAL (to ASMP)						**-**	
DODGE (DH from Telfair)	Chester, Ga	1236	1.00		1.00	**2.00**	**M-Th**
DOOLEY	Unadilla,Ga.	1679	1.00	1.00	1.00	**3.00**	**M-Th**
EMANUEL PDC (to Rogers)	Twin City,Ga	369				**-**	
EMANUEL WOMENS FACILITY	Swainsboro, Ga.	415	0.50		0.50	**1.00**	**M & Th**
GA DIAGNOSTIC CLASSIF PRISON	Jackson, Ga	2710	2.00		2.00	**4.00**	**M-Th**
GEORGIA STATE PRISON	Reidsville, Ga	1537	1.00	1.00	1.00	**3.00**	**M-Th**
Hancock SP (DH from Johnson)	Sparta, Ga.	1201	1.00		1.00	**2.00**	**M-Th**
HAYS STATE PRISON	Trion, Ga.	1100	1.00		1.00	**2.00**	**M-Th**
HELMS (go to LASP or ASMP)	Atlanta, Ga.	67					
JOHNSON STATE PRISON (DH one day/week)	Wrightsville, Ga	1612	1.00	1.00	1.00	**3.00**	**M-Th**
LEE STATE PRISON	Leesburg, Ga	762	0.50		0.50	**1.00**	**T & W**
LONG UNIT (go to Smith SP)	Ludowici, Ga.	212					
MACON	Macon, Ga.	1762	1.00	1.00	1.00	**3.00**	**M-Th**
Metro SP	Atlanta, Ga.	350	0.80	0.80	0.80	**2.40**	**M-Th**
Montgomery SP	Mt. Vernon, Ga.	418	0.50		0.50	**1.00**	**T & W**
PHILLIPS STATE PRISON	Buford, Ga.	928	1.00	1.00	1.00	**3.00**	**M-Th**
PULASKI STATE PRISON	Hawkinsville, Ga	1211	1.00	1.00	1.00	**3.00**	**M-Th**
ROGERS STATE PRISON	Reidsville, Ga	1391	1.00		1.00	**2.00**	**M-Th**
RUTLEDGE STATE PRISON	Columbus, Ga.	640	0.50		0.50	**1.00**	**M-W**
SMITH STATE PRISON	Glenville, Ga	1562	1.00	1.00	1.00	**3.00**	**M-Th**
TELFAIR (DH part time with Dodge)	McRae, Ga.	1410	1.00	1.00	1.25	**3.25**	**M-Th**
VALDOSTA STATE PRISON	Valdosta, Ga	1200	1.00	1.00	1.00	**3.00**	**T & W**
WALKER STATE PRISON (Go to Hays)	Rock Springs, Ga.	644					
WARE (DH from VSP)	Waycross, Ga.	1530	1.00		1.00	**2.00**	**M-Th**
WASHINGTON STATE PRISON	Davisboro, Ga,	1350	1.00	1.00	1.00	**3.00**	**M-Th**
WHITWORTH (to LASP)	Hartwell, Ga	442				**-**	
WILCOX	Abbeville, Ga	1840	1.00		1.00	**2.00**	**M-Th**

Grand Total		40931	29.80	14.80	29.55	**74.15**	

Please see Attachment O (Facility Listing) to confirm addresses for service locations.

Operating Hours
5:00AM- 3:30PM
8:00 AM- 4:30 PM
5:00AM- 3:30PM
7:00 AM-5:30 PM
10 hours per day
5:00 AM- 3:30 PM
10 hours per day
7:00AM- 5:30 PM
5:30-AM-4:30 PM
4:30 AM-3:00PM
6:00 AM -4:00 PM
4:00 AM- 3:30 PM
6:00 AM- 4:30 PM
6:00 AM- 4:30 PM
5:00 AM- 3:30 PM
5:00 AM- 3:30 PM
7:00AM- 5:30 PM
6:00 AM- 4:30 PM
8:00 AM- 4:30PM
6:00 AM- 4:30 PM
6:00 AM- 4:30 PM
6:00 AM- 4:30 PM
7:00AM- 4:30 PM
6:30 AM- 4:30 PM
6:30 AM- 4:30 PM
5:00AM- 3:30PM
5:30-AM- 4:30 PM
4:30 AM-3:00PM
7:30 AM -6:00 PM
5:00AM- 4:30PM



GEORGIA DEPARTMENT OF CORRECTIONS **Standard Operating Procedures**		
Policy Name: Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention And Intervention Program		
Policy Number: 208.06	**Effective Date:** 3/2/2018	**Page Number:** 1 of 33
Authority: Commissioner	**Originating Division:** Executive Division (Office of Professional Standards)	**Access Listing:** Level II: Required Offender Access

I. Introduction and Summary:

A. The Georgia Department of Corrections (GDC) has a zero-tolerance policy toward all forms of sexual abuse, Sexual Harassment and sexual activity among offenders. The purpose of this policy is to strengthen the Department's efforts to prevent occurrences of this nature by implementing key provisions from the U.S. Department of Justice's standards on the prevention, detection, and response to sexual abuse in confinement facilities, in accordance with the Prison Rape Elimination Act of 2003 (PREA). This policy and provides guidelines to address the following prohibited sexually abusive and/or harassing behavior(s):

1. Offender Perpetrator Against Offender Victim; and

2. Staff perpetrator against offender victim.

B. These guidelines are provided to assist staff in:

1. **Detecting** incidents and identifying perpetrators and victims of sexual abuse and/or harassment;

2. **Prevent**ing sexually abusive and/or harassing behavior;

3. **Protecting** vulnerable offenders from abuse and harassment from sexually aggressive offenders;

4. Educating staff on how to **intervene** properly and in a timely manner;

5. **Documenting, reporting,** and **investigating** reported incidents; and

6. **Disciplining** and/or **prosecuting** perpetrators.

II. Authority:

A. O.C.G.A.: § 16-6-5.1;

B. Prison Rape Elimination Act National Standards: **28 CFR Part 115, et seq.;**

C. GDC Standard Operating Procedures (SOPs): 203.03 Incident Report, 209.01

Offender Discipline, 227.02 Statewide Grievance Procedure, 209.06 Administrative Segregation, 103.10 Evidence Handling and Crime Scene Preservation, 103.06 Investigation of allegations of sexual contact, Sexual Abuse, and Sexual Harassment of Offenders, 508.22 Mental Health Management of Suspected Sexual Abuse, Contact or Harassment, 508.18) MH/MR Discipline Procedures 508.19 Receiving Screening, 507.04.19 Health Assessment and Medical Diagnostics, 507.04.21 Health Screening Offender Transfers, 507.04.69 Women's Health Services, 507.02.02 Confidentiality of Health Record and Release of Information, 507.04.84 Medical Management of Suspected Sexual Abuse, 507.04.85 Informed Consent, 507.04.91 Medical Management of Suspected Sexual Assault, Abuse, Harassment, 101.04 Records Management, and 104.09 Filling A Vacancy; and

D. ACA Standards: 2-CO-3C-01, 2-CO-4B-06, 4-4177, 4-4281-1, 4-4281-2, 4-4281-3, 4-4281-4, 4-4281-5, 4-4281-6, 4-4281-7, 4-4281-8, 4-4282, 4-4291-3, 4-4307, 4-4311, 4-4312-1, 4-4403, and 4-4406.

III. Definitions:

A. Community Confinement Facility - A state operated facility, other than a State Prison, in which individuals reside as part of a term of imprisonment while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours. (e.g. Transitional Centers.)

B. **Direct Staff Supervision** - Security staff in the same room with, and within reasonable hearing distance of, the residents or offenders and disallows youthful offenders and adult offender communication of any kind.

C. **Exigent Circumstance** - Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

D. **Gender Nonconforming** - A person whose appearance or manner does not conform to traditional societal gender expectations.

E. **Intersex** - A person who's sexual or reproductive anatomy or chromosomal

pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

F. **Juvenile** - Any person under the age of 18, unless under adult court supervision and confined or detained in a prison or jail.

G. **PREA Compliance Manager (PCM)** - An upper-level manager, designated by the Warden, and is responsible for compliance in all facility PREA-related operations.

H. **Retaliation Monitor** - A staff member, designated by the Warden, who is responsible for the prevention, detection, and reporting of any retaliatory actions taken against staff or offenders that report PREA allegations.

I. **Sexual Abuse Incident Review Team (SAIRT)** – A team that consists of upper-level management representatives. SART members may be part of the SAIRT, however the SAIRT shall not be solely comprised of SART members. Line supervisors and other staff members may be designated as SAIRT members at the discretion of the Warden/Superintendent of the facility.

J. **Sexual Abuse/Harassment Response Team** (**SART)** – A team that consists of a locally composed multi-disciplinary team, with both security and non-security staff, who work together to fulfill the guidelines defined in section I of this policy. This team includes but is not limited to:

1. SART Investigator;

2. SART Medical;

3. SART Mental Health;

4. Facility/ Internal Victim Advocate; and

5. Retaliation Monitor.

K. **Sexual Abuse by Offender** - Sexual abuse of an offender, detainee, or resident by another offender, detainee, or resident includes any of the following acts if the

victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

2. Contact between the mouth and the penis, vulva, or anus;

3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

L. **Sexual Abuse by A Staff Member, Contractor, Or Volunteer** - Sexual abuse of an offender, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the offender, detainee, or resident:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

2. Contact between the mouth and the penis, vulva, or anus;

3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer

has the intent to abuse, arouse, or gratify sexual desire;

6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) through (5) of this definition;

7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an offender, detainee, or resident;

8. Voyeurism by a staff member, contractor, or volunteer. Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an offender, detainee, or resident by staff for reasons unrelated to official duties.

M. **Sexual Harassment** includes:

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender, detainee, or resident directed toward another; and

2. Repeated verbal comments or gestures of a sexual nature to an offender, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

N. **Special Agent in Charge (SAC)** - An investigator who works for the Office of Professional Standards (OPS) who is responsible for any criminal investigation into a PREA allegation, should such investigation be deemed appropriate.

O. **Substantiated Allegation** - An allegation that was investigated and determined to have occurred.

P. **Transgender** - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Q. **Unfounded Allegation** - An allegation that was investigated and determined not to have occurred.

R. **Unsubstantiated Allegation** - An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

S. **Youthful Offender** - Any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.

IV. Statement of Policy and Applicable Procedures:

The Department hereby adopts, implements, and follows the standards outlined in the Prison Rape Elimination Act (PREA) Standards found at 28 CFR Part 115. Through the adoption of the PREA Standards, the Department seeks to eliminate sexual abuse and Sexual Harassment of offenders in custody. The Department tolerates no form of sexual abuse or Sexual Harassment of any offender.

Offenders who sexually abuse another offender will be disciplined and referred for criminal prosecution. Offenders who engage in Sexual Harassment, consensual sexual contact with another offender, attempt to engage in or solicit such contact, or help another engage in sexual contact with an offender will be disciplined.

Staff members who engage in sexual abuse or Sexual Harassment of an offender will be subject to disciplinary action, up to and including termination and banishment from all Georgia correctional institutions, whichever action is applicable. Additionally, staff members who engage in sexual abuse of an offender will be subject to criminal prosecution. Pursuant to O.C.G.A. § 16-6-5.1, it is a felony for correctional staff to have sexual contact with an offender.

A. Prevention Planning:

1. The Department shall employ or designate an upper-level, Department PREA Coordinator with sufficient time and authority to develop, implement, and oversee Department efforts to comply with the PREA standards in all facilities.

   The Warden/Superintendent at each institution must ensure that all aspects of this policy are implemented. Each facility shall have an assigned PREA Compliance Manager, who has sufficient time and authority to coordinate the

facility's efforts to comply with PREA standards.

The Warden/Superintendent shall maintain a current written PREA Local Procedure Directive and Coordinated Response Plan (see Attachment 7 for template) to provide instruction for responses to sexual allegations. This Local Procedure Directive shall reflect that institution's unique characteristics and specify how that institution will respond to sexual allegations and the notification procedures to be followed for reports of sexual allegations. At a minimum it will include:

a. Specification of staff member(s) responsibilities from the first report of an allegation through the conclusion of an investigation.

b. Responding to the victim and ensuring evidence retention.

c. Monitoring the offender perpetrator to ensure safety of others and evidence retention.

d. Ensuring safe housing, medical and mental health care, forensic exam, victim services for the victim, and commencing an investigation.

2. The Department shall ensure that contracts for the confinement of its offenders with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards and that any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA standards.

3. The Warden/Superintendent at each facility shall develop a written Staffing Plan in accordance with this SOP using Attachment 11, Staffing Plan Template. To enhance the supervision and monitoring of offenders, each facility shall document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations on the daily Post Roster. Facility management staff will review these deviations on a regular basis, no

less than annually, to identify the most common reasons for deviations. This information shall be used to make adjustments, as necessary, to the facility staffing plan. Completed plans will be forwarded to the PREA Coordinator for review and approval.

4. No less than annually, each facility shall assess, determine, and document whether adjustments are needed to the established staffing plan. Revised plans shall be forwarded to the PREA Coordinator for review and approval.

5. All new or existing facility designs, modifications, and technology upgrades will include consideration of how they could enhance the Department's ability to protect offenders against sexual abuse.

6. Unannounced rounds by supervisory staff, with the intent of identifying and deterring sexual abuse and Sexual Harassment, are required to be conducted every week, including all shifts and all areas. These rounds will be documented in the area log books. In addition, the institutional Duty Officer is required to conduct and document unannounced rounds at least once per week in ***all*** areas. These rounds will be documented in the local Duty Officer Log book.

7. Youthful Offenders:

    a. A Youthful Offender shall not be placed in a housing unit in which the Youthful Offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters.

    b. In areas outside of housing units, staff must either:

        i. Maintain sight and sound separation between Youthful Offenders and adult offenders, or

        ii. Provide direct staff member supervision when Youthful Offenders and adult offenders have sight, sound, or physical contact.

    c. Efforts shall be made by the assigned institution to avoid placing

Youthful Offenders in isolation to comply with this provision. Absent Exigent Circumstances, Youthful Offenders shall not be denied daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful Offenders shall also have access to other programs and work opportunities to the extent possible.

8. Limits to Cross-Gender Viewing and Searches**:**

   a. The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in Exigent Circumstances or when performed by medical practitioners.

   b. The facility shall not conduct cross-gender pat searches of female offenders, absent Exigent Circumstances. This requirement shall not restrict female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

   c. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female offenders via an incident report.

   d. The facility shall implement procedures that enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff members of the opposite gender viewing their breasts, buttocks, or genitalia, except in Exigent Circumstances or when such viewing is incidental to routine cell checks. Offenders should only shower, perform bodily functions, and change clothing in designated areas (e.g. cells, shower rooms, and bathrooms).

   e. Staff members of the opposite gender shall announce their presence when entering an offender housing unit; this includes the officer assigned to the housing unit. It is understood that staff members might not make announcements when responding to circumstances that require immediate action in order to combat a threat to security.

Offenders will be notified of the presence of opposite-gender staff members in several ways:

i. Offenders are advised of the requirement to remain clothed, and the presence of cross-gender staff members generally, during the intake screening process and the admission and orientation process;

ii. The following notice will be posted **"NOTICE TO OFFENDERS: Male and female staff members routinely work in and visit housing areas."**

iii. For staff members with offices in the housing units, the most recent schedule is posted in the unit so offenders are aware of when opposite-gender staff may be present;

iv. An announcement shall be made each time an opposite-gender staff member comes into a housing unit area and;

v. Nothing in this section should preclude opposite-gender staff members from viewing live or recorded video, or participating in an offender suicide watch.

f. The facility shall not search or physically examine a Transgender or Intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The provision does not limit searches of offenders to ensure the safe and orderly running of the institution.

g. The Department shall train security staff members on how to conduct cross-gender pat searches and searches of Transgender and Intersex offenders in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs and consistent with the population gender of their assigned institution.

9. Offenders with Disabilities, Who Are Limited English Proficient (LEP), or Have Limited Reading Skills:

    a. The local PREA Compliance Manager shall ensure the appropriate resources are available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing, detecting, and responding to sexual abuse and Sexual Harassment.

    b. The facility shall not rely on offender interpreters, offender readers, or other types of offender assistants except in Exigent Circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first response duties under 28 CFR § 115.64, or the investigation of the offender's allegations.

10. Hiring and Promotion Decisions:

    a. Employees:

        i. The Department shall not hire or promote anyone who may have contact with offenders, who:

            1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, Juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

            2) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a.i.1., of this section.

        ii. The Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.

iii. Before hiring new employees who may have contact with offenders, the Department shall:

1) Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.

2) Perform a Criminal History Record checks on all employees and volunteers prior to start date and again within at least every five years. A tracking system shall be implemented at each local facility to ensure the criminal history checks are conducted within the appropriate time frames, according to policy, for each person with access to that facility.

iv. Unless prohibited by law, the Department shall provide information on Substantiated Allegations of sexual abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Department complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

v. Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.

b. Contractors:

i. The Department shall not enlist the services of any contractor, who may have contact with offenders, who:

1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, Juvenile facility, or other institution (as defined in 42 U.S.C. 1997); Has been convicted of engaging or

attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

2) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph b.i.1., of this section.

ii. The Department shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any contractor, who may have contact with offenders.

iii. Before hiring new employees who may have contact with offenders, the Department shall:

1) Perform a Criminal History Record check before enlisting the services of any contractor who may have contact with offenders and at least every five years thereafter.

iv. Unless prohibited by law, the Department shall provide information on Substantiated Allegations of sexual abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Department complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

v. Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.

B. **Responsive Planning:**

1. Evidence protocol and forensic medical examinations.

a. Each facility shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Reference SOP 103.10, Evidence

Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders.

b. The Department's response to sexual assault follows the guidelines in the U.S. Department of Justice's Office on Violence Against Women publication, *"A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,"* dated April 2013, or the most current version.

c. When there is a report of an incident of sexual abuse that was alleged to have occurred within the previous 72 hours, or there is a strong suspicion that an assault may have been sexual in nature, a physical examination of the alleged victim shall be conducted to determine if immediate medical attention is necessary and if the SANE protocol should be initiated, (Attachment 5, Procedure for SANE Evaluation/Forensic Collection). The SANE examination shall be provided at no cost to the offender. Physical evidence from the suspected perpetrator(s) will be collected and may also include an examination. Offender consent must be obtained prior to initiating the SANE protocol, in accordance with 507.04.85 Informed Consent.

d. The Department stands *in loco parentis* for Youthful Offenders in its custody and can authorize a physical examination of such Youthful Offender without consulting his or her parent(s) so long as the Youthful Offender consents to the examination. For those offenders that are unable to consent or are incapacitated, the Department may authorize the collection of forensic evidence based on the Department's standing in loco parentis or as a guardian of the offender, whichever may be applicable. Physical evidence collection may also include an examination of and collection of physical evidence from the suspected perpetrator(s). Offender consent must be obtained prior to initiating the SANE protocol, in accordance with 507.04.85 Informed Consent.

NOTE: All PREA information is confidential in nature and shall only be released on a need-to-know basis. Staff members who fail to comply with the reporting provisions of this policy may be banned from correctional

facilities, or will be subject to disciplinary action, up to and including termination, whichever is applicable.

e. The Institution PREA Compliance Manager, under the direction of the Warden/Superintendent, shall attempt to enter into agreement, or Memorandum of Understanding (MOU), with a rape crisis center to make available a victim advocate to offenders alleging sexual abuse/Sexual Harassment upon request. If the facility cannot do so, efforts must be documented and local staff shall be identified and specially trained to provide this service. Documentation of training must be maintained by the employee's manager and made available to the local PREA Compliance Manager upon request.

Note: Any agreement must be approved through the Legal Office prior to implementation.

f. Victim advocates from the community used by the facility shall be pre-approved through the appropriate screening process and subject to the same requirements as contractors and volunteers who have contact with offenders. The victim advocate serves as emotional and general support, navigating the offender through the treatment, evidence collection, and investigation process. The victim advocate has access to the offender similar to that of medical staff at the facility. Victim Advocates are not authorized to make decisions regarding offender care, or interfere with escort, security, or investigation procedures that are deemed necessary by the facility/investigator.

g. If an external agency is responsible for investigating the allegations of sexual abuse the Department shall request that the investigating agency follow the requirements of (a) through (e) of this section.

h. An administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and Sexual Harassment. Allegations that involve potentially criminal behavior will be referred for investigation to OPS. This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation.

i. In the event the investigation is referred to an outside entity that entity shall have in place a policy governing the conduct of such investigations.

C. **Training and Education:** Participation in training must be documented through employee signature or electronic verification. Participation documentation will note that employees understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. This form shall be retained in the employee's local personnel file. At the conclusion of the training, employees are asked to seek additional supervisory direction, if necessary, to ensure understanding of the training.

1. Employee Training:

a. All Departmental employees shall be required to attend training annually on:

i. The Department's zero-tolerance policy for Sexual Abuse and Sexual Harassment;

ii. How to fulfill their responsibilities under the Department's Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures;

iii. Offenders' right to be free from Sexual Abuse and Sexual Harassment;

iv. The right of offenders and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment;

v. The dynamics of Sexual Abuse and Sexual Harassment in confinement;

vi. The common reactions of Sexual Abuse and Sexual Harassment victims;

vii. How to detect and respond to signs of threatened and actual Sexual Abuse;

viii. How to avoid inappropriate relationships with offenders;

ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, Transgender, Intersex, or Gender Nonconforming offenders; and

x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

b. In-service training shall include gender specific reference and training to staff as it relates to the specific population supervised. Staff members transferring into a facility of different gender from prior institution shall receive gender-appropriate training.

c. New employees shall receive PREA training during Pre-Service Orientation.

d. Specialized training shall be required for members of the Sexual Abuse Response Team (SART) and any other staff members who are likely to be involved in the management and treatment of sexually abused victims and the perpetrators.

2. Volunteer and Contractor Training:

a. The Department shall ensure that all volunteers and contractors who have contact with offenders are provided with a copy of this policy and have been trained on their responsibilities under the Department's PREA policies and procedures.

b. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Department's zero-tolerance policy

regarding sexual abuse and Sexual Harassment and informed on how to report such incidents.

c. Participation must be documented through volunteer and contractor signature or electronic verification, and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Department staff members, if necessary, to ensure understanding of the training.

3. Offender Education: Notification of the GDC's zero-tolerance policy for sexual abuse and harassment and information on how to report an allegation at the receiving facility shall be provided to every offender upon arrival to the facility. In addition to verbal notification, offenders will be provided a GDC PREA pamphlet. Within 15 days of arrival, formal PREA education will be conducted by assigned staff members to all offenders which will include a gender appropriate video on sexual abuse. Both the initial notification and the formal education will be documented in writing by signature of offender and placed in the offender's institutional file.

   In the case of Exigent Circumstances, such training may be delayed, but no more than 30 days. If the Exigent Circumstance extends beyond 30 days, justification and documentation must be placed in the offender's institutional file. Once the Exigent Circumstance no longer applies, such training must be provided immediately. This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation.

   a. The PREA education will be provided by designated staff members and the presentation must include:

      i. The Department's zero tolerance of sexual abuse and Sexual Harassment;

      ii. Definitions of sexually abusive behavior and Sexual Harassment;

iii. Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department custody;

iv. Methods of reporting an incident of sexual abuse/Sexual Harassment against oneself, and for reporting allegations of sexual abuse involving other offenders;

v. Treatment options and programs available to offender victims of sexual abuse and Sexual Harassment;

vi. How an investigation begins and the general steps to an investigation;

vii. Monitoring, discipline, and prosecution of sexual perpetrators;

viii. The prohibition against retaliation for reporting, and;

ix. Notice that male and female staff routinely work and visit housing areas;

b. The facility shall maintain documentation of offender participation in these education sessions in the offender's institutional file.

c. A poster reflecting the Department's zero tolerance for sexual abuse and Sexual Harassment, contact information and methods of offender reporting shall be posted in each housing unit and common area throughout the facility.

4. **Specialized Training (Investigations)**:

a. All staff investigating sexual abuse/Sexual Harassment allegations must be specially trained in conducting sexual abuse/Sexual Harassment investigations in confinement settings.

b. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence

required to substantiate a case for administrative action or prosecution referral.

c. The Department shall maintain documentation that agents and investigators, whether internal or external, have completed the required specialized training in conducting sexual abuse investigations.

5. **Specialized Training (Medical and Mental Health Care):** GDC medical and mental health staff members and Georgia Correctional HealthCare (GCHC) staff members who have contact with offenders will be trained using the National Institute of Corrections (NIC) Specialized Training PREA Medical and MH Standards curriculum. Certificate of completion will be printed and maintained in the employee training file. In addition to the specialized training, these same employees are required to attend GDC's annual PREA in-service training.

D. **Screening for Risk of Sexual Victimization and Sexual Abusiveness:**

1. All offenders shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders.

2. Counseling staff members will conduct a screening for risk of victimization and abusiveness, in SCRIBE, through use of Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument. This screening will be conducted within 24 hours of arrival at the facility. Information from this assessment will be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. NOTE: The risk assessment should not hinder classification opportunities.

3. Offenders should be encouraged to disclose as much information as possible for the Department to provide the most protection possible under this policy. If an offender chooses not to respond to questions relating to his or her level of risk, he or she may not be disciplined.

4. Offenders whose risk screening indicates a risk for victimization or abusiveness shall be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all offenders, within 30 days of arrival at the institution. A case note shall be entered in SCRIBE to indicate this review has been conducted. This case note is for the sole purpose of documenting the screening occurred and shall not include any confidential or clinical information.

   NOTE: Any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions.

5. The Warden/Superintendent shall designate a safe dorm(s) or safe beds for those offenders identified as highly vulnerable to sexual abuse. Location(s) shall be identified in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan and in the Staffing Plan.

6. In deciding whether to assign a Transgender or Intersex offender to a male or female facility and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

7. Placement and programming assignments for each Transgender or Intersex offender shall be reassessed no less than every six months to review any threats to sexual safety of the offender.

8. Offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening.

9. Offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the

offender's safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.

a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.

b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations.

d. Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.

E. **Reporting:**

1. Offender Reporting**:**

a. Offenders may make a report of sexual abuse, Sexual Harassment, or retaliation by any of the following methods: in writing, or verbally, through internal or external methods available. Offenders shall be encouraged to report allegations immediately and directly to a staff member. All reports will be promptly documented and investigated. Offenders may choose to report these allegations anonymously.

b. The Department may choose to maintain a sexual abuse hotline, currently known as the "PREA" hotline. Hotline calls will not require the use of the offender's PIN number. Should a sexual abuse hotline be maintained, monitoring of this line will be the responsibility of the OPS, with immediate oversight by the Department's PREA Coordinator, or designee.

2. **Third Party Reporting:**

   a. Third party reports may be made to:

      i. The Ombudsman's Office at P.O. Box 1329 Forsyth, Ga 21029 478-992-5358

      ii. By email to the PREA Coordinator at: PREA.report@gdc.ga.gov; and

      iii. State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334.

   b. Staff members shall accept reports made verbally, in writing, and from third parties and shall promptly document any verbal reports.

   c. Staff members shall forward all reports or suspicions of sexual abuse or Sexual Harassment to their immediate supervisor or the designated SART member promptly.

3. **Offender Grievances:** Allegations of Sexual abuse and Sexual Harassment are not grievable issues. They should be reported in accordance with methods outlined in this policy.

F. **Official Response Following an Offender Report:**

1. Staff, First Responder, and Department reporting duties:

   a. Response protocols shall follow the guidelines outlined in Attachment 7, Local Procedure Directive and Coordinated Response Plan.

   b. The PREA Unit will be notified, via PREA.report@gdc.ga.gov, of all allegations via Attachment 10, PREA Initial Notification Form.

2. Reporting to Other Confinement Facilities:

a. In cases where there is an allegation that sexual abuse occurred at another Department facility, the Warden/Superintendent (or his/her designee) of the victim's current facility will provide notification to the Warden/Superintendent of the institution where the allegation allegedly occurred and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden/Superintendent of the offender's current facility refers the matter directly to the Regional SAC and the Department's PREA Coordinator. For non-Department facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and the Department's PREA Coordinator.

b. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

c. The facility shall document that it has provided such notification.

d. The facility head or Department office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

3. Coordinated Response: Each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.

4. Protection Against Retaliation:

a. Anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or Sexual Harassment or who has participated in a subsequent investigation shall be subject to disciplinary action.

b. The Department shall protect offenders and staff members who report sexual abuse, or Sexual Harassment from retaliation. **The**

Warden/Superintendent shall designate a staff member to serve as the facility Retaliation Monitor and identify them as such in the PREA Local Procedure Directive and Coordinated Response Plan (Attachment 7). Multiple protection measures include offender housing changes or transfers, removal of alleged staff members or offender abusers from contact with victims, and emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations.

c. The designated Retaliation Monitor shall, for at least 90 days following a report of abuse, monitor the conduct and treatment of offenders or staff members who reported the sexual abuse or who participated in an investigation, to see if there are any changes that may suggest possible retaliation, and will act promptly to remedy any such retaliation.

   i. This monitoring will include review of any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff members. Periodic in-person status checks shall be made by the monitor as well. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each offender monitored. The original shall be kept in a master file by the monitor and a copy placed with the SART incident report upon completion.

   ii. This monitoring will include negative performance reviews or reassignments of staff members. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each employee monitored. The original shall be kept in a master file by the monitor.

   iii. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The obligation for monitoring will terminate if the allegation is unfounded.

G. **Investigations:**

1. All reports of sexual abuse or Sexual Harassment will be considered

allegations and will be investigated.

2. The local SART is responsible for the administrative investigation of all allegations of sexual abuse or Sexual Harassment. Attachment 4, Sexual Allegation Response Checklist will be completed for all PREA allegations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence, the case can be closed at the facility level. If the allegation is criminal in nature, an interview shall not be conducted, nor will a statement be collected from the accused perpetrator without first consulting the Regional SAC.

3. Appointing authorities or their designees shall report all allegations of sexual assault with penetration and those with immediate and clear evidence of physical contact, to their Regional Director, Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegation.

    a. Where sexual abuse is alleged and cannot be cleared at the local level (as indicated in G.2. of this section), the Regional SAC shall determine the appropriate response upon notification. If this appropriate response is to open a criminal investigation, the Regional SAC shall assign an agent or investigator who has received special training in sexual abuse investigations.

    b. Agents and investigators shall gather and preserve direct and circumstantial evidence including any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

    c. The credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person's status as offender or staff member. An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

    d. Upon conclusion of the criminal investigation, OPS must notify the Warden/Superintendent of the disposition of the case. The Warden must

ensure that Attachment 3, PREA Disposition Offender Notification Form is completed and a copy is both given to the offender and placed in the case file. On completion of this procedure, the PREA Coordinator's Office will be notified via PREA.report@gdc.ga.gov of the disposition and the date in which the offender was notified.

4. At the conclusion of each SART investigation, Attachment 6, PREA Investigative Summary shall be submitted to the PREA Unit for administrative review.

5. For investigations of allegations of sexual abuse, the Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution in accordance with SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders.

6. All sexual abuse and Sexual Harassment investigations shall be prompt, thorough, and objective.

7. Administrative and criminal investigations shall include an effort to determine whether staff member actions or failures to act contributed to the abuse. This shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings.

8. Substantiated Allegations of conduct that is deemed criminal shall be referred for prosecution.

9. OPS shall maintain all such written reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.

10. The departure of the alleged abuser or victim from the employment or control of the Department shall not provide a basis for terminating the investigation.

11. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

12. When outside agencies investigate sexual abuse, the Department shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigations.

13. There shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or Sexual Harassment are substantiated.

14. Following the close of an investigation into an offender's allegation that he or she suffered sexual abuse in a Department facility, the facility shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, unfounded, unsubstantiated-forwarded to OPS or substantiated-forwarded to OPS. This will be completed by a member of the local SART unless appointing authority delegates to another designee. In the event an allegation is forwarded to OPS for investigation, the facility shall notify the offender of the outcome of the OPS investigation upon completion. Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form. The Department's obligation to report under this standard shall terminate if the offender is released from the Department's custody.

H. **Discipline:**

1. Disciplinary Sanctions for Staff Members:

a. Staff members who engage in sexual abuse with an offender shall be banned from correctional institutions and subject to disciplinary action, with termination being the presumptive discipline, and may also be referred for criminal prosecution when appropriate.

b. Disciplinary sanctions for violations of Department policy related to Sexual Harassment will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff members with similar histories.

c. All terminations for violations of the Department sexual abuse or Sexual

Harassment policies, or resignations by staff members that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal. These shall also be reported, as required, to the Georgia Peace Officers Standards and Training Council (POST).

d. OPS shall refer all substantiated cases of Offender to Offender Sexual Abuse and Staff on Offender Sexual Abuse for criminal prosecution.

2. Contractors and Volunteers: Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual abuse or Sexual Harassment policies by a contractor or volunteer.

3. Disciplinary Sanctions for Offenders:

   a. The Department prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute sexual abuse, but is considered a disciplinary issue. Note: All instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during the course of an investigation.

   b. Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline.

   c. Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender Sexual Harassment. These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline.

d. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

e. The disciplinary process shall consider whether the offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. See SOP 508.18 MH/MR Discipline Procedures.

f. If the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer or require the perpetrator to participate in such interactions as a condition of access to programming or other benefits.

g. An offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.

NOTE: Offender to Staff Sexual Abuse is not covered under PREA.

h. For the purposes of a disciplinary action, a report of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

i. Following an administrative finding of malicious intent on behalf of the offender making a false report, regardless of method used, the offender shall be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01 Offender Discipline.

i. Any person who willfully and knowingly gives or causes a false report of a crime to be given to any law enforcement officer or agency of this state is prosecutable under O.C.G.A. § 16-10-26 False report of a crime. Any individual proven to make a false allegation (defined in 3.i. of this section) will receive a disciplinary

report and may be subject to prosecution under this statute.

ii. Any person who willfully and knowingly gives or causes a false report of Sexual Harassment will be subject to disciplinary action in accordance with SOP 209.01 Offender Discipline.

I. **Medical and Mental Health Care:** The Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with the Department SOPs regarding medical and mental health care.

J. **Data Collection and Review**:

1. Monthly Sexual Abuse Program Review. The facility SAIRT shall conduct a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation to review and assess the facility's PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist. Reviews are not necessary for incidents with a disposition of unfounded.

2. The review team shall:

   a. Each facility shall submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. This form shall be submitted by e-mail no later than the fifth calendar day of the month following the reporting month. All allegations investigated within the month shall be included on this report along with the appropriate disposition. The monthly report shall be completed in accordance with the Facility PREA Log User Guide.

   b. The Department shall review data collected and aggregated of all sexual abuse allegations in order to improve staff performance, identify problem areas, and improve facility operations and offender sexual safety. The Department shall publish the data in an annual report, comparing each years' data, and provide an assessment of progress in addressing offender sexual abuse. It shall make this publicly available on its website.

I. **Audits:** The Department shall conduct audits pursuant to 28 C.F.R.§115.401-405.

Each facility operated by the Department shall be audited every three (3) years on a schedule determined by the Department's PREA Coordinator. Federal Auditors determine compliance with federal standards and shall not dictate facility management, or procedural decisions. All auditor suggestions and findings shall be referred to the agency PREA Coordinator for review.

County facilities and Private facilities operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All auditors shall be certified by the Department of Justice. Each facility shall bear the burden of demonstrating compliance with the federal standards. A copy of the final report shall be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

V. Attachments:

Attachment 1: 208.06 Att.1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement;
Attachment 2: 208.06 Att. 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument;
Attachment 3: 208.06 Att. 3, PREA Disposition Offender Notification Form;
Attachment 4: 208.06 Att. 4, Sexual Allegation Response Checklist;
Attachment 5: 208.06 Att. 5, Procedure for SANE Evaluation/Forensic Collection;
Attachment 6: 208.06 Att. 6, PREA Investigative Summary;
Attachment 7: 208.06 Att. 7, PREA Local Procedure Directive and Coordinated Response Plan;
Attachment 8: 208.06 Att. 8, Retaliation Monitoring Checklist;
Attachment 9: 208.06 Att. 9, Sexual Abuse Incident Review Checklist;
Attachment 10: 208.06 Att. 10, PREA Initial Notification Form; and
Attachment 11: 208.06 Att. 11 Staffing Plan Template.

VI. Record Retention of Forms Relevant to this Policy:

Retention of PREA related documents and investigations shall be securely retained and made in accordance with the following schedule:

A. Sexual abuse data, files, and related documentation - at least 10 years from the date of the initial report.

B. Criminal investigation data, files, and related documentation - for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or 10 years from the date of the initial report, whichever is greater.

C. Administrative investigation data, files, and related documentation - for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or 10 years from the date of the initial report, whichever is greater.

RFX Addendum Form

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: Georgia Department of Corrections	
Issuing Officer: Carrie Steele	RFX Initially Posted to Internet: See GPR
eMail Address: Carrie.Steele@doas.ga.gov	Telephone: 404-463-5556
Addendum Number: 01	Date: February 2, 2018

1. **Attachment A – eRFP**
   Revised to reflect changes to time for bidder conference from February 1, 2018 at 2:00 PM to February 1, 2018 directly following the site visit.

2. Attachments F Revised - Mandatory Scored Questions for Mental Health Services

3. Attachments G Revised – Mandatory Scored Questions for Dental Health Services

4. Attachment J – Cost Worksheet

5. Attachment R – Supplier Client Reference form

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

_____
Supplier's Name

_____
Signature

_____
Printed Name and Title

RFX Addendum Form

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: Georgia Department of Corrections	
Issuing Officer: Carrie Steele	RFX Initially Posted to Internet: See GPR
eMail Address: Carrie.Steele@doas.ga.gov	Telephone: 404-463-5556
Addendum Number: 02	Date: February 16, 2018

1. Offerors' Conference report posted
2. Sign-In Sheets for site visits and Offerors' Conference posted

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

_____
Supplier's Name

_____
Signature

_____
Printed Name and Title

RFX Addendum Form

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: Georgia Department of Corrections	
Issuing Officer: Carrie Steele	RFX Initially Posted to Internet: See GPR
eMail Address: Carrie.Steele@doas.ga.gov	Telephone: 404-463-5556
Addendum Number: 03	Date: February 27, 2018

1. **Attachment A- eRFP document revised as follows:**
    a. **Response to Q&A extended to March 6th, 2018 at 5:00 PM**
    b. **Additional Round of Questions and Answers Added. Supplier questions due by March 13th, 2018 at 5:00 PM. Responses to round 2 of written questions due by March 22nd, 2018 at 5:00 pm.**
    c. **Proposals Due/Close Date and Time extended to April 10th, 2018 at 3:00 PM**

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

_____
Supplier's Name

_____
Signature

_____
Printed Name and Title

RFX Addendum Form

RFX Number: ES-RFP-46700-415	RFX Title: Mental Health and Dental Health Services for Offenders
Requesting State Entity: Georgia Department of Corrections	
Issuing Officer: Carrie Steele	RFX Initially Posted to Internet: See GPR
eMail Address: Carrie.Steele@doas.ga.gov	Telephone: 404-463-5556
Addendum Number: 04	Date: March 6, 2018

1. **Attachment A- eRFP document revised as follows to add the following new documents as attachments:**
   - **S. DH Equipment Survey and Facility Catchment**
   - **T. SOP Cross Walk**
   - **U. Current Mental and Dental Health Contract**
   - **V. Dental Audit Tool and Peer Review**
   - **W. MH Services Providers, Functions, and Ratios**
   - **X. MH COMPREHENSIVE AUDIT TOOL**

2. **Attachment Q - Questions and Answers Round 1 State Response has been posted.**
3. **Revised following attachments:**
   - **E. Mandatory Response Worksheet from Section**
   - **I. State Contract from Section 7 "Contract Terms and Conditions" of this eRFP**

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

_____
Supplier's Name

_____
Signature

_____

Printed Name and Title

RFX Addendum Form

RFX Number: ES-RFP-46700-415	RFX Title: Mental Health and Dental Health Services for Offenders
Requesting State Entity: Georgia Department of Corrections	
Issuing Officer: Carrie Steele	RFX Initially Posted to Internet: See GPR
eMail Address: Carrie.Steele@doas.ga.gov	Telephone: 404-463-5556
Addendum Number: 05	Date: March 22, 2018

1. **Attachment A- eRFP document revised as follows to add the following new documents as attachments:**
    a. **Attachment Y - Mental Health Positions by Facility**
    b. **Attachment Z - Dental Staffing Matrix**
2. **Attachment Q - Questions and Answers Round 2 State Response has been posted. Responses to questions pending from round 1 and round 2 will be posted by Wednesday, March 28th, 2018 at 5:00 PM**

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

_____
Supplier's Name

_____
Signature

_____
Printed Name and Title

RFX Addendum Form

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: Georgia Department of Corrections	
Issuing Officer: Carrie Steele	RFX Initially Posted to Internet: See GPR
eMail Address: Carrie.Steele@doas.ga.gov	Telephone: 404-463-5556
Addendum Number: 06	Date: March 28, 2018

1. **Responses to remaining Question and Answers from rounds 1 and 2 extended until Friday, March 30th, 2018 at 5:00 PM.**

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

_____
Supplier's Name

_____
Signature

_____
Printed Name and Title

RFX Addendum Form

RFX Number: ES-RFP-46700-415	**RFX Title: Mental Health and Dental Health Services for Offenders**
Requesting State Entity: Georgia Department of Corrections	
Issuing Officer: Carrie Steele	RFX Initially Posted to Internet: See GPR
eMail Address: Carrie.Steele@doas.ga.gov	Telephone: 404-463-5556
Addendum Number: 07	Date: March 30, 2018

1. **Posted responses to remaining Question and Answers from rounds 1 and 2.**
2. **Extended RFP closing date to April 16th, 2018 at 3:00PM.**
3. **Post Attachment AA – PREA SOP.**
4. **Removed previous version of revised documents.**

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgment of this addendum (this page) should be attached to your RFX response.

_____
Supplier's Name

_____
Signature

_____
Printed Name and Title

Mental and Dental Health Services - Mandatory Questions

These questions are Pass/Fail. To be considered responsive, responsible and eligible for award, you must answer all questions in this section with a "YES" to pass.

Any questions you answer with a "NO" will fail the technical requirements and results in disqualification of the proposal.

By answering "Yes," you indicate that you meet the individual requirements in the response block provided. ONLY upload documents if there is a Yes in the "Upload Attachs with Additional Information?" column, to provide additional information about specific questions. Documents not requested in this column will not be evaluated.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

Question #	Questions per Proposal Factors/Categories	Response by Offeror. Only Yes or No Answers	Upload Attchts with Additional Information?	Attachment File Name
	Mandatory Questions			
1	The supplier 's experience must include: Provide three (3) references of contract administrators of contracts of comparable size and scope for mental health services, dental health services, or both. A minimum of one (1) State contract with a primary scope of service to provide mental health services and/or dental health services in correctional facilities must be included as a reference. The referenced contract(s) must have been for no less than five (5) consecutive years. Attachment R - Reference Sheets must be used. Confirm that experience can be verified with references provided in Attachment R to meet this requirement.	Yes	Yes	
2	Performance Bond: The supplier must support the contract with a performance bond of no less than 25%of the contract annual contract total, as per the quoted amount included in the cost proposal. Confirm that the requirement for a performance bond will be met.	Yes	No	
3	Policy: The supplier's personnel must abide by applicable regulations and directives of the Department. All proposed services as outlined in this proposal will be delivered in conformance with ALL Departmental standard operating procedures for GDC. Confirm that the requirement to comply to ALL policies will be met.	Yes	No	
4	Licensing: The supplier will recruit and retain only Georgia licensed providers. The supplier must provide a copy of the licenses to be filed at the facility. Confirm that copies of counselors' Georgia licenses will be provided.	Yes	No	

5	Audit: The supplier must participate in financial and programmatic audit activities, immediately upon request by GDC. To comply with this requirement, the supplier must meet any documentation request within no more than ten (10) days from the date of the request. A failure to comply with these terms may result in a financial penalty. Confirm agreement to comply with this requirement.	Yes	No	
6	Audit: The supplier will be responsible to conduct an annual audit (financial and programmatic)to report contract compliance with expected levels of service and key performance indicators such as staffing, provisions for mental health delivery and financial accounting and reporting aspects. The scope of the audit must be approved in advance and be agreed upon by GDC. The supplier's annual audit scope will be subject to the discretion of GDC. Confirm agreement to comply with this requirement.	Yes	No	
7	Compliance: The contract requires that any complaint or other action filed/taken with /by the Secretary of State's office will immediately be reported in writing to GDC's Statewide MH Director. Confirm that this requirement will be met.	Yes	No	
8	Electronic Health Records: The supplier must agree to support GDC requirements for Electronic Health Records. Confirm agreement to comply with this requirement.	Yes	No	
9	Contract Exceptions: Any exceptions to the contract must be uploaded and submitted as an attachment to the supplier's response. Proposed exceptions must not conflict with or attempt to preempt mandatory requirements specified in the eRFP. Confirm that this requirement will be met.	Yes	No	

Mental and Dental Health Services

eRFP (Event) Number: ES-RFP-46700-415

Attachment F - Mandatory Scored Questions Mental Health Services

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Supplier must answer all questions within this document. Please use this **Mandatory Scored Response Document**, to enter your response directly beneath each question. Answers, along with any required supporting materials, will be evaluated and awarded points in accordance with eRFP, Section 6, Proposal Evaluation and Award.

1. General: Approach to Mental Health Services

The Supplier may provide a narrative overview of the company's capability and vision for meeting the provisions for mental health services for offenders in Georgia, in accordance to GDC's requirements outlined within the scope of work.

Please describe applicable accreditations received (i.e. American Correctional Association, National Conference on Correctional Healthcare, Commission on Accreditation of Rehabilitation Facilities. etc.), Describe current and proposed certification levels of the intending to support contract services.

Note to Evaluation Committee: *We have shaded the question portion of the document in gray for ease of reading and to distinguish between the RFP text and our responses throughout the proposal.*

MHM agrees to comply with and meet the requirements of Attachment F, Item 1: *General: Approach to Mental Health Services.*

Company Background and Experience

MHM started its relationship with the Georgia Department of Corrections (GDC) in October, 1997, initially providing psychiatrist and psychologist staffing services. The relationship expanded over the years to include additional mental health positions and dental services. The size and scope of the mental health services provided by MHM today is a result of the addition of mental health positions to the contract over the years through the attrition of positions to MHM as GDC mental health staff positions became vacant over time.

Working collaboratively with the GDC we have met many challenges and enjoyed many programmatic successes in the mental health program. Beyond staffing of positions, we have been at the Department's side through many challenges, from litigation and soaring drug prices in the first decade of the contract to *doing-more-with-less* through the State's economic challenges over the past decade.

Our focus going forward will be to continue to ensure full staffing of all positions and the provision of timely mental health services that meet the high standards of the Department. Our proposal outlines our approach to meeting the Department's goals, and we use our intimate knowledge of the GDC system to offer sound, reasonable solutions to the requirements set forth in the RFP. We recognize the RFP and the Department's answers to vendor questions solicit vendors to craft proposals for a scope of service slightly different and larger than that in the current contract, namely in the area of staffing levels. We give our unique insight into each element of the RFP towards an economical and clinically sound program.

No other company in correctional healthcare comes close to matching MHM's depth of recruiting and management resources, as well as corporate expertise in correctional mental health, necessary to succeed in meeting the GDC's goals and objectives for mental health services. MHM got its start in correctional healthcare in Tennessee and Georgia back in 1997, and the company has grown steadily to being the dominant provider of healthcare services to state prison systems. We have not forgotten our roots in mental health. In fact, the company was originally founded as "Mental Health Management, Inc." in 1981, and changed our name to MHM Services in the mid-1990's as we began branching out into other areas of healthcare.

MHM was founded in 1981 by Mike Pinkert, as a company initially focused on managing psychiatric units in medical-surgical hospitals. The company rapidly grew and managed dozens of contract mental health units in medical-surgical hospitals around the country. The company later acquired several free-standing psychiatric hospitals and residential treatment centers.



Michael S. Pinkert
Founder, MHM Services, Inc.

In the mid-1990s MHM merged its medical-surgical unit management business with a competitor and turned its focus to serving long-term care facilities (i.e., nursing homes, assisted living facilities, etc.) and governmental agencies. MHM's long-term care business grew to serving over 1,000 facilities in 14 states by the late 1990's and included a Medicaid contract with the State of Georgia to provide on-site mental health services to over 300 nursing homes throughout Georgia.

In 1997, MHM received its first correctional mental health contract when the **Tennessee Department of Corrections** awarded MHM a contract to provide psychiatry and psychology staff throughout the Tennessee prison system. Later that same year, the **Georgia Department of Corrections** awarded MHM a similar contract to provide psychiatrists and psychologists throughout the Georgia prison system. These were our humble beginnings in corrections, and we rapidly found a great unmet need in correctional facilities for contract mental health services. Our company grew in corrections and our contract with GDC was continuously expanded to include additional positions over the years. Starting with just a handful of psychiatrists and psychologists in 1997, we now fill nearly 300 positions throughout the GDC system in the mental health and dental programs.

With MHM's entry into the correctional market, the company created its wholly owned correctional subsidiary, MHM Correctional Services, Inc., in June of 1997. MHM Correctional Services, Inc. has been operating under its name for 20 years.

With the early correctional mental health contracts in Georgia and Tennessee in 1997, MHM saw a need for mental health expertise in correctional settings and turned its focus to serving correctional agencies almost exclusively. MHM rapidly grew to a position of prominence as the nation's premier provider of contract mental health services to correctional systems. MHM now services approximately 350 public institutional and clinic settings, including state psychiatric hospitals, correctional facilities, forensic hospitals, community clinics, and court programs across 15 states serving a combined population of over 330,000 individuals.

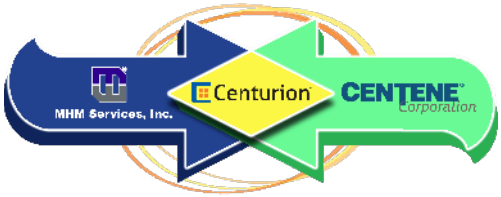
After establishing itself in the state correctional market in the late 1990's, MHM began serving municipal jail facilities when we began providing mental health services to the DeKalb County Jail in metro Atlanta, beginning in 2001. MHM has also been under contract with the City of Philadelphia to provide mental health services at the Philadelphia Department of Prisons jail facilities continuously since 2004. We have been providing mental health services at the Baltimore pre-trial facilities continuously since 2005.

Over the course of MHM's first decade providing mental health services to correctional agencies, the company observed firsthand the operations of the broader physical health service delivery in many state and municipal correctional facilities. We observed the strengths and weaknesses of various healthcare companies and service approaches. As MHM became more and more established in the correctional healthcare market, we were routinely approached by existing clients about providing healthcare services beyond mental

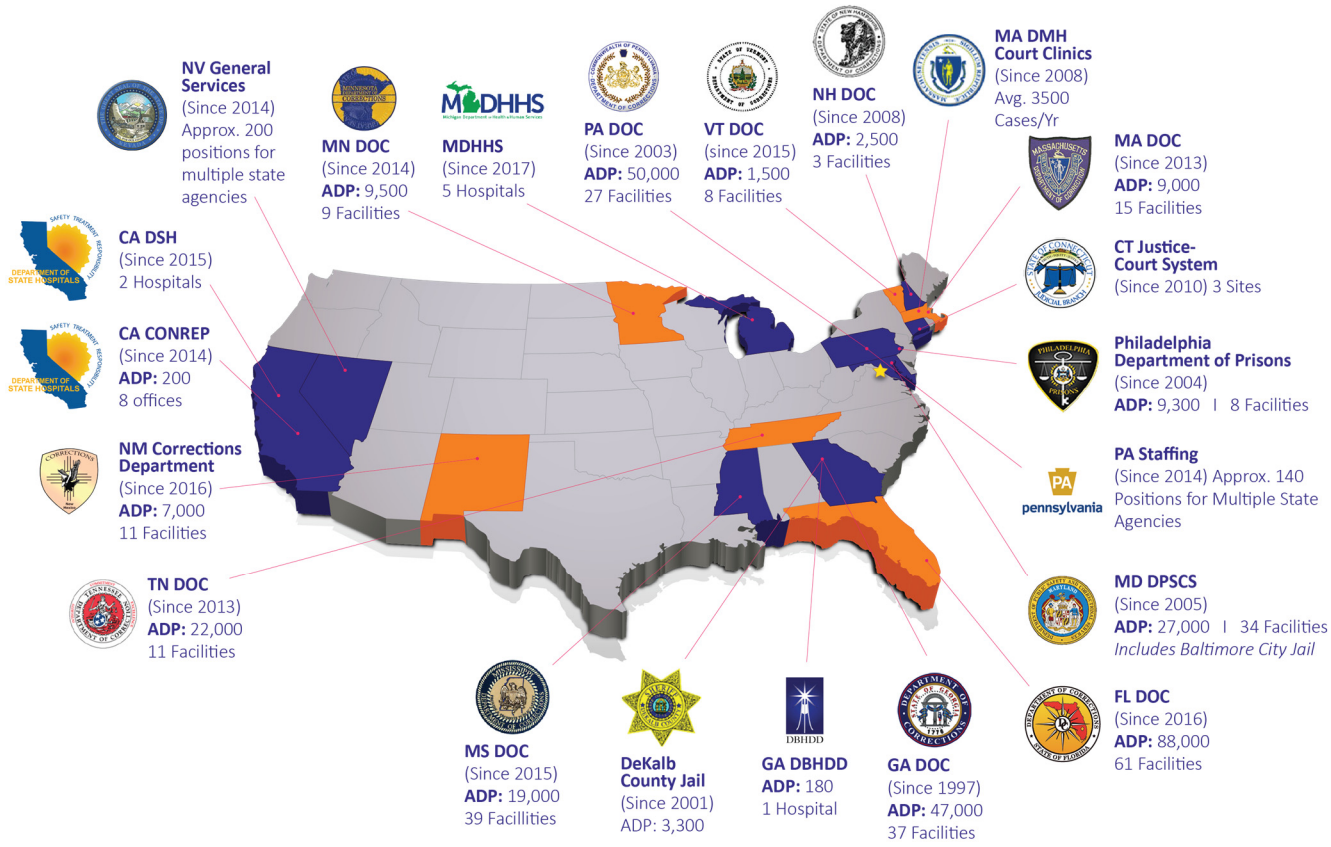
health services and quietly began performing some medical services within our mental health contracts.

During this time, we also witnessed a high level of medical services vendor turnover among the mainstream correctional healthcare companies and a pervasive level of dissatisfaction, or only moderate satisfaction, among correctional agencies with their private correctional healthcare contractors. All the while, MHM was renewing contracts and maintaining high levels of satisfaction among its customer agencies. We noted that mainstream correctional healthcare companies were struggling financially and operating under seriously high levels of debt leading to instances where companies were demanding out-of-contract price increases and threatening to terminate contracts early. We even saw instances of companies abandoning contracts midstream due to financial issues.

We knew there had to be a better way to serve the medical needs of correctional agencies. In 2010, MHM made the decision to pursue a more substantial approach to providing correctional healthcare services. Rather than simply replicate the service approaches of the traditional, mainstream correctional healthcare companies struggling in the market, we sought to provide an alternative approach based on innovation and a proven managed care service model. In 2011, MHM entered into a partnership with **Centene Corporation**, a major Medicaid managed care provider, to form **Centurion**, **LLC** as a new company to provide healthcare services to correctional systems. Centurion has been well received in the marketplace and today holds contracts for services with the departments of corrections in seven states: Florida, Massachusetts, Minnesota, Mississippi, New Mexico, Tennessee, and Vermont.



On the following page is a map of MHM's current contracts, including those of Centurion, LLC.



The relationship between MHM and Centene grew strong over the past seven years, and just last month, the companies announced the plan to merge MHM and its holdings into Centene. This merger has been in the works for some time and will not have any adverse effect on MHM's ability to operate the contract. In fact, the merger means the GDC will have the benefit of additional managed care resources from Centene's substantial national resources, including their Georgia Medicaid health plan known as Peach State Health Plan, which serves Georgia's Medicaid population.

Our corporate and regional structure will continue to be focused on delivering high quality services to the GDC population in a manner that is consistent with Department SOPs and NCCHC and ACA standards. The financial backing of Centene, a Fortune 100 company, will strengthen our ability to dedicate resources to the GDC, and the expertise provided under

our corporate and regional leadership, under the guidance of **Steven Wheeler**, President and Chief Operating Officer, **Jeff Wells**, Regional Vice President, and **Inez Tann**, Regional Director, will continue.



Steven H. Wheeler
President & Chief Operating Officer

No other correctional healthcare vendor comes close to matching the experience and depth of MHM's resources in the management of large-scale correctional mental health programs. Nor does any other company possess the depth of resources dedicated to correctional mental health as does MHM. Our Clinical Operations specialists are recognized as national experts in the field and are frequent presenters at corrections conferences, trade shows, and training symposia. We have affiliations with many academic institutions for training and practicum experience for students and are viewed as an *employer-of-choice* in the field of correctional healthcare for clinicians new to the field. All of these resources will continue to be available to the GDC in the new contract.



Jeffrey Wells, MBA
Regional Vice President of Operations



Inez Tann, RN, BS, CCHP
Regional Director

Mental Health Services in Georgia

MHM has a long and successful track record of providing mental health services for the GDC. We initially contracted with the Department in 1997 to provide primarily psychiatrists and psychologists and had a total staff of approximately 100 FTEs. Since that time, we have greatly expanded the scope and depth of our mental health operations as the GDC consolidated its mental health resources. In 2004, the GDC expanded our contract to include the following additional mental health positions:

- Mental health counselors
- Behavioral specialists
- Mental health unit managers
- Activity therapists

Growth over the years has been gradual, as positions became available to our program through attrition, facility mission changes, and adjustments based on expanded service delivery needs.

For example, in 2008, another series of criminal justice reforms led to a focus on integrating GDC facilities and probation, with an emphasis on diversion and re-entry. As a result of these changes, mental health services expanded to include Day Reporting Centers (DRCs), Community Impact Programs (CIPs), Probation Offices, Transition Centers, and Integrated Treatment Facilities (ITFs). Additionally, the increasing prevalence of incarcerated patients with mental disorders has required further increases in mental health services for the Department. Throughout our expanding contract, MHM has continued to provide high quality mental health services across the state, including to those patients who participate in the recently developed special treatment units.

We understand that the GDC's mental health and substance use disorder delivery systems are expected to continue to expand and evolve well into the future. For example, recommendations made by the Georgia legislature's recently created **Special Council on Criminal Justice Reform** may continue to require increases in effective treatment and programming options during the anticipated contract. Such increases may include expansion of Residential Substance Abuse Treatment (RSAT) and ITFs in GDC facilities.



James DeGroot, PhD
Senior Clinical Director



Dauda Griffin, MD, CCHP
Statewide Psychiatry Director

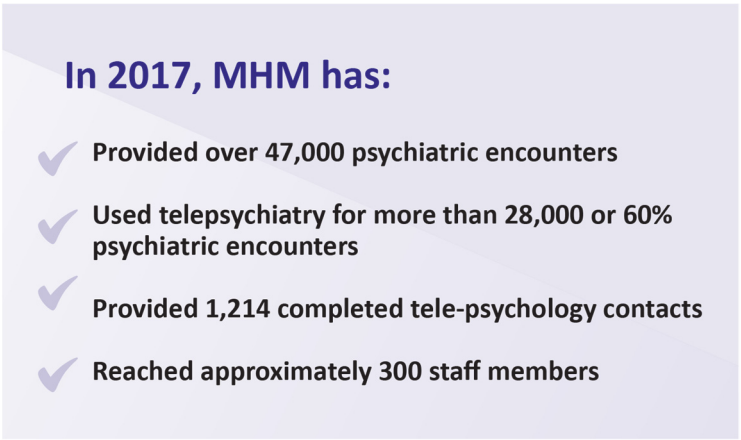
We appreciate that correctional mental health practice standards are evolving, particularly in the areas of suicide prevention and restrictive housing. MHM has worked closely with the Department through the current contract to develop and implement service delivery enhancements to meet these evolving standards. Today, our Senior Clinical Director, **Dr. James DeGroot,** Statewide Psychiatry Director, **Dr. Dauda Griffin,** and the facility-based Clinical Directors and Mental Health Unit Managers work with the GDC to update mental health's policies and procedures annually. In the new contract, we are **proposing to add two Assistant Clinical Directors** based in our Georgia regional office. Our Assistant Clinical Directors will support Dr. DeGroot in guiding the delivery of services to female offenders and priority I male offenders and in supporting quality improvement initiatives.

MHM's facility-based Clinical Directors are responsible for the implementation of GDC policies and procedures along with the required coordination (with security, programs, and medical) and the continual process and outcome evaluations. At this time, there are 13

Clinical Directors working in male facilities. Seven of the Clinical Directors are assigned to a medium security state prison, responsible for the clinical services delivered to a total of 2,876 incarcerated patients, and six are assigned to a close security prison, responsible for the clinical services delivered to a total population of 3,556 patients.

For female correctional patients, there are two Clinical Directors, each assigned to a close security prison, responsible for the clinical services delivered to 2,154 patients. Our psychologists, psychiatrists, and mental health counselors are delivering services to an additional 413 male patients located at three PDCs and one ITF, and to 286 female patients located at one PDC, one ITF, and two TCs. In December 2017, 18.8% of the total offender population was receiving mental health services in 26 facilities.

In 2017, MHM provided over 47,000 psychiatric encounters. More than 28,000 of the encounters, or approximately 60%, were provided through telepsychiatry. The number of unique patients receiving psychotropic medications over the past ten years has increased from 5,673 in January 2008 to 5,866 in January 2018. The number of completed tele-psychology contacts continues to grow as completed encounters in 2017 reached 1,214. As noted, MHM's total staffing has grown from approximately 100 FTE positions in 1997 to about 300 in 2018.



Even as the scope, complexity and volume of patients served in the GDC has grown over the years, the majority of facilities where we provide services consistently pass their annual mental health audit.

MHM has the experience and expertise required to take an expanded role in providing mental health and substance use disorder treatment services for the GDC. We are pleased to see that the new contract will provide an opportunity to expand staffing and administrative oversight for the two ITFs, Appling for men and West Central for women.

Transparency and Integrity

As we believe we have demonstrated consistently throughout the current contract, MHM welcomes open communication with the GDC. As we have done during the current contract, we anticipate being able to share information with the Department candidly without filter or fear of retribution. We strive to build and maintain collegial, cooperative, and professional relationships among disciplines, regardless of employer or training.



In both our new employee orientation and ongoing staff training, we emphasize the importance of the integration of services across disciplines, multidisciplinary consultation, and peer supervision. MHM trains staff and expects them to work with other providers as *one team* when providing patient healthcare. We have extensive experience working successfully in multi-contractor systems and in systems in which mental health services are provided by both contractor and non-contractor staff. We anticipate additional positions to transition to MHM from state employment over the next contract term, and we will continue to receive and rapidly fill newly assigned positions.

MHM values integrity and transparency in our communications with clients. This is made evident in our day-to-day communications with the Department and our annual contract compliance review conducted by MHM's Clinical Operations staff. MHM contract compliance reviews directly identify areas in which MHM performance needs improvement. We pride ourselves in sharing a comprehensive but candid self-evaluation, in developing corrective action plans as needed, and in reviewing the progress achieved through this process. In addition to MHM's annual contract compliance report, internally we perform ongoing CQI studies, which are shared with the Department regardless of the performance levels that the studies identify.

MHM is a company that emphasizes business acumen while simultaneously demonstrating an appreciation for its employees. In a real sense, MHM has found a way to create a company-employee "partnership wrap around" that results in contract bottom-line success through recognition and appreciation.

Marc Weinstein, PhD
MHM Clinical Director,
Baldwin State Prison
MHM employee for 10 years

Job Expectations. As MHM believes in the need for multidisciplinary collaboration, including collaboration with custody and the medical contractor staff, the ability to effectively collaborate is written into every MHM job

description in Georgia. MHM job performance evaluations include review of the quality of multidisciplinary collaboration exhibited by the staff member's day-to-day interactions. Failure to meet adequate levels of collaboration could be grounds for disciplinary action.

We have carefully reviewed the scope of work for mental health services in RFP Attachment B, *Scope of Services, Mental Health*. Our response to general RFP requirements is summarized in RFP Attachment F, Item 15, *Statement of Work*, and in more detail in the other RFP requirements in the same attachment. MHM has demonstrated over the past 20 years that we have the expertise, integrity, and dedication to continue serving correctional patients at GDC facilities. We look forward to continuing our successful partnership with the Department over the coming years.

Recent Accomplishments and Value-Added Services

The 2017 mental health program audit results revealed relatively high compliance with the mental health policies and procedures. Mental health professionals are in place and appropriately credentialed and privileged. They are also receiving in-service training and clinical supervision. Patients in need of mental health services are being identified through evaluations and placed in an appropriate level of care. A multidisciplinary treatment team chaired by the facility Clinical Director develops a treatment plan with each patient. The treatment plan is regularly updated, and treatment plan reviews are regularly performed to ensure that the patient is receiving appropriate services in the least restrictive environment.

Along with in-service training, mental health staff are provided opportunities to attend annual training, where they can receive continuing education credits, on correctional mental health ethics, suicide risk assessment, and both the assessment and treatment of sexual assault victims. This training is provided by various MHM Clinical Operations team members, and has consistently received excellent evaluations from the attendees.

The Clinical Operations team also continues to function as a consultant for MHM and the GDC on challenging issues dealing with restrictive housing, special mental health treatment units, and both suicidal and non-suicidal self-injurious behavior. MHM staff in our Georgia program regularly participate in our monthly company-wide conference calls, which are hosted by Clinical Operations. These conference calls include the following topic areas and leadership groups:

- Continuous Quality Improvement

- Treating Women in Corrections
- Clinical Directors
- Psychiatric Directors
- Dental Directors

Our Clinical Operations team has provided the following in-state/onsite consultations, support, trainings, and contract compliance reviews over the last decade:

Clinical Operations Consultations, Support, Trainings, and Contract Compliance Reviews	
August 2008	Mental health *Contract Compliance Review* completed at nine facilities: ▪ Augusta State Medical Prison ▪ Baldwin State Prison ▪ Central State Prison ▪ Coastal State Prison ▪ Georgia Diagnostic and Classification Prison ▪ Georgia State Prison ▪ Phillips State Prison ▪ Metro State Prison ▪ Lee Arrendale State Prison.
December 2009	Mental health *Contract Compliance Review* completed at eight facilities: ▪ Baldwin State Prison ▪ Georgia Diagnostic and Classification Prison ▪ Georgia State Prison, Hays State Prison ▪ Johnson State Prison ▪ Phillips State Prison ▪ Metro State Prison ▪ Valdosta State Prison
June 2010	Two one-day *Training Workshops* provided at Tift College in Forsythe, Georgia, to MHM and GDC staff: ▪ Advanced Suicide Assessment, Prevention and Intervention ▪ Prevalence and Trends ▪ Risk Factors and Mechanisms ▪ Highlights from MHM's Study ▪ The Suicidal Mind and Self-Injury ▪ Assessment and Treatment ▪ Legal Issues

Clinical Operations Consultations, Support, Trainings, and Contract Compliance Reviews	
March 2011	Mental health *Contract Compliance Review* completed at nine facilities: ▪ Augusta State Medical Prison ▪ Autry State Prison ▪ Baldwin State Prison ▪ Georgia Diagnostic and Classification Prison ▪ Georgia State Prison ▪ Johnson State Prison ▪ Lee Arrendale State Prison ▪ Pulaski State Prison ▪ Rutledge State Prison
September 2011	Two-day *Training Workshop* provided at Tift College in Forsythe, Georgia, to MHM and GDC staff: ▪ Advanced Suicide Assessment, Prevention, Intervention, and Ethics ▪ Prevalence and Trends ▪ Risk Factors and Mechanisms ▪ Suicide and Self-Injury: Assessment and Treatment ▪ Ethics – Balancing Autonomy and Safety Needs ▪ Ethical/Legal Issues and Conclusions ▪ Multidisciplinary Behavior Management and Documenting Progress ▪ The Challenge: Self-Injurious Behavior ▪ The Pitfalls: Responses that Don't Work ▪ The Solution: Behavior Management ▪ Teamwork: Collaboration & Roles ▪ Building the Plan ▪ Documenting Treatment Progress ▪ Continuing education credits from Georgia Psychology Association
April 2012	Mental health *Contract Compliance Review* completed at nine facilities: ▪ Augusta State Medical Prison ▪ Autry State Prison ▪ Baldwin State Prison ▪ Georgia Diagnostic and Classification Prison ▪ Georgia State Prison ▪ Johnson State Prison ▪ Lee Arrendale State Prison ▪ Pulaski State Prison ▪ Rutledge State Prison

Clinical Operations Consultations, Support, Trainings, and Contract Compliance Reviews	
June 2012	Two-day *Training Workshop* provided at Tift College in Forsythe, Georgia, to MHM and GDC staff: ▪ Advanced Suicide Assessment, Prevention, and Intervention ▪ Prevalence and Trends ▪ Risk Factors and Mechanisms ▪ Suicide Assessment ▪ Suicide Intervention ▪ Avoiding Ethical Lapses: Thinking and Practicing in Correctional Environments ▪ Understanding multiple relationships with the correctional environment ▪ Supporting autonomy and self-determination ▪ Confidentiality and informed consent ▪ Practicing within your areas of competence ▪ Balancing ethical demands and organizational ones ▪ Your issues ▪ Continuing education credits from Georgia Psychology Association
June 2013	Mental health *Contract Compliance Review* completed at two facilities, with a focus on services provided to patients in isolation and segregation: ▪ Hays State Prison ▪ Valdosta State Prison Mental health needs analysis conducted for all close custody facilities: ▪ Hancock State Prison ▪ Hays State Prison ▪ Macon State Prison ▪ Smith State Prison ▪ Telfair State Prison ▪ Valdosta State Prison ▪ Ware State Prison
October 2013	One-day *Training Workshop* provided at Tift College in Forsythe, Georgia, to MHM and GDC staff: ▪ Ethics and Continuum of Suicidal Behavior ▪ Nature of self-injurious acts and suicidal acts ▪ Scope of suicide within correctional settings. ▪ Elements of an ethical suicide risk assessment in correctional settings. ▪ Seven ethical guidelines for behavior management ▪ Application of ethical principles through participation in case examples and role plays ▪ Application of ethical guidelines within correctional environments ▪ Continuing education credits from Georgia Psychology Association

Clinical Operations Consultations, Support, Trainings, and Contract Compliance Reviews	
April 2014	Clinical Operations systems and service delivery consultation completed at two facilities for mental health services: ▪ Georgia State Prison ▪ Augusta State Medical Prison ▪ Consultation focused on the development and implementation of a residential mental health program for Tier II Mental Health Level 3 and 4 patients
May and June 2014	Mental health *Contract Compliance Review* completed at five facilities: ▪ Autry State Prison ▪ Baldwin State Prison ▪ Hays State Prison ▪ Lee Arrendale State Prison ▪ Valdosta State Prison
July 2014	Clinical Operations systems and service delivery consultation completed for mental health services as part of Dr. Jeffrey Metzner's review of services for: ▪ Appling Integrated Treatment Facility ▪ Augusta State Medical Prison ▪ Georgia State Prison ▪ Daily Reporting Centers ▪ Non-mental health Tier II facilities ▪ Juveniles
October 2014	One-day *Training Workshop* provided at Tift College in Forsythe, Georgia, to MHM and GDC staff: ▪ Incidental Treatment of Trauma & Exposure to Trauma in the Correctional Environment: Ethical Implications for Mental Health Providers ▪▪ Types of trauma common among incarcerated individuals ▪▪ Effective support for trauma and ethical obligations to provide appropriate interventions ▪▪ PREA's impact on the role of mental health staff in the treatment of trauma ▪▪ Correctional stress – definition and self-awareness ▪▪ Ethical obligations to recognize correctional stress in self and others ▪▪ Strategies to reduce impact of correctional stress ▪ Continuing education credits from Georgia Psychology Association

Clinical Operations Consultations, Support, Trainings, and Contract Compliance Reviews	
May 2015	One-day *Training Workshop* provided at Tift College in Forsythe, Georgia, to MHM and GDC staff: ▪ DSM-5 Updates & Suicide Risk with Personality Disordered Patients: An Ethical Perspective ▪ DSM-5 Updates ▪ Outline organizational changes ▪ Review major diagnostic revisions and rationale for changes ▪ Provide suggestions for transitioning from DSM-IV-TR → DSM-5 ▪ Suicide Risk and Personality Disordered Patients ▪ Reviewed GA-specific suicide data ▪ Role of personality disorders in suicide risk ▪ Role of countertransference in suicide risk assessment ▪ Structured clinical judgement ▪ Continuing education credits from Georgia Psychology Association
June 2015	Mental health *Contract Compliance Review* completed at four facilities: ▪ Augusta State Medical Prison ▪ Baldwin State Prison ▪ Georgia State Prison ▪ Valdosta State Prison
February 2016	Mental health *Contract Compliance Review* completed at six facilities, with a focus on Tier II and Tier III mental health services: ▪ Augusta State Medical Prison ▪ Georgia Diagnostic and Classification Prison ▪ Georgia State Prison ▪ Hays State Prison ▪ Lee Arrendale State Prison for Women ▪ Valdosta State Prison
May 2016	One-day *Training Workshop* provided at Tift College in Forsythe, Georgia, to MHM and GDC staff: ▪ Suicide and Attempted Suicide: GDC Findings and Best Practices ▪ MHM Suicide Database Review ▪ Evidence-Based Practices vs Best Practices ▪ Overview of Cognitive Therapy for Suicide Prevention ▪ Overview of DBT ▪ Questions ▪ Presented in conjunction with GMU doctoral psychology graduate students ▪ Continuing education credits from Georgia Psychology Association

Clinical Operations Consultations, Support, Trainings, and Contract Compliance Reviews	
August 2016	One-day *Training Workshop* provided at Tift College in Forsythe, Georgia, to MHM, GDC, and Department of Juvenile Justice staff: ▪ Ethical Challenges and Proposed Solutions For Clinicians Working in Correctional and Juvenile Justice Settings ▪ Understanding the ethical challenges associated with multiple relationships within DJJ/DOC ▪ Trauma and ethical issues of clinical competence ▪ Countertransference with personality disordered patients – ethical responsibilities ▪ Countertransference – measuring our reactions ▪ Secondary trauma – ethical obligations to recognize in ourselves & others ▪ Secondary trauma – strategies to reduce ethical impact ▪ Continuing education credits from Georgia Psychology Association
March 2017	Mental health *Contract Compliance Review* completed at four facilities: ▪ Baldwin State Prison ▪ Johnson State Prison ▪ Phillips State Prison ▪ Pulaski State Prison
June 2017	One-day *Training Workshop* provided at Tift College in Forsythe, Georgia, to MHM and GDC staff: ▪ Ethical Issues in Correctional Mental Health ▪ The ethical obligations of the correctional healthcare provider ▪ Ethical challenges in correctional settings defined ▪ Countertransference and personality disordered patients – ethical responsibilities ▪ The case of mentally ill offenders in long-term segregation ▪ Working with transgender offenders ▪ Strategies to ensure correctional healthcare staff maintain appropriate boundaries while advocating for our patients ▪ Continuing education credits from Georgia Psychology Association
November 2017	2.25 Hour training provided to MHM and GDC staff: ▪ Serious Mental Illness and Segregation: Recommendations for a System that Works ▪ Presentation was a component of an all-day training hosted by the GDC titled *Specialized Mental Health Treatment Unit Training*
February 2018	Clinical Operations systems and service delivery consultation with GDC leadership, including **GDC Assistant Commissioner for the Office of Health Services Randy Sauls**, to review preliminary analyses on GDC offender suicides over the past 10 years

Psychiatry

MHM has provided quality mental health services to GDC patients without litigation. In addition, patient grievances related to psychiatric services that have been reviewed by our Statewide Psychiatry Director, **Dr. Dauda Griffin**, have often not been substantiated.



Dauda Griffin, MD, CCHP
Statewide Psychiatry Director

Beginning in 2018, psychiatric providers have been more efficiently assigned to facilities such that each provider is working in fewer facilities and facilities work with fewer providers. This will result in providers feeling even more ownership of their patient caseloads, facilities feeling more connected with their psychiatric providers, and patients having improved continuity of care.

Our psychiatry practice consistently demonstrates prescribing patterns that maintain GDC psychotropic medication costs within budget. We are able to accomplish this through the following initiatives.

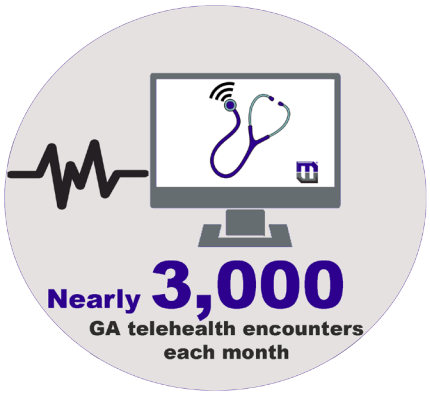
Psychiatry Initiatives Accomplish Results!

- **Medical Director participation on the Pharmacy and Therapeutics Committee**
- **Quarterly monitoring of practice prescribing trends with individual feedback given to each psychiatric provider**
- **Tight management of the formulary exception request process such that 96% of all psychotropic medication orders in December 2017 were formulary**
- **Communication about pharmacological issues on the monthly psychiatry call**
- **Individual provider feedback given for any medication management issues identified in the annual mental health facility audits**
- **New in 2018, psychiatric provider access to UpToDate, an on-line resource that provides evidence-based pharmacologic and other clinical information, in addition to providing continuing medical education credits**

Telepsychiatry

Over the past several years, GDC's telepsychiatry program has grown to become one of the largest providers of these services across all MHM contracts. We now provide approximately 2,100 to 3,000 telepsychiatry encounters each month to GDC patients across 26 facilities. Telepsychiatry services have allowed us to provide a seamless continuum of care at facilities that do not have onsite psychiatry staff due to their remote location, or due to provider illness, vacations, or other prolonged absences.

Telepsychiatry has also helped prevent or minimize appointment backlogs and more efficiently allocate limited psychiatry resources quickly and where needed most. Due in part to the use of telepsychiatry, we have only had to utilize one *locum tenens* temporary psychiatrist in the past 10 years, and that one is only recently contracted with the expectation that the position will soon be filled with permanent psychiatric staff.



As part of our monthly reporting on telepsychiatry data, we routinely include data on the transportation cost savings that the GDC experiences each month as a result of MHM providing telepsychiatry services. These savings result from day evaluations conducted via tele-mental health for patients located in facilities where we do not provide mental health services, thus avoiding patient transport to a facility where we do provide these services. As a result of these tele-mental health encounters, the Department experiences a **transportation cost savings of approximately $40,000 each month**.

In 2017, MHM created a *Tele-Mental Health Manual* based on standards of the American Telemedicine Association and GDC's SOP VH17-0003, *Telemedicine.* We also developed a tele-mental health training based on this manual, and provided it to nursing, counseling, and psychiatric staff.

Gender Dysphoria Consultant

MHM has extensive experience in the identification, treatment, and management of offenders with gender dysphoria. We are eager to collaborate with the GDC and medical contractor in this area. We appreciate caring for an offender with gender dysphoria is a complex and challenging process and understand our role on the treatment team and our responsibilities in providing care.

MHM has significant gender dysphoria resources, including our nationally recognized expert in this area, **Joel Andrade**, **PhD, LICSW, CCHP-MH,** Director of Clinical Operations – Mental Health. Dr. Andrade has functioned as the Chair of the Gender Dysphoria Supervision Group and a voting member of the Gender Dysphoria Treatment Committee for the Massachusetts Department of Correction for the past seven years. He has conducted dozens of gender dysphoria evaluations to develop medical necessity recommendations, provided expert testimony in Federal Court, and presented at numerous national psychiatric and correctional healthcare conferences. He remains current with the expanding clinical literature and rapidly evolving WPATH standards.



Joel Andrade, PhD, LICSW, CCHP- MH
Director of Clinical Operations – Mental Health

In Georgia, Dr. Andrade will continue to function as our expert mental health consultant for gender dysphoria and gender reassignment surgery cases. Dr. Andrade provided a well-received training entitled, *Ethical Issues in Correctional Mental Health,* on June 23, 2017. The training included a discussion of gender dysphoria for about 150 MHM and GDC staff. He will remain available for consultation and training in these areas in the new contract.

MHM will follow established GDC procedures for treatment and managing offenders with gender dysphoria. If at any time an offender self-identifies or is assessed as potentially meeting criteria for gender dysphoria, we will complete a full diagnostic evaluation. Once diagnosed as gender dysphoric, the offender will be provided with an individualized treatment plan. MHM will seek input from the medical provider in developing this plan. The treatment team will receive and review the plan to determine its appropriateness.



At this time, the treatment team may refer the offender to the medical contractor to determine the medical needs of the patient related to the diagnosis. We understand these medical needs may include but not be limited to consultations with specialty providers such as endocrinologists, urologists, or gynecologists and consideration for hormonal therapy. We further understand that the medical contractor will be responsible for the medical care of the offender diagnosed with gender dysphoria. MHM is fully committed to providing seamless multi-vendor, multidisciplinary collaboration for this population.

An example of our expertise is demonstrated below as we review our experience with establishing and maintaining national and state accreditation standards at our correctional healthcare contracts across the country.

Accreditation Experience and Approach

MHM will meet the GDC accreditation requirements contained in RFP Attachment F, Item 1 – *General: Approach to Mental Health Services*. We are able to demonstrate a highly successful history of obtaining and maintaining accreditation with the **National Commission on Correctional Health Care (NCCHC)** and **American Correctional Association (ACA)**, as well as state level accreditation. Over the past 20 years, we have collaborated effectively with the GDC and the **Georgia Correctional HealthCare (GCHC**) to both initiate and maintain accreditation by the **Medical Association of Georgia (MAG).**

The following table shows the recent accreditation status for each of the GDC facilities which receive accreditation from the MAG.

Georgia Facilities Accredited by Medical Association of Georgia (MAG)			
Institution	**Date of Initial Accreditation**	**Date of Last Reaccreditation**	**Notes**
Arrendale State Prison	10/9/1984	1/25/2017	Site Survey: 3/01/2018
Augusta State Medical Prison	5/5/1986	1/29/2017	Maintenance Report
Autry State Prison	3/26/1997	3/26/2017	Maintenance Report
Baldwin State Prison	5/5/1986	10/30/2017	Site Survey: TBD
Bleckley Probation Detention Center	*Never Accredited*	N/A	*Available to schedule*
Calhoun State Prison	8/16/1996	8/16/2017	Maintenance Report
Central State Prison	2/12/1985	1/26/2017	Site Survey: TBD
Coastal State Prison	4/30/1992	9/4/2017	Site Survey: TBD
Dodge State Prison	6/17/1985	10/11/2017	Maintenance Report
Dooley State Prison	12/12/1996	12/11/2017	Maintenance Report

Georgia Facilities Accredited by Medical Association of Georgia (MAG)			
Institution	**Date of Initial Accreditation**	**Date of Last Reaccreditation**	**Notes**
Emanuel Probation Detention Center	3/23/2016	3/23/2017	Maintenance Report
Georgia Diagnostic and Classification	11/15/1986	1/24/2017	Maintenance Report
Georgia State Prison	12/16/1984	11/15/2017	Site Survey: TBD
Hancock State Prison	3/9/1995	3/23/2017	Site Survey: 03/08/2018
Hays State Prison	3/4/1994	8/27/2017	Maintenance Report
Johnson State Prison	7/9/2003	7/9/2017	Maintenance Report
Lee State Prison	6/28/1988	1/29/2017	Maintenance Report
Macon State Prison	3/22/1996	3/22/2017	Maintenance Report
Phillips State Prison	6/4/1993	6/3/2017	Maintenance Report
Pulaski State Prison	6/12/1997	12/17/2017	Provisional – 1/14/2018
Rogers State Prison	11/15/1984	11/15/2017	Maintenance Report
Rutledge State Prison	9/12/1983	1/30/2018	Maintenance Report
Smith State Prison	10/2/1996	10/2/2017	Maintenance Report
Telfair State Prison	7/8/1995	7/8/2017	Site Survey: 07/19/2018
Valdosta State Prison	10/25/1991	10/25/2017	Site Survey: TBD
Ware State Prison	8/30/1994	8/30/2017	Site Survey: TBD
Washington State Prison	9/20/1996	9/20/2017	Maintenance Report
West Central GA Regional Hospital	*Never Accredited*	N/A	*Available to schedule*
Whitworth PDC	4/13/2016	4/13/2017	Maintenance Report
Wilcox State Prison	12/13/1996	12/13/2017	Maintenance Report

MHM is also aware that the GDC is currently in the process of securing accreditation from the **American Correctional Association (ACA)** for its facilities and that the GDC central office has already received ACA accreditation. We have 20 years of experience working with the ACA in numerous correctional programs and are a key supporter and sponsor of ACA at the national level. Many of our staff are active with ACA in conferences and as auditors, and we are ready to assist the Department in its pursuit of ACA accreditation. **Ms. Inez Tann**, MHM's Georgia Regional Director **is a certified ACA auditor** and has recently been selected as **an ACA Commissioner**.

In addition to the previously mentioned national and state accrediting organizations, MHM commits to meeting or exceeding the standards of care established by applicable regulatory requirements, including but not limited to those established by:

- The Occupational Safety and Health Administration (OSHA)
- The Drug Enforcement Agency (DEA)
- The Immigration and Customs Enforcement (ICE)

MHM's healthcare services, staff training, policies and procedures, and other clinical infrastructure are developed to comply with community standards of care, NCCHC and ACA accreditation standards, and federal regulations. They are then tailored, as needed, to state and local regulations. We are confident that we will be a successful partner with the GDC in achieving ACA accreditation at all facilities where this is being pursued.

Beginning on the first day of the new contract, MHM will work to ensure GDC mental health services are in compliance with ACA standards. In collaboration with the GDC and the medical vendor, **Georgia Correctional HealthCare (GCHC),** we will conduct analyses of services, policies, staffing, and staff training at GDC facilities, as needed. Where ACA or NCCHC compliance gaps are found, we will work with the GDC to ensure service delivery elements are in compliance with standards.

Staff training in ACA and NCCHC standards and accreditation begins during new employee orientation and continues throughout employment. On-the-job training to policies and procedures ensures that staff can "translate" the standards into daily practice. We also have staff training modules focused specifically on educating staff on the ACA and NCCHC accreditation process.

MHM has developed internal resource documents to assist our healthcare staff in preparing for ACA accreditation, including preparation of accreditation files. Resource documents include:

- ACA Standards Compliance Documentation: Preparation and Maintenance
- ACA Accreditation File Folder Preparation: Healthcare Standards
- ACA Accreditation File Folder Preparation: Non-Healthcare Standards
- ACA Standards Referenced in Centurion Policies
- ACA Sample Healthcare Staff Interview

Similarly, we have developed comprehensive *Accreditation Preparation Guidelines* for NCCHC accreditation.

MHM will support the facilities in achieving accreditation or re-accreditation through thorough pre-audit activities performed by our Clinical Operations staff. If necessary, we will obtain consultation and technical assistance from ACA to secure our success.

Senior members of our organization have extensive experience in working with ACA and NCCHC in leadership positions. These include:

- **Inez Tann**, RN, BS, CCHP, Regional Manager: ACA Health Care Committee, ACA Mental Health Committee, ACA Ad Hoc Committee on Restrictive Housing Standards, ACA Committee on Behavioral Health Certification, Certified ACA Accreditation Surveyor and, more recently, appointment to the ACA Board of Commissioners
- **Sharen Barboza**, PhD, CCHP-MH, Vice President of Clinical Operations – Mental Health: NCCHC CCHP-MH Subcommittee and prior member of the NCCHC CCHP Board of Trustees
- **Joel Andrade,** PhD, LICSW, CCHP-MH, Director of Clinical Operations – Mental Health: ACA Mental Health Committee
- **J. Diane Kearns**, LPC, CCHP-MH, Clinical Operations Associate – Mental Health: ACA Mental Health Committee
- **Angela Goehring**, RN, Chief Nursing Officer: ACA Commission on Accreditation for Corrections
- **Yvonne McMullen**, LCSW, Quality Assurance Coordinator: Certified ACA Accreditation Surveyor
- **Johnnie Lambert,** RN, LHRM, CCHP, Clinical Operations Specialist, Certified NCCHC Accreditation Surveyor
- **Brenda Sue Medley-Lane,** RN, CCHP, Corporate Infection Prevention and Control Coordinator, Certified NCCHC Accreditation Surveyor. Ms. Medley-Lane has been recently elected to the Board of Directors of the Academy of Health Professionals in NCCHC



Pictured (from left to right):
Inez Tann, RN, BS, CCHP, *Regional Director*; **Sharen Barboza**, PhD, CCHP-MH, *Vice President of Clinical Operations – Mental Health*; **Joel Andrade,** PhD, LICSW, CCHP-MH, *Director of Clinical Operations – Mental Health*; **J. Diane Kearns**, LPC, CCHP-MH, *Clinical Operations Associate – Mental Health*; **Angela Goehring**, RN, *Chief Nursing Officer*; **Yvonne McMullen**, LCSW, *Quality Assurance Coordinator*; **Johnnie Lambert,** RN, LHRM, CCHP, *Clinical Operations Specialist*; **Brenda Sue Medley-Lane,** RN, CCHP, *Corporate Infection Prevention and Control Coordinator*

Clinical Operations Department

Ensuring relevant accreditation for MHM contracts is the responsibility of our Clinical Operations Department. Because members of our Clinical Operations team have participated in NCCHC and ACA task forces and committees for the development and refinement of medical and mental health standards, we are knowledgeable about NCCHC and ACA modifications to standards and quickly respond to refinements in these standards. MHM's model policies and procedures were promptly updated to reflect the numerous changes to the NCCHC standards made in 2014. We will undergo a similar process upon release of the 2018 NCCHC healthcare standards later this spring. Consistent with NCCHC and ACA requirements, we will assist the GDC and GCHC with updating facility-specific policies and procedures at GDC facilities, as needed.

MHM, and our partner company, **Centurion**, have the track record, infrastructure, and management experience to ensure that we can meet GDC requirements for accreditation.

MHM currently provides services in the following correctional facilities that are currently accredited by the NCCHC or the ACA.

NCCHC and ACA Accredited Facilities Where MHM Provides Services, With Dates of Most Recent/Pending Accreditation Surveys		
Contract & Institutions	**NCCHC**	**ACA**
DeKalb County Jail		
DeKalb County Jail	May 2016	Jan 2017
Maryland Department of Public Safety and Correctional Services		
Baltimore Central Booking and Intake Center	Jun 2020	2019
Chesapeake Detention Facility	Jun 2020	2019
Eastern Correctional Institution	-	Sep 2020
Maryland Correctional Training Center	-	Jul 2018
North Branch Correctional Institution	-	Sep 2020
Roxbury Correctional Institution	-	Mar 2019
Western Correctional Institution	-	May 2020
Pennsylvania Department of Corrections		
SCI-Albion	-	Feb 2015
SCI-Benner Township	-	Jan 2016
SCI-Cambridge Springs	-	Feb 2015
SCI-Camp Hill	-	Jan 2016
SCI-Chester	-	Feb 2015
SCI-Coal Township	-	Jan 2017
SCI-Dallas	-	Jan 2017
SCI-Fayette	-	Jan 2017
SCI-Forest	-	Jan 2016
SCI-Frackville	-	Aug 2017
SCI-Graterford	-	Jun 2010
SCI-Greene	-	Aug 2017
SCI-Houtzdale	-	Jan 2017
SCI-Huntingdon	-	Feb 2015
SCI-Laurel Highlands	-	Jan 2017
SCI-Mahanoy	-	Aug 2017
SCI-Mercer	-	Feb 2015
SCI-Muncy	-	Jan 2016
SCI-Pine Grove	-	Jan 2017
SCI-Pittsburgh	-	Jan 2017
Quehanna Boot Camp	-	Aug 2015

NCCHC and ACA Accredited Facilities Where MHM Provides Services, With Dates of Most Recent/Pending Accreditation Surveys		
Contract & Institutions	**NCCHC**	**ACA**
SCI-Retreat	-	Jan 2017
SCI-Rockview	-	Jan 2016
SCI-Somerset	-	Jan 2017
SCI-Smithfield	-	Feb 2015
SCI-Waymart	-	Jan 2016
Philadelphia Department of Prisons		
Alternative and Special Detention (ASD)	Sep 2017	-
Curran-Fromhold Correctional Facility (CFCF)	July 2017	-
Detention Center (DC)	Jun 2017	-
House of Correction (HOC)	Aug 2017	-
Philadelphia Industrial Correctional Center (PICC)	Jun 2016	-
Riverside Correctional Facility (RCF)	Aug 2017	-
Cambria Community Corrections Center	July 2017	-

In addition to ACA and/or NCCHC accreditation, in the Pennsylvania state correctional institutions and at the Philadelphia Department of Prisons, MHM has consistently been successful in maintaining licensure with the Pennsylvania Department of Human Service's Office of Mental Health and Substance Abuse Services on our mental health inpatient units:

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Institution with Inpatient Mental Unit	Date of Accreditation/Licensure by Pennsylvania Department of Human Resources
SCI-Camp Hill in Pennsylvania DOC	April 2017
SCI-Graterford in Pennsylvania DOC	January 2017
SCI-Muncy in Pennsylvania DOC	May 2017
SCI-Rockview in Pennsylvania DOC	August 2017
SCI-Waymart in Pennsylvania DOC	May 2017
Detention Center in Philadelphia Department of Prisons	March 2017

In the Maryland Department of Public Safety and Correctional Services, MHM has also successfully supported the consistent licensure of three Correctional Mental Health Centers by the Maryland Department of Health, located at Baltimore Central Booking and Intake Center, MCI-Women, and Patuxent Institution.

MARYLAND Department of Health

We are confident that MHM will meet expectations for continuing the ACA accreditation process at GDC facilities.

In addition to MHM's accreditation experience, our successful launch of Centurion in 2011 has resulted in additional correctional healthcare contracts and accreditation opportunities. The tables below summarize the accreditation experience of our Centurion contracts.

NCCHC and ACA Accredited Facilities Where Centurion Provides Services, With Dates of Most Recent/Pending Accreditation Surveys		
Contract & Institutions	**NCCHC**	**ACA**
Florida Department of Corrections – Region 1		
Apalachee Correctional Institution	-	Sep 2017
Calhoun Correctional Institution	-	Sep 2017
Century Correctional Institution	-	Sep 2018
Franklin Correctional Institution	-	Sep 2016
Gadsden Re-Entry Center	-	Jan 2018
Gulf Correctional Institution	-	Feb 2019
Holmes Correctional Institution	-	Dec 2017
Jackson Correctional Institution	-	Feb 2019
Jefferson Correctional Institution	-	Feb 2018
Liberty Correctional Institution	-	Sep 2017
Northwest FL Reception Center	-	Feb 2019
Okaloosa Correctional Institution	-	Feb 2017
Santa Rosa Correctional Institution	-	Sep 2018
Wakulla Correctional Institution	-	Feb2018
Walton Correctional Institution	-	Feb 2017
Florida Department of Corrections – Region II		
Baker Correctional Institution	-	Sep 2017
Columbia Correctional Institution	-	Oct 2017
Cross City Correctional Institution	-	Oct 2018

NCCHC and ACA Accredited Facilities Where Centurion Provides Services, With Dates of Most Recent/Pending Accreditation Surveys		
Contract & Institutions	**NCCHC**	**ACA**
Florida State Prison	-	Sep 2016
Hamilton Correctional Institution	-	Sep 2017
Lancaster Correctional Institution	-	Oct 2018
Lawtey Correctional Institution	-	Feb 2019
Madison Correctional Institution	-	Feb 2018
Mayo Annex	-	Feb 2018
Putnam Correctional Institution	-	Oct 2016
Reception and Medical Center	-	Sep 2018
Suwanee Correctional Institution	-	Sep 2018
Taylor Correctional Institution	-	Oct 2016
Tomoka Correctional Institution	-	Oct 2016
Union Correctional Institution	-	Oct 2016
Florida Department of Corrections – Region III		
Avon Park Correctional Institution/Youth Academy	-	Feb 2017
Central Florida Reception Center	-	Feb 2018
Desoto Annex	-	Feb 2017
FL Women's Reception Center	-	Oct 2018
Hardee Correctional Institution	-	Feb 2019
Hernando Correctional Institution	-	Mar 2017
Lake Correctional Institution	-	Mar 2017
Lowell Correctional Institution	-	Mar 2019
Marion Correctional Institution	-	Feb 2019
Polk Correctional Facility	-	Oct 2018
Sumter Correctional Institution	-	Feb 2018
Zephyrhills Correctional Institution	-	Mar 2018
Florida Department of Corrections – Region IV		
Charlotte Correctional Institution	-	Feb 2019
Dade Correctional Institution	-	Feb 2017
Everglades Correctional Institution	-	Sep 2016
Homestead Correctional Institution	-	Feb 2017
Martin Correctional Institution	-	Sep 2016
Okeechobee Correctional Institution	-	Oct 2017

NCCHC and ACA Accredited Facilities Where Centurion Provides Services, With Dates of Most Recent/Pending Accreditation Surveys		
Contract & Institutions	**NCCHC**	**ACA**
South Florida Reception Center	-	Sep 2016
Massachusetts Department of Correction		
Boston Pre-Release Center	-	Apr 2018
Massachusetts Treatment Center	-	Oct 2017
MCI-Cedar Junction	-	Oct 2018
MCI-Concord and Northeastern CC	-	Apr 2018
MCI-Framingham and South Middlesex CC	-	Aug 2016
MCI-Norfolk	-	Oct 2018
MCI-Shirley	-	Sep 2018
North Central Correctional Institution	-	Aug 2016
Old Colony Correctional Center	-	Apr 2019
Pondville Correctional Center	-	May 2018
Souza-Baranowski Correctional Center	-	May 2018
Note: In 2010, the Massachusetts Department of Correction determined to stop pursuing NCCHC accreditation for budgetary reasons. Prior to that time, 17 correctional institutions were fully accredited by NCCHC. The decision to stop seeking NCCHC accreditation was not due to any concerns regarding healthcare service performance by contractors to the Department. Massachusetts Department of Correction continues to be committed to performing all correctional healthcare services in compliance with NCCHC standards.		
Mississippi Department of Corrections		
Alcorn County Regional Facility	-	Aug 2013
Bolivar County Regional Correctional Facility	-	Sep 2016
Carroll/Montgomery County Regional Correctional Facility	-	Oct 2015
Central Mississippi Correctional Facility	Feb 2016	Nov 2014
Chickasaw County Regional Facility	-	Dec 2014
East Mississippi Correctional Facility	-	Jun 2015
George County Regional Facility	-	Oct 2015
Holmes/Humphries	-	Aug 2015
Issaquena County Regional Facility	-	May 2017
Jefferson/Frankline County Regional Facility	-	Aug 2015
Kemper/Neshoba County Regional Facility	-	Mar 2017
Leake County Regional Facility	-	Feb 2016
Marion/Walt County Regional Facility	-	Dec 2015
Marshall County Correctional Facility	-	Mar 2017

NCCHC and ACA Accredited Facilities Where Centurion Provides Services, With Dates of Most Recent/Pending Accreditation Surveys		
Contract & Institutions	**NCCHC**	**ACA**
Mississippi State Penitentiary	Nov 2015	-
South Mississippi Correctional Institution	Feb 2016	May 2014
Washington County Regional Facility	-	Oct 2016
Winston County Regional Facility	-	Apr 2016
Yazoo County Correctional Facility	-	Nov 2014
New Mexico Corrections Department		
Guadalupe County Correctional Facility		Jul 2018
Lea County Correctional Facility		Apr 2015
New Mexico Women's Correctional Facility / Northwest New Mexico Correctional Center		Aug 2017
Northeast New Mexico Detention Facility		Jan 2016
Otero County Prison Facility		Oct 2017
Penitentiary of New Mexico		May 2015
Western NM Correctional Facility		Jun 2017
Tennessee Department of Correction		
Bledsoe County Correctional Complex	-	Oct 2014
DeBerry Special Needs Facility	-	Aug 2014
Mark Luttrell Correctional Center	-	Aug 2015
Morgan County Correctional Complex	-	Jan 2016
NE Correctional Complex	-	May 2017
NW Correctional Complex	-	Mar 2015
Riverbend Maximum Security Institution	-	Apr 2016
Tennessee Prison for Women	-	Oct 2015
Turney Center Industrial Complex	-	Mar 2016
West Tennessee State Penitentiary	-	Sep 2015
Vermont Department of Corrections		
Chittenden Regional Correctional Facility	Oct 2015	-
Marble Valley Regional Correctional Facility	Aug2016	-
Northeast Correctional Complex	Aug 2016	-
Northern State Correctional Facility	Nov 2016	-
Northwest State Correctional Facility	Oct 2015	-

NCCHC and ACA Accredited Facilities Where Centurion Provides Services, With Dates of Most Recent/Pending Accreditation Surveys		
Contract & Institutions	**NCCHC**	**ACA**
Southeast State Correctional Facility	Jan 2016	-
Southern State Correctional Facility	Dec 2016	-

Centurion is currently collaborating with the **Minnesota Department of Corrections** to ensure ACA accreditation takes places smoothly as this initiative goes forward. Planned accreditation surveys for MN DOC facilities encompass the following timeframes:

Planned ACA Accreditation in the MN DOC	
Institution/Agency	**Planned ACA Accreditation Survey**
MCF-Faribault	Jan 2020
MCF-Lino Lakes	Aug 2018
MCF-Oak Park Heights	Jan 2019
MCF-Red Wing	Jan 2018
MCF-Rush City	Jan 2020
MCF-Shakopee	Aug 2020
MCF-St. Cloud	Aug 2018
MCF-Stillwater	Jan 2019
MCF-Willow River/Moose Lake	Aug 2020
MN DOC Central Office	Aug 2018
MN DOC Minncor Correctional Industries	Aug 2019
MN DOC Field Services	Aug 2019
TOGO	Aug 2020

Although we no longer provide healthcare services at Bridgewater State Hospital in Massachusetts, we successfully maintained accreditation with ACA and The Joint Commission (TJC) under the behavioral health accreditation requirements throughout the time Centurion provided services at the hospital.

The Joint Commission

Centurion and MHM have an excellent record in achieving and maintaining accreditation by the ACA, NCCHC, and other accrediting and licensing bodies such as TJC and state Departments of Health. Our track record for accreditation and compliance, along with the

clinical infrastructure and other resources described in this proposal, demonstrate our ability to maintain accreditation at GDC facilities.

2. Experience and Capabilities in Correctional Facilities

Describe applicable experience and performance by providing a summary listing all contracts with States, within the last 10 years, having a primary scope of service to provide mental health services statewide for the State's offender population.

The summary for each contract must include a point of contact for the State, the start and end date of the contract, summarized scope of work, population size, maximum annual contract value, key staff assignments, ratios for offenders to counselors and offender to psychiatrist/psychologist.

For each contract, identify ALL corrective actions, request(s) to cure, applied performance guarantees and/or liquidated damages assessed and paid, with the dates and description of occurrences and remedy. Include the disposition as either active, terminated or not renewed while contract options were available or expired. Include any contracts that have been voluntarily terminated or not renewed by the supplier while contract options remained.

The supplier's past performance may result in the proposal being deemed as "non-responsible" if an extensive history of non-performance is determined.

MHM agrees to comply with and meet the requirements of RFP Attachment F, Item 2, *Experience and Capabilities in Correctional Facilities.*

Contract Summary Listing Within Last 10 Years

Many of the contracts and facilities MHM serves are similar in size or larger than the GDC population. Our largest contract is held under our Centurion entity and provides medical, dental, and mental health services throughout the Florida state prison system, serving approximately 90,000 offenders. We have over 3,000 employees in our Florida program and over 7,000 employees nationally.

As required by the RFP, below we provide a listing of contracts that mental health has been the primary scope of service provided to state departments of corrections over the last 10 years. Some of our contracts have expanded our services based on needs and performance in the mental health contract to include select medical or dental services. The list below focuses on those first contracting for statewide mental health services. We are happy to provide the GDC a listing of all contracts upon request.

Each contract listing includes a brief summary of the scope of contracted services, population size, annual contract value, and key staff assignments. We encourage the GDC to contact any of these individuals. Our references will testify to the strength of their relationships with MHM, the positives of separately contracting for mental health services, and MHM's ability to work in a multi-vendor environment. We understand that these collaborative efforts are essential and appreciated by the GDC and our references will verify our capabilities in these areas.

MHM Contracts Within Last 10 Years	
Agency Contract Name: Alabama Department of Corrections	
Contract Term	11/03/2003 – 03/31/2018
Contract Basics	Average Daily Population: 21,290 Facilities: 26 Accreditation: n/a Annual Revenue Value: $13.3 M Key Staff Assignments: This contract had corporate oversight from a Regional Vice President, day-to-day contract leadership by a Program Manager based in the regional office, and clinical leadership from a Statewide Medical Director and Statewide Director of Nursing.
Contact Name, Title and Contact Information	Ruth Naglich *Associate Commissioner Inmate Health Services* A: 301 S. Ripley St., Montgomery, AL 36310 P: 334.353.4049 E: Ruth.naglich@doc.alabama.gov
Scope of Covered Services	▪ Comprehensive Mental Health Services ▪ Primary care medical services to inpatients at Bullock and Tutwiler prisons
Mental Health Staffing Ratios	Total Statewide Mental Health Caseload = 3,547 Psychiatrist/Psychiatric NP FTEs = 13.2, Staff to Caseload ratio = 1: 269 Mental Health Counselor FTEs = 30.55, Staff to Caseload ratio = 1: 116 Psychologist FTEs = 4.4, Staff to Caseload ratio = 1: 806
Inactive	**Reason for Ending:** The contract for mental health services has been consolidated under the new medical services contract.
Agency Contract Name: Delaware Department of Corrections	
Contract Term	07/01/2010 – 06/30/2012

MHM Contracts Within Last 10 Years	
Contract Basics	Average Daily Population: 6,625 Facilities: 4 Accreditation: NCCHC Annual Revenue Value: $10.4 M Key Staff Assignments: This contract had corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Program Manager, an Assistant Program Manager dedicated to mental health services and an Assistant Program Manager dedicated to the substance abuse component of the contract.
Contact Name, Title and Contact Information	James Welch, RN, HNB-BC *Retired Bureau Chief, Bureau of Medical Services* A: 245 McKee Road Dover, DE 19904 P: 302.857.5236 E: james.welch@state.de.us
Scope of Covered Services	Comprehensive Mental Health Services
Mental Health Staffing Ratios	Total Statewide Mental Health Caseload = 1,204 Psychiatrist/Psychiatric NPs FTE = 5.35, Staff to Caseload ratio = 1: 225 Mental Health Counselor FTEs = 6.50, Staff to Caseload ratio = 1: 185 Psychologist FTEs = 2.20, Staff to Caseload ratio = 1: 547
Inactive	**Reason for Ending:** MHM did not re-bid this contract at the end of the contract term, electing to allow the Department to award the service to a local mental health company.
Agency Contract Name: Florida Department of Corrections – Mental Health	
Contract Term	11/21/2006 – 06/30/2009
Contract Basics	Average Daily Population: 18,000 Facilities: 13 Accreditation: ACA Annual Revenue Value: $17 M Key Staff Assignments: This contract had corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Program Manager and two Assistant Program Managers, and clinical leadership by a Regional Mental Health Director.
Contact Name, Title and Contact Information	Thomas Reimers *Director Health Services Administration* A: 501 South Calhoun Street Tallahassee, FL 32399-2500 P: 850.487.8443 E: Reimers.thomas@mail.dc.state.fl.us
Scope of Covered Services	Comprehensive Mental Health Services throughout Region IV.

MHM Contracts Within Last 10 Years	
Mental Health Staffing Ratios	Total Mental Health Caseload = 4,133 Psychiatrist/Psychiatric NP FTEs = 17.16, Staff to Caseload ratio = 1: 241 Mental Health Counselor FTEs = 74.45, Staff to Caseload ratio = 1: 56 Psychologist FTEs = 10.75 Staff to Caseload ratio = 1: 384
Inactive	**Reason for Ending:** MHM fulfilled the requirements of this contract. When the contract expired, MHM lost during the re-bid process to a competitor.
Agency Contract Name: Georgia Department of Corrections	
Contract Term	10/01/1997– 06/30/2018
Contract Basics	Average Daily Population: 54,000 Facilities: 37 Accreditation: Medical Association of Georgia Annual Revenue Value: $29.6 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Program Manager, Assistant Program Manager, and a Statewide Medical Director.
Contact Name, Title and Contact Information	Jack Randall Sauls, MBA, FACHE *Assistant Commissioner* A: 300 Patrol Road Forsyth, GA 31209 P: 478.992.5879 (o) E: randy.sauls@gdc.ga.gov
Scope of Covered Services	Mental Health staffing and services
Mental Health Staffing Ratios	Total Statewide Mental Health Caseload = 9,285 Psychiatrist/Psychiatric NP FTEs = 25.73, Staff to Caseload ratio = 1: 361 Mental Health Counselor FTEs = 141.25, Staff to Caseload ratio = 1: 66 Psychologist FTEs = 25.00, Staff to Caseload ratio = 1: 371
Agency Contract Name: Maryland Department of Public Safety & Correctional Services **Includes the Baltimore City Detention Center & the Baltimore Central Booking & Intake Center*	
Contract Term	07/01/2005 – 12/31/2023
Contract Basics	Average Daily Population: 22,000 Facilities: 27 Accreditation: Planned ACA & NCCHC Accreditation Surveys in 2018, 2019, 2020 Annual Revenue Value: $24.9 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President and Regional Director, day-to-day contract leadership based in the regional office by a Program Manager and Assistant Program Manager, and clinical leadership by a Statewide Medical Director and Statewide Director of Nursing.

MHM Contracts Within Last 10 Years	
Contact Name, Title and Contact Information	Randall Nero, Ph.D *Director of Behavioral Health Services* A: 300 East Joppa Road, Suite 100 Towson, MD 21286 P: 410.585.3725 E: rnero@dpscs.state.md.us
Scope of Covered Services	▪ Comprehensive Mental Health Services, including services for the pre-trail and sentenced populations
Mental Health Staffing Ratios	Total Statewide Mental Health Caseload = 5,500 Psychiatrists/NPs FTEs = 29.5, Staff to Caseload ratio = 1: 186 Mental Health Counselors FTEs = 30.1, Staff to Caseload ratio = 1: 183 (does not include many state-employed mental health counselors) Psychologist FTEs = 3.0, Staff to Caseload ratio = 1: 78 (inpatient services only)
Agency Contract Name: Massachusetts Department of Correction	
Contract Term	07/01/2007-6/30/2013
Contract Basics	Average Daily Population: 9,000 Facilities: 15 Accreditation: ACA Annual Revenue Value: $37 M Key Staff Assignments: This contract had corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Program Manager, and clinical leadership by a Statewide Mental Health Director.
Contact Name, Title and Contact Information	Carol Mici *Deputy Commissioner of Clinical Services and Re-entry* A: 50 Maple Street, Suite 3 Milford, MA 01757 P: 508.422.3301 E: carol.mici@massmail.state.ma.us
Scope of Covered Services	Comprehensive mental health services
Mental Health Staffing Ratios	Total Statewide Mental Health Caseload = 2,892 Psychiatrist/Psychiatric NP FTEs = 13.9, Staff to Caseload ratio = 1: 208 Mental Health Counselor FTEs = 81.2, Staff to Caseload ratio = 1: 36 Psychologist FTEs = 4.5, Staff to Caseload ratio = 1: 643
Inactive	**Reason for Ending:** MHM fulfilled the requirements of this contract. When the contract term was up for rebid, we rebid on the entire healthcare services contract with our affiliated company, Centurion, and won. Centurion is providing the mental health services today.
Agency Contract Name: Missouri Department of Corrections	
Contract Term	01/01/2007 – 6/30/2014

MHM Contracts Within Last 10 Years	
Contract Basics	Average Daily Population: 32,000 Facilities: 22 Accreditation: NCCHC Annual Revenue Value: $27 M Key Staff Assignments: This contract had corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Program Manager, and clinical leadership by a Statewide Director of Psychiatry, a Statewide Director of Mental Health Services, and a Statewide Director of Sex Offender Services.
Contact Name, Title and Contact Information	Greg Markway, Ph.D Chief, Mental Health Services A: 2729 Plaza Drive P.O. Box 236 Jefferson City, MO 65102 P: 573.526.6523 E: greg.markway@doc.mo.gov
Scope of Covered Services	Comprehensive Mental Health Services
Mental Health Staffing Ratios	Total Statewide Mental Health Caseload = 4,992 Psychiatrist/Psychiatric NP FTEs = 17.92, Staff to Caseload ratio = 1: 279 Mental Health Counselor FTEs = 84.8, Staff to Caseload ratio = 1: 59 Psychologist FTEs = 20.8, Staff to Caseload ratio = 1: 240
Inactive	**Reason for Ending:** MHM successfully completed all contract terms. The Missouri DOC combined their mental health and medical services through a competitive bid process, into which the mental health contract was absorbed to the winning comprehensive vendor.
Agency Contract Name: New Hampshire Department of Corrections **Contract for Mental Health Services Only*	
Contract Term	01/01/2008 – 06/30/2021
Contract Basics	Average Daily Population: 2,800 Facilities: 6 Accreditation: n/a Annual Revenue Value: $2.2 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Program Manager and clinical leadership by a Statewide Medical Director.
Contact Name, Title and Contact Information	Helen Hanks *Commissioner* A: 105 Pleasant Street, PO Box 1806 Concord, NH 03302-1806 P: 603.271.5600 E: info@nhdoc.state.nh.us/ feedback@doc.nh.gov

MHM Contracts Within Last 10 Years	
Scope of Covered Services	Comprehensive Inpatient & Outpatient Psychiatric Services
Mental Health Staffing Ratios	Total Statewide Mental Health Caseload = 674 Psychiatrist/Psychiatric NP FTEs = 9.5, Staff to Caseload ratio = 1: 71 Mental Health Counselor FTEs = 6.0, Staff to Caseload ratio = 1: 112 (Psychologists in this contract provide forensic evaluation services)
Agency Contract Name: Pennsylvania Department of Corrections	
Contract Term	09/01/2003 – 04/30/2019
Contract Basics	Average Daily Population: 50,000 Facilities: 25 Accreditation: ACA Annual Revenue Value: $23.3 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President and Regional Director, day-to-day contract leadership based in the regional office by a Program Manager and two Assistant Program Managers, and clinical leadership by a Statewide Medical Director.
Contact Name, Title and Contact Information	John Wetzel *Secretary* A: 1920 Technology Parkway Mechanicsburg, PA, 17050 P: 717.728.4109 F: 717.728.4178 E: jowetzel@pa.gov
Scope of Covered Services	Comprehensive Mental Health Services
Mental Health Staffing Ratios MH counselors provided only on inpatient Mental Health Units (combined census = 72). Psychologist serves 15 patients at one MHU.	Total Mental Health Caseload = 14,900 Psychiatrist/Psychiatric NP FTEs = 50.35; Staff to caseload ratio: 1:296 Mental Health Counselor FTEs = 4.0; Staff to caseload ratio: 1:18 Psychologist FTEs = 0.50, Staff to caseload ratio: 1:15
Agency Contract Name: Tennessee Department of Correction	
Contract Term	07/01/1997 – 06/30/2012
Contract Basics	Average Daily Population: 15,000 Facilities: 11 Accreditation: ACA Annual Revenue Value: $5.1 M Key Staff Assignments: This contract had corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Program Manager and Assistant Program Manager, and clinical leadership by a Statewide Medical Director and Statewide Clinical Director.

MHM Contracts Within Last 10 Years	
Contact Name, Title and Contact Information	Kenneth Williams *Chief Medical Officer* A: Rachel Jackson Building, Fifth Floor 320 Sixth Avenue North Nashville, TN 37243 P: 615.979.5631 E: Kenneth.williams@tn.gov
Scope of Covered Services	Staffing and Management Services
Mental Health Staffing Ratios	Total Mental Health Caseload = 1,794 Psychiatrist/Psychiatric NPs FTEs = 14.0, Staff to Caseload ratio = 1: 128 Mental Health Counselor FTEs = 35.0, Staff to Caseload ratio = 1: 51 Psychologist FTEs = 12.0, Staff to Caseload ratio = 1: 150
Inactive	**Reason for Ending:** MHM successfully completed all contract terms and lost the contract during a competitive rebid process. However, our affiliated company, Centurion, now holds the medical services contract with the TDOC.
Agency Contract Name: Vermont Department of Corrections	
Contract Term	12/15/2005 – 2/14/2010
Contract Basics	Average Daily Population: 1,500 Facilities: 8 Accreditation: NCCHC Annual Revenue Value: $20.3 M Key Staff Assignments: This contract had corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Program Manager, and clinical leadership by a Statewide Medical Director.
Contact Name, Title and Contact Information	Ben Watts *Chief of Administration Health Services Division* A: NOB 2 South 280 State Drive Waterbury, VT 05671 P: 802.503.2082 E: Benjamin.Watts@vermont.gov
Scope of Covered Services	Comprehensive medical, mental health, and dental services statewide Statewide system which combines all jail and prison services
Inactive	**Reason for Ending:** MHM successfully completed all contract terms and lost the contract during a competitive rebid process. The mental health contract is now combined into a larger healthcare services contract held by our affiliated company, Centurion.

Contract Ratios

Additionally, as requested, we have provided staffing ratios for the contracts listed above. We should emphasize that our contracts are typically not staffed based on predetermined statewide caseload ratios. Instead, mental health staffing has been developed and refined over time based on the specific needs of units, institutions, and caseloads. In determining staffing collaboratively with our clients, considerations include but are not limited to the number of facilities, location of service delivery within particular facilities, size of restrictive housing units, facility mission(s), and scope of contract. Like the GDC program, some of our mental health contracts involve a mix of state-employed and MHM-employed staff, while others do not. Additionally, naturally occurring fluctuations in the mental health caseload over time necessarily result in *point in time*, and therefore approximate rather than precise, staffing ratios.

As a result, we caution against making ratio comparisons across contracts. The scope of provided services varies for each contract and some positions do not serve the entire statewide caseload. Where possible, we note some of these staff coverage qualifiers that impact staffing ratios.

Contract Corrective Actions

Corrective action plans are a routine component of our CQI process in all of our contracts. We routinely identify issues of concern that warrant focus and needed improvement and develop corrective action plans accordingly. Copies of corrective action plans proposed to clients for all contracts dating back 10 years would be too voluminous to include with this proposal and also contain sensitive information requiring the approval of our client agencies for release. We provide a sample template used in our Pennsylvania Department of Corrections contract on the following pages.

Request(s) to Cure

MHM has received a request to cure in our statewide mental health contract by the Pennsylvania Department of Corrections. After our corrective action template with the PADOC, we provide a copy of our letter responding to the contractual concern and action plan addressing the details.

Applied Performance Guarantees/Liquated Damages

MHM has been assessed liquidated damages in our statewide mental health contract with the Maryland Department of Public Safety and Correctional Services. Below is a table listing the assessed liquidated damages.

Date	Reason	Amount
November 2016	90-day assessments	$24,500 and $15,500
December 2016	Late reports	$3,800
September 2017	7-day exam	$2,800
November 2017	Lab tracking	$1,250

Semi-Annual Audit of Psychiatry Services Corrective Action Plan			
Audit type : Semi-Annual Audit 2017	Date of Review: January 2017-June 2017		
	Date of Report: 11/15/17		

STATEWIDE CAP PLAN						
Area Reviewed	**Statement of Finding**	**Plan/Actions Taken**	**Person(s) Responsible for Action**	**Reference**	**Target Date**	**Completion Date**
IPE	An initial psychiatric evaluation is on the medical record	Providers will be re-instructed that all charts need to contain an IPE. If one has not been completed, the inmate needs to be scheduled to have one done as soon as possible. All Providers will be re-educated at the November 2017 Provider Meeting regarding this requirement. The MHM CQI nurses will monitor regularly and audit this item every 6 months. APM's and Regional Chiefs will address with each of their Providers individually.	Medical Director Regional Chiefs CQI Director APM's CQI Nurses Patient Facilitators	**Page 13 MHM Quick Reference Guide, DOC policy 13.2.1 Section 2**		

STATEWIDE CAP PLAN						
Area Reviewed	**Statement of Finding**	**Plan/Actions Taken**	**Person(s) Responsible for Action**	**Reference**	**Target Date**	**Completion Date**
Informed consent (general psychiatric consent)	An informed consent for treatment is completed every calendar year	All providers will be reminded that an informed consent for psychiatric treatment must be completed every calendar year. The MHM CQI nurses will monitor regularly and audit this item every 6 months. APM's and Regional Chiefs will address with each of their Providers individually.	Medical Director Regional Chiefs CQI Director APM's CQI Nurses Patient Facilitators	**Page 18 MHM Quick Reference Guide, DOC policy 13.8.1 Section 2**		
Informed consent (medication consent)	An informed consent for psychotropic medications is present for each psychiatric medication prescribed	All providers will be reminded that an informed consent for psychiatric medications must be completed for each medication prescribed. The MHM CQI nurses will monitor regularly and audit this item every 6 months. APM's and Regional Chiefs will address with each of their Providers individually.	Medical Director Regional Chiefs CQI Director APM's CQI Nurses Patient Facilitators	**Page 18 MHM Quick Reference Guide, DOC policy 13.8.1 Section 3**		

STATEWIDE CAP PLAN						
Area Reviewed	**Statement of Finding**	**Plan/Actions Taken**	**Person(s) Responsible for Action**	**Reference**	**Target Date**	**Completion Date**
Psychiatric Clinic Flowsheet	Psychiatric clinic flow sheets are to be utilized for inmates on certain psychiatric medications	The Provider must complete flowsheets for patients on antipsychotic and mood stabilizer medications as per DOC Policy. All Providers will be re-educated at the November 2017 Provider Meeting regarding this requirement. The MHM CQI nurses will monitor regularly and audit this item every 6 months. APM's **and Regional Chiefs** will address with each of their Providers individually.	Medical Director Regional Chiefs CQI Director APM's CQI Nurses Patient Facilitators	**Pages 19-20 MHM Quick Reference Guide, DOC policy 13.8.1 Section 3**		
Med non-compliance	Medication non-compliance is addressed with the inmate if applicable	If the inmate is medication non-compliant to any degree, the BMU provider will address the non-compliance with the inmate and document such on the DC-472C. BMU Providers will be re-educated at the	Medical Director Regional Chiefs CQI Director APM's CQI Nurses Patient Facilitators	**Page 29 MHM Quick Reference Guide, DOC policy 13.2.1 Section 12**		

STATEWIDE CAP PLAN						
Area Reviewed	**Statement of Finding**	**Plan/Actions Taken**	**Person(s) Responsible for Action**	**Reference**	**Target Date**	**Completion Date**
		November 2017 Provider Meeting on the policy and procedures of the BMU in PADOC Policy 13.8.1-Section 12. The MHM CQI nurses will monitor regularly and audit this item every 6 months. APM's and Regional Chiefs will address with each of their Providers individually.				
Rationales must be listed for each psychiatric diagnosis(es) and any diagnostic changes	Rationales for diagnosis or any diagnostic changes are listed by the provider	Providers must document a rationale for each diagnosis or diagnostic change on the DC-47C progress note. All Providers will be re-educated at the November 2017 Provider Meeting regarding this requirement. The MHM CQI nurses will monitor regularly and audit this item every 6 months. APM's and Regional	Medical Director Regional Chiefs CQI Director APM's CQI Nurses Patient Facilitators			

STATEWIDE CAP PLAN						
Area Reviewed	**Statement of Finding**	**Plan/Actions Taken**	**Person(s) Responsible for Action**	**Reference**	**Target Date**	**Completion Date**
		Chiefs will address with each of their Providers individually.				
Rationales must be listed for each psychotropic medication and any medication changes	Rationales for new medication orders, medication changes and discontinuation are listed by the provider	FTC Providers must document a rationale for each medication they prescribe or any medication changes on the DC-472C progress note. The MHM CQI nurses will monitor regularly and audit this item every 6 months. APM's and Regional Chiefs will address with each of the Providers individually.	Medical Director Regional Chiefs CQI Director APM's CQI Nurses Patient Facilitators			
AIMS Testing	AIMS testing must be completed for inmates on certain psychiatric medications	The Provider must complete AIMS testing every 6 months for patients on antipsychotic medications as per DOC Policy. All Providers will be re-educated at the November 2017 Provider Meeting regarding this requirement. The MHM	Medical Director Regional Chiefs CQI Director APM's CQI Nurses Patient Facilitators	**DOC policy 13.2.1 Page 3-4**		

STATEWIDE CAP PLAN						
Area Reviewed	**Statement of Finding**	**Plan/Actions Taken**	**Person(s) Responsible for Action**	**Reference**	**Target Date**	**Completion Date**
		CQI nurses will monitor regularly and audit this item every 6 months. APM's and Regional Chiefs will address with each of their Providers individually.				
Reconciliation of Divergent Diagnoses	Divergent diagnoses must be reconciled on the medical record	Providers must reconcile any divergent diagnoses in the medical record. All Providers will be re-educated at the November 2017 Provider Meeting regarding this requirement. The MHM CQI nurses will monitor regularly and audit this item every 6 months. APM's and Regional Chiefs will address with each of their Providers individually.	Medical Director Regional Chiefs CQI Director APM's CQI Nurses Patient Facilitators			
Reviewed and Approved by						
CQI Staff:						
Marie Finley, CQI Manager		Signature: Marie Finley				
Dr. Craig Hasper, CQI Director		Signature: Craig Hasper				
Date Completion of CAP:	11/15/2017					

MHM Services, Inc.
The Public-Private Partner for Healthcare™

4/6/15

Timothy Ringler
Deputy Secretary of Administration
1920 Technology Parkway
Mechanicsburg, Pa 17050

Re: Contract Performance

Dear Deputy Secretary Ringler,

Please consider this letter a formal response to the Contract Performance letter dated March 31st 2015 however received on April 4th 2015. MHM met with Director Oppman on March 11th to review this concern and several others related to monthly psychiatric hours statewide: MHM over the past year has utilized the waiver process to address sites that were short hours, but where services were being met. A determination was made at the meeting that waivers could no longer occur for sites that were short hours (this being due to DOJ hour increase and open positions) but instead were meeting the caseload requirement for chronic care clinics as well as specialty visits. Several sites were identified that met these criteria. Secondly, we discussed and decided to audit sites where we have contracted hours but the current case/workload does not necessitate the assigned hours for the site. The resolution from MHM and the Bureau is to audit 10 sites who meet the aforementioned criteria upon conclusion of the audit on April 15th a determination would be made to flex hours from sites like Laurel Highland, Dallas, etc. to sites where hours are needed. The net effect of the discussion is to save the DOC dollars on psychiatry care but still met chronic clinic ratio's and specialty visit ratio's. To be sure we are absolutely correct in our decisions the audit was to focus on the quality of psychiatric clinics as well as the role of the psychiatrist in the PRT process. MHM has the upmost respect for the expectations of the contract and until which time a determination is made to shift hours, MHM has outlined a corrective action plan that will ensure hours are met. Highlights of the action plan will include the following: Utilization of Tele Health Services, management conversation with our current provider, and weekly review of each site's needs. MHM fully expects to exceed the DOC's expectations with resolution of this issue.

Sincerely,

Terry Jones
Regional Director
Direct Line 443-310-8074

cc: Steve Wheeler
Rock Welch

Pennsylvania Regional Office
5115 East Trindle Road Mechanicsburg PA 17050
Phone: 717-761-4002
Fax: 717-761-4435

SCI Laurel Highlands
Action Plan
April 2015

Identified Need	Persons Responsible	Intervention	Resolution	Target Date	Date of Resolution
Lack of psychiatric coverage—4th occurrence in the past year	Nicole Miele, APM/ Providers	Develop plan with CHCA to introduce telemed services to the facility. Conduct the PRT/Psychiatric Progress Note audit to ensure the necessity of contracted hours. Meet with Psychiatric provider to discuss remaining on-site for scheduled work hours.	Site visit scheduled for 4/10/15 to follow up on interventions MHM to make recommendations regarding needed or required hours by site. Provider expected to work assigned schedule Telemed scheduled 4/17/15	6/1/15	5/1/15

3. ITF Experience

Describe applicable experience and performance providing residential substance abuse treatment by listing all contracts for the last 5 years. Specify any services that included treatment for co-occurring disorders. The summary for each contract must include a point of contact for the location, start and end date, summarized scope of work, facility description, maximum annual contract value, key staff assignments, ratios for client to counselors and client to psychiatrist/psychologist. For each contract, identify ALL corrective actions, request(s) to cure, applied performance guarantees and/or liquidated damages assessed and paid, with the dates and description of occurrences and remedy. Include the disposition as either active, terminated or not renewed while contract options were available or expired. Include any contracts that have been voluntarily terminated or not renewed by the supplier while contract options remained. The supplier's past performance may result in the proposal being deemed as "non-responsible" if an extensive history of non-performance is determined.

MHM agrees to comply with and meet the requirements of RFP Attachment F, Item 3, *ITF Experience.*

MHM is acutely aware of the high prevalence of co-occurring mental health and substance abuse disorders in the offender population in Georgia and nationally. **The National GAINS Center,** funded by the **Substance Abuse and Mental Health Services Administration,** as well as other contemporary criminal justice and mental health research agencies have clearly documented the extent of co-occurring disorders in the offender population and have advanced evidence-based treatment approaches with which MHM is fully versed.

Summary of Requirements for Integrated Treatment Facilities

MHM is familiar with the Integrated Treatment Facilities (ITFs) as we currently provide tele-psychiatry and tele-psychology services to the male unit in Appling and tele-psychiatry services at the female unit at West Central. We are aware that in the new contract the mental health vendor will have an expanded role in these units in terms of providing all mental health and substance abuse counselor staffing, including administrative oversight through the Program Unit Managers.

Based on GDC answer #146 to bidder questions, we understand that all ITF programs must be CARF accredited. MHM is very familiar with accreditation through the **Commission on Accreditation Rehabilitation Facilities (CARF)**. We supported the Michigan Department of Corrections in obtaining and maintaining CARF accreditation for many years at 23 facilities under Behavioral Health Outpatient Treatment and Behavioral Health Day Treatment standards. MHM will assist the GDC as requested in maintaining CARF accreditation and re-accreditation for the ITFs at designated facilities.

We are familiar with GDC SOP VB03-0003, *Residential Substance Abuse Treatment Programs* (RSATs) which includes requirements for the ITFs. In addition to the SOP requirements, MHM is prepared to meet the specific ITF program expectations in RFP Attachment B, *Scope of Services, Mental Health*. A summary of the major ITF responsibilities that we are prepared to meet includes but is not limited to the following:

- Provide all program service requirements, including the following:
  - A screening assessment to include Risk-Need-Responsivity (RNR model)
  - An individualized treatment plan
  - Ongoing monitoring for mental health (MH) symptoms
  - Criminogenic risk-focused cognitive behavioral treatment (CBT) programs
  - Trauma-focused treatment
  - Psychoeducational and therapy groups
  - CBT; cognitive restructuring; dual-diagnosis; skill-building (i.e., coping strategies)
  - Relapse prevention
  - Medication Assisted Therapy (MAT)
  - Psychopharmacologic interventions
  - Problem-solving approaches
  - Dual recovery mutual self-help recovery
  - Mood disorders
  - Sleep hygiene
  - Peer and community-based groups

  - Re-entry plan, which includes a Wellness Recovery Action Plan (WRAP)
- Develop and maintain a therapeutic community approach
- Employment standards for staffing that meet or exceed GDC's requirements
- Comprehensive psychiatry services and duties that include the expectations noted on pages 41 and 42 of RFP Attachment B
- Comprehensive psychology services and duties that include the expectations noted on pages 42 through 44 of RFP Attachment B
- Program Unit Managers who complete the required duties outlined in RFP Attachment B, pages 45 through 47
- Qualified MH counselors who complete the required duties outlined in RFP Attachment B, pages 48 and 49
- Medication Clinic Coordinators who complete the required duties outlined in RFP Attachment B, page 50
- Clerical support staff who complete the required duties outlined in RFP Attachment B, page 51
- Meet required staffing needs and provide staff who meet or exceed GDC credential requirements for each position
- Develop and implement an ITF Participant Handbook that meets GDC expectations
- Facility staff program awareness and collaboration
- Implement an ITF Participant Workbook according to GDC expectations
- Provide the required modes of delivery, including required frequency of meaningful contacts
- Promote and ensure active roles for program participants
- Incorporate *12-Step* and *Double Trouble* groups as part of the treatment curriculum
- Provide continuous program monitoring, including the completion of process and outcome evaluations that use standardized, valid assessment tools pre- and post-treatment
- Provide monthly drug testing of participants per GDC requirements
- Ensure approval of the GDC prior to implementing program elements

- Allow the GDC access to MHM's senior staff and other staff assigned to the program 24 hours a day, 7 days a week
- Be available to meet with GDC MH and Risk Reduction staff within four hours of notice
- Provide written monthly activity reports by the 5th of the following month
- Meet GDC program recruitment, retention, and professional enhancement requirements
- Meet program reporting requirements
- Establish and follow an established participant confidentiality policy that meets Federal and Georgia regulation requirements
- Ensure that the products generated as a result of this contract become the property of the GDC

MHM's Experience with Residential Substance Use Disorder Treatment

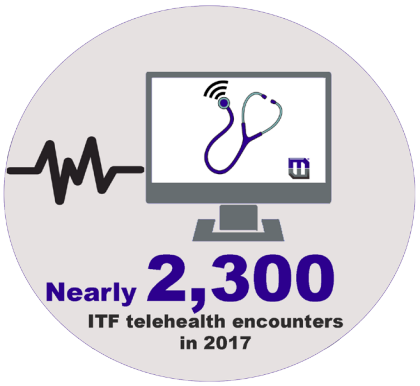
MHM has extensive experience serving correctional patients in residential substance use disorder treatment facilities across our contracts. We provide examples of this experience below, including within the GDC. While the examples we highlight are for those where MHM provides all or most of the staffing and administrative oversight for residential substance abuse treatment, virtually all of our correctional healthcare contracts involve treating patients with substance use disorders, many of whom are dually diagnosed with mental health disorders. When not providing direct oversight for residential substance use disorder treatment programs, MHM typically collaborates with the substance use disorder treatment provider staff in treatment planning and case consultations.

In addition to providing a narrative overview of the contracts and programs where MHM provides integrated treatment in residential substance use disorder treatment units, we provide tables that summarize the GDC's specifically requested information in this RFP.

Experience at GDC

MHM provides psychiatry, psychology, and mental health counseling services for mental health caseload patients in the custody of the GDC, including, in some cases, those that are

housed in the Department's ITF and RSAT program units. Psychiatry services are primarily provided via tele-mental health. MHM provides supplemental psychology services via tele-mental health at Appling ITF. In 2017, MHM provided a total of 2,298 tele-psychiatry encounters on both ITF programs and 191 tele-psychology encounters at Appling.



While we are not currently responsible for oversight of the ITF or RSAT units, we do actively participate in treatment planning and patient consultations, as needed or requested, with Spectrum, GCHC, and GDC staff. MHM has not had any corrective action plans or liquidated damages related to services that we provide in the ITFs or RSAT facilities.

ITF program

The Integrated Treatment Facilities (ITFs) are specifically designed for patients dually diagnosed with one or more substance use disorders and one or more mental health disorders. The nine-month program is highly structured and actively combines interventions intended to address both mental health and substance abuse issues simultaneously. The program provides an intensive, highly structured therapeutic treatment community that balances intensive individual and group counseling sessions within the program.



Since their opening in July 2012, MHM has been providing psychiatric services continuously on at the Appling ITF for men and the West Central ITF for women. MHM provides supplemental psychology services for men at the Appling facility. We recognize that the ITFs run at full capacity.

We appreciate that ITF program participants are court-ordered to participate. They have a history of substance use and mental health treatment, are currently taking psychotropic medications, and have a history of not successfully completing other treatment programs, including Day Reporting Centers (DRCs).

RSAT Program

The Residential Substance Abuse Treatment (RSAT) programs at the GDC have been in existence for longer than the ITFs. The RSAT format is a nine-month, highly structured program that targets high risk, high need patients nearing release, probationers sentenced by the courts and who have a need for intensive substance abuse programming. The earliest units were opened over 12 years ago.

There are currently six major RSAT programs at different GDC facilities across the state. These units were established by the GDC to provide targeted support for patients struggling with substance use disorders return to society as law abiding, self-supporting, pro-social citizens thereby reducing recidivism. The current RSAT programs, their GDC facility location, and respective average daily census, as of February, 2018, are as follows:

- Arrendale Probation Substance Abuse Treatment Center (Arrendale SP) - 173
- Bainbridge Substance Abuse Treatment Center (Autry SP) - 383
- Bleckley Probation Substance Abuse Treatment Center (Pulaski SP) - 197
- Northwest Residential Substance Abuse Treatment Center (Walker SP) - 200
- Turner Residential Substance Abuse Treatment Center (Wilcox SP) - 200
- Paulding Probation Detention Center (Hays SP) - 224

Like the ITFs, program participants are court-ordered to participate. They have a history of substance use and unsuccessful treatment at Aftercare/Day Reporting Centers (DRCs).

MHM's role in these units varies considerably, depending upon the particular RSAT. We do not provide regular psychiatry or psychology services at Northwest, Paulding, or Turner, unless they are referred for an evaluation at their catchment sites. Bainbridge receives 10 hours a month of both psychology and psychiatry services from MHM. Bleckley currently receives 10 hours of tele-psychology each month, 10 hours of tele-psychiatry each week, and two full-time mental health counselors. At Arrendale, MHM provides a full mental health treatment team, including psychiatry, psychology, and mental health counselors.

At Bleckley and Arrendale, where MHM provides a full team of mental health services, we participate in a broad range of treatment and program management activities. Some of these activities include, but are not limited to the following:

- Psychotropic medication management
- Mental health treatment plans
- Staff meetings

- Treatment team meetings
- Mental health counseling and referrals

Experience in Other Contracts

Over the past five to ten years, MHM has been actively involved in providing residential substance use disorder treatment staffing and oversight at two other contracts, the **Massachusetts Department of Correction (MADOC)** and the **New Mexico Corrections Department (NMCD).** In both contracts, these services are being provided currently. The residential substance use disorder treatment services that we provide in our Massachusetts DOC contract are for males at the **Massachusetts Alcohol and Substance Abuse Center (MASAC)** in Plymouth, Massachusetts. Although the program only recently moved from the Bridgewater, Massachusetts campus to the Plymouth facility, we have been providing MASAC services continuously since 2007.

In our New Mexico contract, our substance use treatment and mental health services programs serve females at two separate facilities, **Western New Mexico Correctional Facility** and **Springer Correctional Center (SCC).** Provided below is a narrative description of these programs. This is followed by tables that provide a more concise summary of the specific information required in this RFP.

Massachusetts Alcohol and Substance Abuse Center (MASAC)

The MASAC is a minimum security facility operated by the Massachusetts DOC. While this program is currently located in Plymouth, MA, the program was initially on the same campus as the Bridgewater State Hospital. The program moved to its present location a little over a year ago. As noted, MHM has been responsible for staffing and oversight of this program since we started our contract with the Massachusetts DOC in 2007.

Two separate populations are served at this facility: individuals who are civilly committed for treatment and criminally sentenced minimum security inmates. The capacity for this RSAT facility is 251 beds for the civil commitments and 24 beds for minimum security inmates. Total maximum capacity is 275 beds.

The substance use disorder treatment team provided by MHM includes the following positions and their respective fulltime equivalents (FTEs):

- Mental Health Director = 1.0 FTE
- Substance Abuse Coordinators = 2.0 FTE
- Psychiatry = 1.0 FTE (0.4 psychiatrist and 0.6 ARNP)
- Mental Health Professionals = 5.0 FTE
- Substance Abuse Counselors = 15.0 FTE

In addition to providing the substance abuse treatment staff, we provide medical detoxification staff in the separately housed detoxification unit. The detoxification unit consists of physicians, and nurse practitioners, physician assistants, registered nurses, and licensed practical nurses. The maximum program length is 90 days.

Individuals who are civilly committed to the MASAC are initially screened by medical and mental health staff. Participants then undergo medical detoxification, if needed. Once participants complete the detox process, they begin the substance use disorder treatment program. The substance use disorder treatment program is based on empirically supported treatment models and is focused on issues specific to dual-diagnosis treatment; addressing substance use, mental health concerns, interpersonal relationships, and community expectations.

Civil commitments are provided with 20 hours of clinical programming weekly. Most programming is accomplished through psychoeducational and process groups. A substance abuse counselor is assigned to civil commitment participants to assist with aftercare opportunities. Individual clinical supports are provided as identified by staff or as requested by the civil commitment. Approximately 40% of the participants in this residential substance use disorder treatment program are dually diagnosed and 33% are prescribed psychotropic medications.

Our substance abuse counselors conduct discharge planning meetings for each civilly committed patient. These counselors assist civil patients with program referrals and aftercare planning. Other duties performed by these staff include group treatment and completion of Department of Mental Health applications for civilly committed patients, as needed.

The mental health professionals provide more clinical support for program participants. They complete comprehensive treatment evaluations for the civilly committed patients, provide crisis services, and ongoing treatment for mental health issues.

The MASAC does not currently utilize medication assisted treatment (MAT) to support participants in this facility. However, the Massachusetts DOC recently decided to add this service starting later in March, 2018. Once this service is added, we anticipate that additional staffing resources will be made available to manage this service for the program participants who qualify.

The Massachusetts DOC does currently provide MAT for eligible criminally sentenced inmates in other facilities when they have six months remaining on their sentence before release. MHM provides staffing and administrative support for those MADOC patients. We provide further information on currently provided Massachusetts MAT services later in this section, along with MHM's role in this process.

New Mexico Corrections Department (NMCD) Experience

MHM was awarded a contract with the **New Mexico Corrections Department (NMCD**) to provide mental health services in 2008. Initially, MHM's mental health contract did not include substance abuse treatment staff. When we were re-awarded the contract in 2016, our program expanded to include substance use disorder treatment staff. Separately, in June 2016, MHM's affiliate company, **Centurion**, was awarded a contract for medical health services at NMCD that includes psychiatry staff.

In October 2016, the NMCD relocated the female inmates to two NMCD facilities after they were previously housed in private prison facilities. By that time, NMCD had re-contracted with MHM to provide the mental health services to women, including their residential substance abuse treatment units located in both of the NMCD female facilities.

The two facilities that house female inmates are the **Western New Mexico Correctional Facility (WNMCF**) and the **Springer Correctional Center (SCC**). WNMCF is a medium and maximum security facility that houses acutely mentally ill and medically fragile female inmates. SCC is the female re-entry facility for minimum security inmates. WNMCF houses 364 female inmates, approximately 75% of whom are on the mental health caseload and receive psychotropic medications. SCC houses 428 female inmates and approximately 70% of whom are on the mental health caseload and receive psychotropic medications.

The primary residential substance abuse treatment program for females in both WNMCF and SCC is called the **Residential Drug and Alcohol Program (RDAP**). RDAP is a six-month structured treatment program divided into three phases. To graduate, participants are required to complete 500 contact hours with a substance abuse counselor or mental health clinician, remain drug and alcohol free as measured through random drug screens, and actively participate in program activities. The vast majority of substance use disorder treatment for the program is conducted through psychoeducational and process group activities.

The women start the program in cohort groups that are limited to 22 participants at a time and who complete the program phases together. The RDAP housing units at WNMCF and SCC have a maximum program capacity of 44 participants each. Both RDAP housing units can have two cohort groups at different phases in the program at the same time. Approximately 80% of the RDAP program participants are dually diagnosed with a comorbid mental health disorder.

MHM provides the mental health and substance use disorder treatment staff, and Centurion provides the psychiatric staff that serve the RDAP program participants at WNMCD and SCC, as well as mental health caseload patients receiving treatment through outpatient services. Together we provide the following staff to serve the residential substance use disorder treatment needs of females at both WNMCF and SCC:

- Addiction Treatment Coordinator = 1.0 FTE
- Addiction Treatment Counselors = 3.0 FTEs
- Mental Health Clinicians = 2.0 FTEs
- Behavioral Health Program Manager = 1.0 FTE
- Psychiatrist/Nurse Practitioner = 2.2 FTEs (RDAP and Outpatient)
- Psychologist = 0.5 FTE (WNMCF only)

The Addiction Treatment Coordinator functions as program supervisor and lead counselor at WNMCF. In addition, this individual directly supervises the three Addiction Treatment Counselors. The Addiction Treatment Counselors provide both individual and group treatment based upon **The Change Companies**' interactive journals and curriculum. This curriculum is both gender-responsive and evidence-based. To maintain the appropriate therapeutic milieu, the curriculum vendor requires that cohort groups are limited to 22 participants.

The Mental Health Clinicians provide daily rounds and individual therapy in the RDAP unit. They conduct groups for caseload patients in general population. An additional component of this program is the requirement that 5% of the patients each month receive a urinalysis to confirm that patients remain alcohol and drug free.

MHM's Regional Director/Program Manager oversees the residential and outpatient services at both facilities. The addiction treatment counselors are associates or bachelors level staff who have alcohol and drug certifications. The mental health clinicians are licensed master's level social workers or therapists.

In addition to providing staff for the RDAP residential treatment program, MHM provides addiction treatment counselors for a residential treatment unit called the *Sober Living Unit* at SCC. This unit houses up to 46 patients and provides more limited substance use and mental health treatment while the residents wait for admission to the RDAP or Intensive Outpatient services. The addiction treatment counselor conducts three psychoeducational groups weekly while the AA/NA groups are conducted by RDAP graduate patients called mentors.

Substance use disorder and mental health treatment programming in this unit is not highly structured, as the participants do not participate in a specified number of clinician contact hours, nor do they utilize the *The Change Companies* curriculum and interactive journals. However, participants are expected to participate in the provided psychoeducational and process groups and are subject to random urine screenings. In addition to the group-based substance use disorder treatment curriculum, residents in this program are provided mental health and psychiatric treatment for their mental health issues.

Summary of Residential Substance Use Disorder Treatment Information from other states

In the following tables, MHM provides a summary of the GDC RFP information requirements noted in Attachment F, Item 3, *ITF Experience.* The more detailed narrative program description summary above includes some, but not all of the required information found in these tables.

RFP Required Information for ITF/RSAT Experience	
Name of the Program/Contract	**Massachusetts Alcohol and Substance Abuse Center (MASAC), with the MADOC**
Point of Contact	MHM – Paul Caratazzola, MH Program Director (508)-291-2441, ext. 1540 MADOC – Pamela MacEachern, Superintendent (508)-291-2441, ext. 1500
Contract Term	2007 - Present
Summarized Scope of Work	Residential substance abuse treatment primarily for civilly committed males, but also serves a limited number of criminally sentenced inmates. The program is designed to last up to 90 days.
Facility Description	MASAC is a minimum security facility operated by the MADOC. Max bed capacity is 251 for civil commits and 24 beds for sentenced inmates. It is equipped with two large and three small classrooms for treatment programming. Civil commits are housed in barracks style dorms.
Maximum Annual Contract Value	$79.5 Million – Entire MADOC Contract
Key Staff Assignments	Mental Health Director; Substance Abuse Coordinators, Substance Abuse Counselors, Mental Health Professionals, Psychiatrist, Nurse Practitioner
Ratio of Clients to Counselors	1: 13 (MHPs, SA Counselors/Coordinator combined) 1: 55 (MHPs) 1:16 (SA Counselors/Coordinators combined)
Ratio of Clients to Psychiatrists	1:275 (total resident population) 1: 90 (33% of patients on med management)
Ratio of Clients to Psychologists	NA – No onsite psychology
All Corrective Actions	No formal corrective actions. The program does receive periodic program improvement recommendations based on internal and external CQI/mortality reviews.
Requests for Cure	None
Applied Performance Guarantees and/or Liquidated Damages Assessed and Paid; including dates and descriptions of occurrences and remedy	None
Disposition as Active, Terminated, or not renewed while contract options were available or expired	Active
Contracts that were voluntarily terminated or not renewed by the MHM or Centurion while contract options remained	None
Name of the Program/Contract	**Residential Drug and Alcohol Program (RDAP); New Mexico Corrections Department (NMCD)**

RFP Required Information for ITF/RSAT Experience	
Point of Contact	MHM – Laura Cizan – MHM BH Program Manager for Women's Services; (505)-328-1354 NMCD – Dr. Wendy Price, PsyD. - BH Bureau Chief (505) -827-8850
Contract Term	10/01/2016 - Present
Summarized Scope of Work	MHM provides mental health and substance abuse staffing and administrative oversight for two female NMCD facilities. Each provide RDAP program services, as well as outpatient treatment for female patients with serious substance use disorders, 70 to 75% of whom are dually diagnosed.
Facility Description	Western New Mexico Correctional Facility (WNMCF) houses 364 medium and maximum security female inmates. Springer Correctional Center (SCC) houses 428 minimum security female inmates.
Maximum Annual Contract Value	$2.2 Million
Key Staff Assignments	Addiction Treatment Counselors; Addiction Treatment Coordinator; Mental Health Counselor; Psychiatrist
Ratio of Clients to Counselors (ratios based on 88 total participants in RDAPs)	1:15 (AT Counselor, Coordinator and MH Clinicians) 1:22 (AT Counselor and Coordinator) 1:44 (MH Clinician)
Ratio of Clients to Psychiatrists (Psychiatry FTEs serve RDAP and GP patients = approximately 573 patients)	1: 260 (psychiatry patients in WNMCF and SCC) 1:40 (RDAP participants only)
Ratio of Clients to Psychologists (based on 44 residents at WNMCF only)	1:88
All Corrective Actions	None
Requests for Cure	None
Applied Performance Guarantees and/or Liquidated Damages Assessed and Paid; including dates and descriptions of occurrences and remedy	None
Disposition as Active, Terminated, or not renewed while contract options were available or expired	Active
Contracts that were voluntarily terminated or not renewed by MHM or Centurion while contract options remained	None
Name of the Program/Contract	**Integrated Treatment Faculties (ITF) at the Georgia Department of Corrections (GDC)**
Point of Contact	Appling – Tammy Cagle – Spectrum Program Director Tammy.cagle@spectrumhealthsystems.org West Central – Fred Farrar – Spectrum Program Director, fred.farrar@spectrumhealthsystems.org
Contract Term	07/01/2012 - Present

RFP Required Information for ITF/RSAT Experience	
Summarized Scope of Work	ITFs were established in 2012 to treat offenders with history of substance use and mental disorders. MHM provides psychiatry services to the participants in both ITFs and supplemental psychology services at Appling.
Facility Description	Appling has an operational capacity of 200 males and West Central has an operational capacity for 161 females.
Maximum Annual Contract Value	$29.6 Million
Key Staff Assignments (MHM staff only)	Psychiatrists, Nurse Practitioners, and Psychologists
Ratio of Clients to Counselors	N/A – Not provided by MHM
Ratio of Clients to Psychiatrists (and NPs)	Appling: 1:400 (0.5 FTEs and 200 participants) West Central: 1:322 (0.5 FTEs and 161 participants)
Ratio of Clients to Psychologists (MHM psychologist is supplemental to Spectrum)	Appling: 1:2000 West Central : N/A, no psychology services provided
All Corrective Actions	No formal corrective actions specific to ITF services
Requests for Cure	None
Applied Performance Guarantees and/or Liquidated Damages Assessed and Paid; including dates and descriptions of occurrences and remedy	None
Disposition as Active, Terminated, or not renewed while contract options were available or expired	Active
Contracts that were voluntarily terminated or not renewed by MHM or Centurion while contract options remained	None
Name of the Program/Contract	**Bleckley Probation Substance Abuse Treatment Center at Pulaski SP, Georgia Department of Corrections (GDC) (An RSAT program specifically for probationers)**
Point of Contact	GDC – Dr. Javel Jackson, State MH Director (478) 992-5250 MHM – Bankston Dozier, Special Projects Manager (404) 507-7100
Contract Term	2016 - Present
Summarized Scope of Work	Nine-month program for court-ordered residents with acute and chronic substance use disorders. MHM provides the psychiatry, psychology, and mental health counselors.
Facility Description	Beckley is located within Pulaski SP and serves female probationers. The current census is approximately 197.
Maximum Annual Contract Value	$29.6 Million
Key Staff Assignments (MHM staff only)	Psychiatrists, Nurse Practitioners, Psychologists, and MH Counselors

RFP Required Information for ITF/RSAT Experience	
Ratio of Clients to Counselors (MHM Counselors included only)	1:99 (2 MHM MH Counselors and 197 census)
Ratio of Clients to Psychiatrists	1:985 (0.20 psychiatry FTEs for 197 census)
Ratio of Clients to Psychologists (MHM Psychology only)	1:985 (0.20 psychology FTEs for 197 census)
All Corrective Actions	No formal corrective actions specific to ITF services
Requests for Cure	None
Applied Performance Guarantees and/or Liquidated Damages Assessed and Paid; including dates and descriptions of occurrences and remedy	None
Disposition as Active, Terminated, or not renewed while contract options were available or expired	Active
Contracts that were voluntarily terminated or not renewed by MHM or Centurion while contract options remained	None

MHM's Approach to Residential Substance Abuse Treatment

The term co-occurring disorder is typically used to describe individuals who have a DSM diagnosis for major mental illness, such as a psychotic, depressive, and/or bipolar disorder, and a substance use disorder. We also recognize that developmental disabilities, personality disorders, or other less severe mental disorders are very common among correctional populations and frequently co-exist with substance abuse disorders.

One of the major challenges in designing screening and assessment approaches as well as treatment interventions for patients with co-occurring disorders is the diversity of this population. Interventions vary based on:

- Primary substance abuse choice
- Etiology and history of mental health disorders and related treatment
- Symptoms and interactive effects of the disorders
- History of criminal involvement and violent behavior
- Level of impairment in social functioning
- Level of social support

We appreciate the prevalence of co-occurring disorders among correctional populations and will prioritize integrating mental health and substance use disorder treatment for these patients. In correctional settings where we provide psychiatric and mental health services,

upwards of 80% of patients with serious mental illness also suffer from one or more substance use disorders.

The prevalence of co-occurring substance use and mental disorders is the expectation, not the exception, for this population. Research confirms that incarcerated patients with co-occurring mental and substance use disorders are at higher risk for recidivism than incarcerated patients with only a mental disorder or only a substance use disorder.

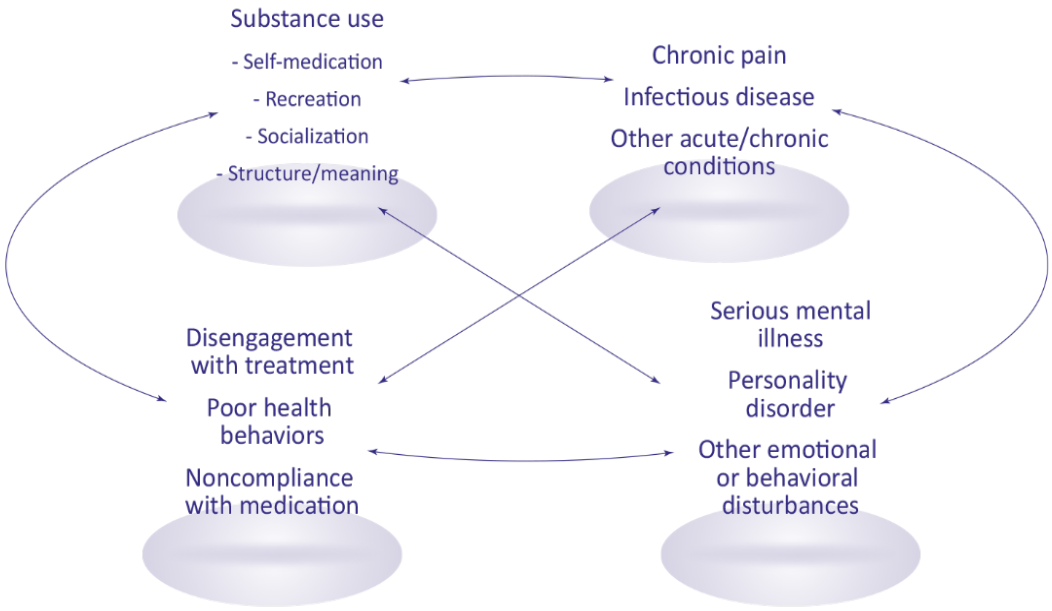
Many incarcerated patients are not just “dually diagnosed” with mental illness and a substance use disorder but “triple diagnosed” with mental illness, substance use disorder(s), and medical conditions such as chronic pain, Hepatitis C, or HIV.

MHM recommends that a collaborative multidisciplinary approach to assessment of co-occurring disorders be adopted in the new contract. Integrated assessment of co-occurring disorders includes but is not limited to the following elements:

- Assessment of both mental illness and substance use disorders as “primary” conditions
- Development of chronology of symptom onset for both mental and substance use disorders
- Assessment of the impact of mental disorder on substance use and impact of substance use on mental disorder. Assessment requires awareness that substance use has an intensified negative impact on patients with serious mental illness compared to patients without serious mental illness
- If there are comorbid medical conditions such as chronic pain, assessment of the impact of the medical condition, substance use, and mental illness symptoms on each other
- Assessment of function of substance use in the context of mental illness and, if present, in the context of medical conditions. Assessment includes determination of whether substances are used for self-medication, recreation, socialization, or to provide a sense of purpose or structure
- Identification of prior periods of sobriety or limited substance use. This process permits identification of patient strengths and coping skills and enables determination of the presence of psychiatric symptoms in the absence of active substance use
- Identification of mutually entwined, co-occurring substance use, mental health, and

physical health treatment needs

MHM recognizes that coordinated care is needed to address the complex cycles illustrated in the following diagram:



MHM appreciates that this is a high-risk, high-need population. Under-treatment and/or lack of integrated treatment can be a significant barrier in supporting the success of these patients. These “double-diagnosed” and “triple-diagnosed” patients can require complex and sometimes costly treatments. We are confident that cost savings can be achieved for the GDC through proactive identification and coordinated treatment of co-occurring conditions.

Evidence-based practices for co-occurring disorders include the following:

- Provision of treatment by a single, integrated, treatment team
- Integrated treatment planning and development by a single treatment team addressing co-occurring disorders
- Provision of services at levels that match the patient’s treatment needs. High risk, high need patients receive higher levels of care
- Provision of coordinated services regardless of the level of need

- Interventions based on the patient's stage of change, with the expectation that non-linear movement among stages of change will be the norm
- Use of motivational interviewing techniques to increase patient engagement in and ownership of treatment
- Interventions targeting the patient-specific needs that underlie substance use, such as self-medication or need for structure and meaning in day-to-day living
- Modification of interventions to address complex interactions among co-occurring disorders, including but not limited to:
    - Modification of psychotherapeutic interventions addressing mental health symptoms to account for increased risk for substance use
    - Modification of substance use treatment to account for cognitive challenges, negative symptoms, increased need for support, and decreased capacity to respond to confrontation when patient suffers from a serious mental illness
    - Modification of psychopharmacological interventions to address not just the increased risk for abuse or diversion of psychotropic medications, but also the potential to address long-term withdrawal
    - Modification of physical health interventions to account for increased risk of medical complications arising from co-occurring substance use and mental illness
- Medication-assisted treatment to support sustained abstinence in qualifying cases

Patients who are receiving care through addiction recovery programs will be evaluated by a mental health professional upon referral. Patients will receive any necessary care including but not limited to individual and group treatment, assessment and crisis management, psychiatric assessment and treatment, and appropriate medications for the treatment of mental illness as defined in the *DSM-5*.

Integrated Approach

In the past, mental health, substance use disorder treatment staff, and other correctional program providers have often conducted independent screening and assessment activities. This practice can result in inadequate sharing of information, poor communication regarding overlapping areas of interest, under-detection of co-morbid mental health and substance abuse disorders, and fragmented treatment goals. Under-detection of mental health and substance use disorders can lead to misdiagnosis, absence of appropriate

interventions, inappropriate treatment planning, lack of necessary referral, and poor treatment outcomes.

Factors that contribute to the lack of ability to provide accurate diagnosis and recognition of co-occurring disorders are often patient-based. These include perceived negative consequences associated with disclosure of symptoms, cognitive/perceptual difficulties associated with severe mental illness or the toxic effects of alcohol and drug use. Lack of staff training can further contribute to under-detection in these cases.

Going forward, integrated screening, diagnosis, and assessment approaches will be developed by MHM that consider critical indicators of mental health and substance abuse problems, and examine important correctional and criminal justice information. To accomplish this, MHM will work collaboratively with GDC stakeholders. We will help to coordinate a delineation of responsibilities and roles, lines of communication, and routine multidisciplinary care meetings for discussion of patients receiving services across programs. More specifically, we propose implementing bi-weekly meetings with the substance abuse treatment contractor leadership in the RSAT programs to develop formal and informal protocols for interface and coordination of care.

Within the first 30 days following contract implementation and with the GDC's approval, MHM will contact Spectrum to coordinate an initial meeting. Proposed agenda items include:

- Lines of communication
- Roles and responsibilities for intake process, including assessment and treatment protocols
- Referral protocols
- Multidisciplinary treatment planning for patients with co-occurring substance use and mental health needs

Substance Use Disorder Treatment Planning Recommendations

MHM recommends multidisciplinary treatment planning for patients receiving substance use disorder/addiction recovery treatment, particularly in the context of co-occurring mental illness or medical conditions. We support a holistic approach to recovery of any kind, whether physical, psychological/psychiatric, or addiction.

We recommend collaborative treatment planning with the patient that includes review of:

- Severity of health conditions
- Resulting treatment needs, including mental health and medical
- Patient strengths
- Patient challenges
- Criminogenic factors
- Long- and short-term goals
- Interventions necessary for recovery and health
- Identity of individual responsible for supporting each treatment goal

Substance Use Disorder Programming Recommendations

If not already in place, we recommend an addiction recovery treatment approach that is based on the ***Stages of Change*** model (Prochaska, DiClemente, and Norcross 1994). This model encompasses the following principles for addiction recovery:

- Change is a universal process
- Change is possible
- All real change is self-change
- The individual is responsible for deciding to make change
- The individual is responsible to do what needs to be done to accomplish change

This model empowers patients to make change and staff to support that change. Despite the fact that offenders have made choices resulting in their incarceration, they have an opportunity to make different choices and change how they behave in the community so that they may remain crime and substance free. MHM addiction recovery staff can serve as role models and facilitate patient efforts to identify topics to address in order to commence change.

The *Stages of Change* model provides a framework for matching interventions to the patient's needs as the patient transitions through the four stages of change. These are briefly summarized in the table below:

Stages of Change Model		
Stage I	Engagement	▪ Provision of a single treatment "home" ▪ Form trusting relationships ▪ Follow through on "no shows" ▪ Orientation

Stages of Change Model		
Stage II	Persuasion	▪ Help patient identify his/her own goals ▪ Provide support for hope that goals can be reached ▪ Systematically identify and address ambivalence ▪ Help patient recognize how not addressing illnesses is interfering with goals
Stage III	Skills Building	▪ Primary treatment phase ▪ Build symptom management skills ▪ Strengthen health-promoting behaviors ▪ Support patient autonomy
Stage IV	Relapse Prevention and Reintegration	▪ Consolidation of skill acquisition and treatment gains ▪ Help patient develop strategies for maintaining recovery ▪ Strengthen social environment to support recovery ▪ Re-entry planning

Substance Use and Co-Occurring Disorder Treatment Guidelines

We have developed clinical infrastructure to support evidence-based treatment of co-occurring disorders. These resources include a clinical guideline for the development of treatment plans for patients with co-occurring serious mental illness and substance use disorders, and an introductory group curriculum for patients with co-occurring disorders who are engaged in treatment but not yet convinced that substance use is a problem.

Additionally, our Psychiatric Treatment Guidelines have been developed in the context of treating patients with co-occurring disorders, and the selection of psychotropic medications has been guided in part by the goal of ensuring the medication does not activate or exacerbate an existing addiction. Our Psychiatric Treatment Guidelines are consistent with the *Psychopharmacology Practice Guidelines for Individuals with Co-occurring Psychiatric and Substance Use Disorders* developed by **Dr. Ken Minkoff**, a nationally recognized expert in integrated care.



Dr. Ken Minkoff

MHM has staff training designed specifically to address the assessment of patients with co-occurring substance use-related disorders and mental illness. The objectives of the training include:

- Increasing understanding of the diagnostic criteria of Substance Related Disorders including Substance Use and Substance Induced Disorders
- Increasing knowledge related to co-occurring Substance Related Disorders among

other psychiatric conditions

- Practicing identification of substance use disorders as co-occurring disorders

Our Clinical Guidelines assist staff with the development of integrated treatment plans for patients with serious mental illness and substance use disorders. The guidelines are intended for MHM clinical staff who are assigned to develop integrated treatment plans for patients with serious mental illness and concurrent substance use disorders. MHM supports the use of integrated treatment plans developed by experienced mental health staff who have had training in dual diagnosis, integrated treatment and functional assessment of substance use behavior.

Community standards indicate that integrated treatment is the intervention of choice for individuals with these co-morbid conditions. Integrated treatment addresses both mental health and substance use issues simultaneously and as equal priorities. In integrated treatment, traditional mental health interventions are modified to account for the increased risks of substance use among patients with serious mental illness by focusing skills training on selection of peers and activities.

Traditional substance use disorder treatment interventions are modified for individuals with serious mental illness to account for cognitive deficits, negative symptoms, increased need for support, and decreased capacity to respond to confrontation. Research indicates that integrated treatment produces better outcomes than non-integrated treatment, including reduced substance use, improved psychiatric symptoms and functioning, decreased hospitalization, improved quality of life and, in the community, fewer arrests and improved housing stability.

Integrated Treatment Planning for Substance Use and Co-Occurring Disorders

Our guidelines are intended to support staff in developing integrated treatment plans. Integrated treatment is needed because, in almost every case of co-morbidity, symptoms of the serious mental illness are intertwined with those of the substance use disorder. The long-term goal in developing an integrated treatment plan is the patient's recovery from two serious illnesses, both of which are considered "primary." *Recovery* is the process which supports the patient's ability to manage both illnesses in a manner that permits him or her to pursue meaningful life goals. MHM will share these guidelines for approval by the GDC following contract renewal.

The treatment plan serves as a guide for the patient and the mental health staff in directing

and monitoring the course of treatment and the patient's progress in resolving problems and attaining goals. The content of the treatment plan and the membership of the treatment team developing and reviewing the treatment plan are determined by the level of treatment required by the patient at a specific point in time.

Treatment plans are initiated, reviewed and modified according to policy requirements and the clinical needs of the patient. The integrated treatment planning process for patients with serious mental illness and substance use disorders parallel and enhance the treatment planning process used for patients with other mental health needs. Processes that are common to all treatment planning include:

- Review of assessment results
- Identification of the patient's needs, challenges and strengths
- Development of goals and measurable objectives based on these identified areas
- Identification of interventions to be provided by staff
- Identification of the responsibilities of the patient

Enhancement processes include:

- Assessing the role of substance use in the patient's life
- Assessing the relationships among substance use and psychiatric symptoms
- Assessing the patient's readiness to engage in behavioral change
- Adjusting interventions to match the patient's motivation, engagement and capabilities for participating in treatment

Goals for patients with serious mental illness and substance use disorders are based on the dual needs that arise out of these disorders. Identification of patient-specific needs and challenges is supported by assessing the roles that substance-using behavior may have in the patient's life and the relationship of these roles to symptoms of mental illness. These needs may include challenges with respect to:

- Peer groups
- Social interactions
- Communication skills
- Emotion regulation
- Self-medication
- Pain management
- Problem-solving
- Housing
- Vocational training
- Money management
- Leisure time activities
- Medical care

- Sleep hygiene, nutrition, and exercise

Specific interventions are based on the patient's readiness to change and may include engagement, persuasion, skills building, recovery planning, and relapse prevention strategies.

Integrated treatment planning works only if it is completed in collaboration with the patient. A non-judgmental, welcoming, warm therapeutic stance is required, and staff are encouraged to remember that the patient did not choose either illness. Staff are encouraged to interact with these patients assuming a history of trauma. Such histories are very common among patients with co-occurring serious mental illness and substance use disorders. Instead of asking patients, "What is wrong with you?" we train our staff to ask, "What happened to you?" MHM staff members are oriented to the long-term nature of behavioral change and the likelihood that recovery will not be a smooth process.

Orientation, Training, and Competency

MHM understands we are responsible for all orientation, training, education, credentialing, and competency assessment for our addiction recovery staff. We understand that our addiction recovery staff must complete all GDC-required orientation and training for staff who work with offenders. MHM will meet these requirements.

MHM will provide specialized training to our addiction recovery staff in recognizing the signs and symptoms of mental illness. We have developed a three-hour training module that is consistent with *DSM-5* and includes

- Overview of mental disorders frequently encountered in corrections
- Signs and symptoms of serious mental illness and intellectual disability
- Impact of serious mental illness and intellectual disability on patient functioning
- Multidisciplinary collaboration

MHM stands by their employees. They are firm on education and training and want their staff to be the best by demanding the best from them. Their communication with staff is above par.

Rebecca Frazier
Mental Health Unit Manager,
Baldwin State Prison
MHM employee for 5 years

The goals of this training are to:

- Increase understanding of mental disorders and how they may affect thinking and behavior
- Increase awareness of the prevalence of mental disorders in correctional settings
- Increase understanding of the differences between mental illness, intellectual disability and substance use disorders
- Increase recognition of behaviors associated with mental disorders
- Increase appreciation of the value of effective multidisciplinary collaboration

MHM will submit this training to the GDC for review and approval following contract award. Additional training in assessment and treatment of patients with co-occurring disorders will be available through our consultants.

We also propose to develop job-specific competency checklists for our Substance Abuse Counselors and Directors. MHM believes development of these checklists should be deferred until the GDC Director of Health Services is satisfied with addiction recovery programs and protocols currently in development. We will collaborate with the GDC to ensure that our competency checklists are consistent with Department requirements.

Each addiction recovery professional will receive regular supervision consistent with certification, licensure, and GDC requirements. Supervision will be provided by the site Program Manager, who in turn will be supervised by our Statewide Clinical Director. Supervision will consist of ongoing, direct clinical review and will include documented face-to-face consultation, guidance and instructions with respect to the clinical skills and competencies of the supervisee. Supervision will include but not be limited to the review of case presentations, direct observation, and record review.

Proposed Substance Abuse and Integrated Treatment Workbook

MHM proposes that the substance abuse workbooks developed by ***The Change Companies***, in partnership with the **Federal Bureau of Prisons**, be utilized for the ITF facilities at the GDC. The workbooks are used in conjunction with the BOP's **Residential Drug Abuse Program (RDAP)**. The program and workbooks are specifically designed to be used in a residential correctional setting and are

currently being utilized in 23 departments of corrections across the county, including our program in the New Mexico Corrections Department.

The Change Companies *Facilitator Guides* and participant *Attitude Check* and *Rational Self-Analysis* worksheets accompany the workbooks. We propose that each participant complete all seven workbooks during the course of the nine-month ITF program, along with the worksheets at least once a month. The program is highly structured and designed to take from six to nine months to complete. The program is included in **SAMHSA's** National Registry of Evidenced-Based Programs and Practices and is gender-based with a separate curriculum for males and females. Some of the evidence-based features of this program include the following:

- Rational self-counseling
- Interactive journaling
- Social learning theory
- Trans-theoretical Model of Behavior Change
- Cognitive-behavioral theory

The Safer Societies program and workbooks:

- Offer gender-specific journals
- Bring organization and structure to each session and site
- Provide a complete facilitator's guide and implementation DVD
- Create a permanent record of personal change for clients
- Reinforce the application of program skills through the use of Check Pads
- Tap into the latest research in criminal justice and behavior change
- Provide flexibility – Journals may be purchased individually or as a complete set

The seven primary participant workbooks/journals and major subject topics for the program include the following:

- Orientation
- Rational thinking
- Criminal lifestyles
- Living with others
- Lifestyle balance
- Recovery maintenance
- Transition

We have included the costs of these materials in our pricing. MHM currently uses the RDAP workbooks and other materials in our New Mexico Corrections Department contract with female patients at two separate facilities, both of which were referred to earlier in this section. For reference, attached at the end of this section is an RDAP brochure from *The Change Companies* website that provides additional information about the program and workbook materials. Additional helpful resources available for the RDAP are numerous pre- and post-program measurement tools that provide the opportunity for measuring patient outcomes and progress.

MHM's Experience with Medication Assisted Treatment

MHM understands that the GDC does not currently have an ongoing medication assisted treatment (MAT) program for substance use disorder patients within its facilities. However, we are aware that a pilot project is currently underway to provide naltrexone, made possible through a SAMHSA grant. While this pilot project will be ending sometime this spring, we are encouraged that the GDC may be open to considering the well-documented treatment benefits associated with this service. Below we provide examples of our experience with MAT, should the GDC decide to incorporate this service into any of their numerous day or residential substance abuse treatment programs.

Through MHM and MHM's affiliated company, **Centurion**, we have been fortunate to collaborate with several correctional systems in piloting and implementing various Medication Assisted Treatment (MAT) programs, including collaboration with the **Massachusetts DOC (MADOC)**. In addition to our work with the MADOC, we have collaborated with the **Tennessee Department of Correction (TDOC)** in implementing a pilot MAT program. We also worked with the **Vermont Department of Corrections (VDOC)** in the development, implementation, and ongoing operation of a MAT program. The intent of MAT is to provide medications that have been clinically demonstrated to assist patients with substance use disorders with controlling their urge to abuse opioids and alcohol.

We provide an overview of the Tennessee and Vermont programs, including the roles and responsibilities of healthcare services staff in the programs, below. Following these overviews, we discuss our work with the MADOC.

Tennessee Department of Correction Experience

Centurion participated with the TDOC in the *Substance Abuse Vivitrol-Assisted Re-Entry Initiative (SAVRI)*. Under the leadership of the TDOC, Centurion implemented this program as a pilot project during our initial contract with the TDOC.

The SAVRI was funded through a grant and therefore limited in scope due to budgetary constraints. From late September 2015 through June 2016, a total of 64 cases were screened for medication assisted therapy of opioid and/or alcohol use disorders.

The pilot project involved 64 TDOC patients who were initially determined to be eligible for MAT. Of these, 11 patients received doses of Vivitrol, a long-lasting injectable form of naltrexone, prior to release, while the remainder either refused or were excluded due to medical, security, or sentence expiration considerations.

The data below summarizes patient participation in the initiative:

Participant's Gender		
Male	50	78%
Female	14	22%
Total	**64**	

SAVRI Patient Participation Overall Findings		
3%	2	3%
Dosed	9	14%
Total Dosed	**11**	**17%**
Sentence Expiration	4	6%
Medical Exclusion	31	48%
Security Exclusion	1	2%
Refusal	17	27%
Total Enrolled	**64**	

The SAVRI initiative was aimed to counteract a very difficult condition from which many incarcerated patients suffer: opiate and/or alcohol addiction. The initiative was to reduce

recidivism rates and decrease premature death related to overdose following release from incarceration.

Patient denial of the problem was one of the first issues we noted in our findings. As can be seen, Centurion was able to diagnose about one out of six patients with a substance use disorder history.

About half the potential enrollees had a medical condition that excluded them from participating. Approximately another third of the candidates refused to participate for various reasons, the most of which was denial of a substance issue with opiates or alcohol or stating that they were "clean" now.

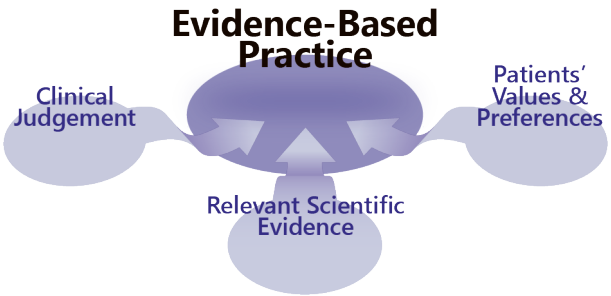
At the end of the initial pilot, TDOC noted that the grant funding would not be renewed, thus ending the program June 30, 2016. While the pilot ended, it is noteworthy that the patients participating in the trial were to continue upon release. This program was deemed a successful implementation within the constraints of the limited resources available.

Vermont Department of Corrections Experience

Centurion worked in conjunction with the **Vermont Department of Corrections (VDOC)** to expand the initial MAT program that was originally provided for female patients in the VDOC. We continue to participate actively in onsite assessment, medication administration, and follow up for VDOC patients who qualify for MAT.

We are engaged in ongoing review, modification, and expansion of the VDOC MAT program. At present, the program offers services for newly received patients who enter the VDOC system with verified active participation in a community MAT program prior to arrest and incarceration. The program provides for continuation of MAT *at time of release.*

The purpose of the VDOC/Centurion *MAT Continuation Program* is to provide continuation of medication assisted treatment for addiction in accordance with evidence-based best practices. The program includes a full range of MAT medications that may be provided,



including but not limited to methadone, buprenorphine, and naltrexone. As part of the program, intramuscular, extended release naltrexone (Vivitrol) is offered to eligible patients upon release.

The *MAT Continuation Program* provides continuity of care for patients who were engaged in a verified community-based MAT program immediately prior to incarceration. Centurion is responsible for informing and collaborating with community providers when the patient is received into a VDOC facility. Notification occurs as soon as possible following intake.

In the original VDOC/Centurion *MAT Continuation Program,* patients confirmed to be receiving MAT treatment at intake were permitted to remain on MAT for 90 days. More recently, the program has expanded to permit patients to remain on MAT at the verified dosage for up to 120 days during incarceration.

If we are unable to verify the patient's status in the community MAT program or if there is a lack of information regarding the patient's length of stay in the VDOC facility, the patient is not continued on MAT. Patients continued or discontinued from MAT are referred to the community-based MAT provider upon release.

As previously noted, the VDOC and Centurion provide a *Naltrexone IM Administration* program. For purposes of this program, intramuscular naltrexone (Vivitrol) is considered clinically indicated for the treatment of opioid dependence following detoxification. It is used to support recovery and is to be considered for patients for whom it may be clinically appropriate. These patients include but are not limited to:

- Patients who were discontinued from MAT while in VDOC custody
- Patients who were verified not to have been participating in a MAT program upon most recent admission to VDOC
- Patients who show elevations on the *SBIRT* (Screening, Brief Interventions, Referral to Treatment) - *ASSIST* (Alcohol, Smoking, and Substance Involvement Screening Test) for possible opioid dependence

The *Naltrexone IM Administration* program is designed to prevent relapse related to opioid dependence, following opioid detoxification. The program is intended to be a part of a comprehensive treatment plan that includes psychosocial support. Provision of intramuscular naltrexone is considered on a case-by-case basis. Centurion's qualified

healthcare professionals coordinate pertinent aftercare services in collaboration with community-based MAT providers, VDOC caseworkers, and the patient.

The following represents the current procedure for consideration of inclusion, assessment, and coordination of *Naltrexone IM Administration* program referrals. The process is initiated through various avenues including patient submission of a sick call request or through offerings to patients discontinued from MAT while in custody. Patients requesting consideration are reviewed against identified criteria to determine ability to participate. Patients with elevated scores on the *SBIRT-ASSIST* who meet additional criteria are considered candidates for the program.

Qualified healthcare professionals (QHCPs) follow and complete the process as outlined in the Naltrexone IM Discharge Checklist. Process components include:

- The QHCP coordinates services, including coordination with VDOC caseworkers.
- The QHCP educates the patient on the risks and benefits of intramuscular naltrexone.
- The QHCP coordinates with the community-based treatment provider where the patient will receive ongoing treatment, including confirming that the patient's MAT with naltrex one IM will be continued upon release from the VDOC.
    - If the community-based treatment provider determines that the patient may be appropriate to receive naltrexone IM, and if the patient consents, a substance abuse assessment may be completed by Centurion in person or may be complete by telehealth. However, a substance abuse assessment is not required for the patient to receive intramuscular naltrexone.
- The QHCP administers a urine drug screen four days prior to discharge. The VDOC case worker and QHCP are informed of the results and determine if the intramuscular naltrex one administration process will continue.
- If the urine drug screen is positive for all opioids, the QHCP can make a determination of ineligibility for the patient to receive intramuscular naltrexone and refer the patient back to the VDOC caseworker.
- If the urine drug screen is negative for all opioids, the QHCP can request an order from the Centurion Statewide Medical Director or designee for oral naltrexone 50 mg daily x 3 days.
- On a case-by-case basis, the Statewide Medical Director or designee will obtain the order for oral naltrexone 50 mg daily x 3 days. The Statewide Medical Director or designee shall re-confirm that the patient has consented to treatment
- Following three days oral naltrexone, the intramuscular naltrexone injection will be administered by a QHCP.
- The Centurion HSA or designee will confirm the day and time of patient's follow-up appointment with the community-based treatment provider.
- All follow-up information is documented on the patient's Discharge Summary.
- The patient's health insurance is made ready for activation upon discharge.
- The VDOC caseworker notifies the patient's field services caseworker as appropriate that the patient is receiving intramuscular naltrexone injections.

Vermont Department of Corrections/Centurion

Naltrexone IM Administration Program Procedure

As these procedural descriptions confirm, Centurion has worked closely with the VDOC to develop an expanded MAT program. We will continue to work in partnership with the VDOC as the program evolves. The program continues to be reviewed to clarify enrollment criteria upon reception to the VDOC and upon release to the community.

Massachusetts Department of Correction's MATRI Program

We have been fortunate to work side by side with the MADOC and the **Department of Public Health's Bureau of Substance Abuse** in development, implementation and facilitation of the *Medication Assisted Treatment Reentry Initiative (MATRI)*. Prior to implementation of the MATRI protocol in August 2014, we worked as part of a multidisciplinary team that included representatives from the Department, our organization, and the community to develop the initiative. Members of the team included medical and mental health providers/staff, prison- and community-based substance use disorder treatment providers, and correctional staff.

Massachusetts Department of Public Health

The program was designed to provide pre-release treatment and post-release referral for MADOC patients who suffered from opioid and/or alcohol addictions. The program facilitates patient transition from incarceration to a community-based substance use disorder treatment program. Components include the use of medication, naltrexone, counseling, and aftercare referral to community based providers.

We provide our staff with detailed orientation to the MATRI. The orientation includes:

- Overview of the program
- Roles and responsibilities of our medical, mental health, and re-entry staff
- Roles of other disciplines
- Background regarding and purpose of the MATRI
- Program eligibility requirements
- Reporting and tracking processes

Patient eligibility requirements for the MADOC program include:

- Patient release date within nine months

- Successful graduation from the Department intensive residential substance use disorder treatment program or current enrollment in a non-residential substance use disorder treatment program
- Opioid and/or alcohol dependence
- Engagement in recovery and treatment

Staff members who are directly involved in the MATRI include those from the Department, our medical and mental health staff, MADOC Internal Perimeter Security, a Housing Search Specialist, and Spectrum Health Systems. Multidisciplinary collaboration is required to support the MATRI, and MHM is confident we have shown the MADOC the initiative and support needed to ensure this collaboration is effective.



The process includes multiple components and defines the responsible person and timelines for completion of the process. An overview of the process is included below:

MATRI Process Overview		
Process	**Responsible Staff/Position**	**Timeline**
Initial Screening	Spectrum Health Systems	6 – 9 months prior to release
Informational Session	Spectrum Health Systems	Post initial screening completion
Weekly Groups	Spectrum Health Systems	Program Start and Ongoing
Recovery Support Navigator (RSN)	Spectrum Health Systems	6 months
Mental Health Screen	Our mental health staff	30 – 45 days
Medical Screen	Our on-site Health Services Unit	30 – 45 days
MassHealth Application	Housing Search Specialist	30 days
Urine Screen	Inner Perimeter Security	10 days
Tolerance Trial	Our onsite Health Services Unit	Upon completion of urine screen
Naltrexone Injection	Our onsite Health Services Unit	7 days

Tracking of Participation. Patients enrolled in the program are tracked routinely. Tracking includes those who have been enrolled or accepted into the program as well as the patient's facility, release date or the parole status, and the confirmed release date. Patients

screened for admission into the program are documented on the MADOC *MATRI Report*. The report is updated monthly.

Enrollment and Enrollment Criteria. The multidisciplinary program in initiated as a part of Spectrum Health Systems MATRI information sessions. Candidates for the MATRI are provided information through a presentation. Additional enrollment components include the *Texas Christian University Drug Screen* review, an application process, and review of follow-up procedures.

MATRI eligibility requirements include active engagement in treatment and recovery during the pre-release phase, meeting documented program requirements, and willingness to participate in treatment post-release. Patients who have no substance use disorder history or will be released outside of the Commonwealth are not eligible to participate in the MATRI.

MHM staff use the MADOC *MATRI Clinical Guidelines* to provide screening, treatment, and consistent follow-up.

Recovery Support Navigator. The program includes use of a Recovery Support Navigator (RSN). The RSN plays a key role in the program and works closely with MHM Re-Entry Planners, who help to facilitate referrals to community-based clinics. The RSN works closely in development of the patient's post-release treatment plan. The RSN facilitates linkages with community-based organizations to support the patient during community reentry. The RSN and release planners collaborate to support a continuum of care from pre-release to post-release as well as the patient's ongoing recovery and maintenance in MAT.

Our Role in MATRI

Our medical and mental health professionals are actively involved in the MATRI screening process. To support routine completion of the process, staff rely upon the *MATRI Operational Process Flow* provided below. The screening is routinely completed 30 to 45 days prior to the patient's scheduled release date.

Medication Assisted Treatment Re-Entry Initiative (MATRI) Operational Process Flow

1) CRA/WRA inmate graduate submits a request form

2) Spectrum representative begins initial screening process including obtaining MATRI Counseling Attendance Agreement

3) Spectrum representative will determine the inmate to be "ineligible" or "accepted "

4) If accepted Spectrum representative will refer via e-mail to Centurion Medical Director and Chief Nursing Officer to begin the clinical screening process. This referral will typically occur 30 to 60 days prior to inmates discharge date.

5) HSA at applicable site will be notified by Statewide Medical Director and /or Chief Nursing Officer via MATRI Tracker to begin Clinical Screening Process

6) HSA will arrange for mental health screening (30 to 60 days prior to release) – if screening is okay, HSA will proceed to Step #7

7) HSA will arrange for medical screen (30-60 days prior to release) – if screening okay, HSA will obtain informed consent

8) If the patient is found to be clinically appropriate for this initiative, the HSA will notify the onsite Spectrum representative who shall enter the disposition of enrolled into the substance abuse area of the personalized program plan. A disposition of ineligible shall be entered for patients who are deemed as not appropriate due to medical or mental health contraindications.

9) For enrolled patients, Centurion will coordinate with discharge planner

Medication Assisted Treatment Re-Entry Initiative (MATRI) Operational Process Flow

Discharge Planner will:

- Ensure insurance eligibility in collaboration with MADOC
- Obtain Consent to Release Sensitive/Substance Abuse Treatment Information
- Complete the MATRI Referral Request Form
- Coordinate post-release substance abuse counseling in collaboration with Spectrum and other identified aftercare clinics
- Document discharge plans in IMS

Medical Provider will:

- Order and review appropriate Laboratory tests
- Prescribe Naltrexone 50 mg PO daily x 3 days
- Prescribe Vivitrol Injection

Health Service Administrator will:

- Arrange for Procurement of Vivitrol
- Communicate with DOC and Spectrum Staff at the Site Level
- Notify IPS to coordinate obtaining a urine drug screen
  - If urine drug screen is negative, Nursing Staff will:
    - Administer oral dose of Naltrexone x 3 days/ place ID bracelet on inmate
    - Review / sign informed consent and administer Vivitrol Injection
    - 3-5 days prior to discharge: prepare discharge paperwork and fax to IntakeCenter (Fax # 508-853-1264)

      Discharge Paperwork will include:
      - Copies of MAR documenting oral doses of Naltrexone and IM injection of Vivitrol
      - Copies of recent lab results, including LFT's
      - Routine Discharge Summary

Medical staff review the following as part of the screening:

- Indications and Contraindications

- Vulnerability to Opioid Overdose
- Injection site reactions
- Previous history of Opioid withdrawal
- Liver toxicity
- Adverse drug reactions and drug interactions
- Depression and suicide risk
- Pain management for Vivitrol patients

Additional responsibilities of medical staff include obtaining patient informed consent, ordering and reviewing pertinent laboratory tests prior to medication administration, and completing physician orders. Our medical providers order oral naltrexone for use in tolerance testing as well as the Vivitrol injection if the oral medication is tolerated and the patient continues to consent.

Mental health professionals perform screening with a focus on issues that may be contraindications for participation in the program. Diagnosis and/or behaviors considered contraindications can include:

- Psychosis
- Mania
- Depression
- Suicidal thoughts or plan
- Significant cognitive impairment

Patients with identified contraindications are referred to mental health immediately for review and follow-up.

Our onsite HSA works closely with the multidisciplinary team. HSA responsibilities include coordinating:

- Provision of a 30-day notice to patients who will require urine testing prior to initiation of Naltrexone
- Completion of urine drug screen by facility Substance Abuse Monitors
- Initiation of the naltrexone tolerance trial
- Pre-release injection activities, including request for the Vivitrol injection

- Referrals to and coordination with the RSN and our Re-Entry Planners for coordination of post release treatment, community referrals, and other pertinent release planning

Once the negative urine test results are received by the HSA from the Substance Abuse Monitors, the patient will be escorted to the site Health Services Unit for provision of the first dose of oral naltrexone for purposes of the tolerance trial. The tolerance trial will include provision of a patient Vivitrol ID bracelet, education of the patient on possible side effects, and reporting adverse drug reactions. Patients who have positive urine test results will be subject to reporting and disciplinary follow up consistent with Department policy and procedure.

Following successful completion of the naltrexone tolerance trial, the patient is scheduled for the Vivitrol injection seven days prior to scheduled release. Injections are completed by our healthcare staff and completion is documented in the patient's medical record. Prior to the patient's release, our nursing staff complete a *Discharge Summary* and assemble a copy the Medication Administration Record documenting administration of the oral naltrexone and initial pre-release Vivitrol injection. Copies of the most recent laboratory studies, including most recent liver function test results, are also assembled for the discharge packet.

The MATRI has continued to see increased numbers of MADOC patients who are actively participating in the program. As of early 2018, over 370 MATRI injections have been given pre-release. MADOC tracks patient engagement following release, and it is a positive sign that nearly **80% of the MATRI patients remain engaged in treatment post release**.

MHM's Experience with Residential Treatment Services

MHM has extensive experience in managing acute mental health and behavior management needs of incarcerated patients, including the operation and management of inpatient, residential, and day treatment programming for this population. We provide, or have provided, similar services in numerous contracts (see table on following page).

MHM integrates a process of utilization management and utilization review in each of its contracts, and these processes include management of acute mental health needs. We know how important it is to manage these limited resources and provide emergent and

urgent care in an effective and efficient manner. We routinely monitor admission, discharge, length of stay, and re-admission rate data for the inpatient units.

Our experience with managing and providing services in inpatient and residential settings encompasses a wide range of missions. The focus and scope of services in each mental health program varies based on the physical resources available, the organization and interface of the mental health unit with the rest of the continuum of mental health care in the system, and the requirements of the specific contact.

We illustrate the breadth of MHM's and Centurion's experience in providing unit-based services in the following table.

Correctional System	Unit	Mission
Alabama Department of Corrections	Intensive Psychiatric Stabilization Units – 30 beds for male patients and 8 beds for female patients	Inpatient psychiatric level services with 24-hour nursing coverage for patients with acute psychosis or risk for self-harm. The goal is stabilization of acute problems with subsequent transfer to a less intensive level of care.
Alabama Department of Corrections	Residential Treatment Units – 350 beds for male patients and 32 beds for female patients	Long-term residential mental health services for patients with chronic mental illness or limited cognitive functioning. These units often function as "step-down" units for inpatient services. While the goal is to assist the patient in achieving a level of functioning appropriate for placement in general population with outpatient services, some patients remain on the Residential Treatment Units for their entire incarceration due to seriously compromised functioning.
Florida Department of Corrections	Correctional Mental Health Treatment Facility Beds – 139 beds for male patients and 16 beds for female patients	CMHTF provides court ordered psychiatric services for patients that meet commitment criteria under state law. The goal is stabilization of the patient's acute problems through involuntary medication management and intensive therapeutic services.

Correctional System	Unit	Mission
Florida Department of Corrections	Crisis Stabilization Units – 169 beds for male patients and 16 beds for female patients	CSU provides stabilization of acute problems with subsequent transfer to less intensive level of care.
Florida Department of Corrections	Transitional Care Unit beds – 699 beds for male patients and 36 beds for female patients	TCU provides both step down services from the MHTF and CSU and extended treatment for patients with chronic mental illness unable to adapt or safely managed in the open population. The goal subsequent transfer to the general population or to the enhanced outpatient services in the Residential Continuum of Care Units.
Florida Department of Corrections	Residential Treatment Unit—54 beds for male patients designated on segregation status.	RTU provides treatment for patients who have been designated for segregated housing, whose mental illness presents a challenge for them to step down from that status. The RTU provides a setting where they can work both on their mental illness and reducing their segregation status to re-enter the general population.
Florida Department of Corrections	Secured Treatment Unit—240 augmented outpatient beds for male patients	STU provide services for patients with a serious mental illness associated with serious impairment in psychological or behavioral functioning that substantially interferes with the ability to meet the ordinary demands of daily living; and who have displayed a marked inability to conform their behavior to institutional standards of conduct; and who, due to their behavior, would otherwise be at a Close Management facility.
Florida Department of Corrections	Diversion Treatment Unit—240 augmented outpatient beds for male patients	DTU designed for patients whose serious mental illness is associated with serious impairment in psychological or behavioral functioning that substantially interferes with the ability to meet the ordinary demands of daily living in general population.

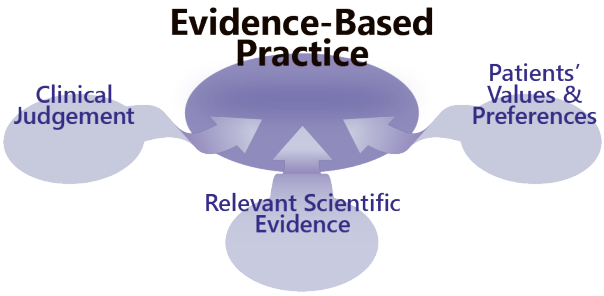
Correctional System	Unit	Mission
Florida Department of Corrections	Cognitive Treatment Unit--26 augmented outpatient beds for male patients	CTU provides services for patients with a diagnosed neurocognitive disorder that substantially interferes with the ability to meet the ordinary demands of daily living designed to address the habilitation needs of those with moderate to severe impairment in cognitive functioning.
Georgia Department of Corrections	Crisis Stabilization Units – 39 beds for male patients and 3 beds for female patients	Inpatient psychiatric level services with 24-hour nursing coverage for patients with acute psychosis or risk for self-harm. The goal is stabilization of acute problems with subsequent transfer to a less intensive level of care.
Maryland Department of Public Safety and Correctional Services	Correctional Mental Health Centers – 150 beds for male patients and 8 beds for female patients	Inpatient psychiatric level services with 24-hour nursing coverage for patients with acute psychosis or risk for self-harm and long-term residential psychiatric services for patients whose mental illness prevents them from functioning in general population. While the goal is stabilization of the patient's acute problems with subsequent transfer to residential programming or general population with outpatient services, some patients who cannot be safely managed in general population have extended stays.
Massachusetts Department of Correction	Secure Treatment Program – 19 beds for male patients Designed and implemented by MHM	Mental health and residential level psychiatric services for patients with SMI, behavioral disturbances and long-term segregation stays. The incentive-based program includes cognitive-behavioral interventions, Dialectical Behavior Therapy, and insight-oriented treatment.
Massachusetts Department of Correction	Residential Treatment Units – 169 beds for male patients and 42 beds for female patients	Long-term residential mental health services for patients with chronic mental illness or limited cognitive functioning. These units often function as "step-down" units for inpatient services. One of these units houses 45 maximum security patients. While the goal is to assist the patient in achieving a level of functioning appropriate for placement in general population with outpatient services, some patients remain on the Residential Treatment Units for their entire incarceration due to seriously compromised functioning.

Correctional System	Unit	Mission
Massachusetts Department of Correction	Behavior Management Unit – 10 beds for male patients Designed and implemented by MHM	Mental health and residential level psychiatric services for patients with severe personality disorders, behavioral disturbances and long-term segregation stays. The incentive-based program is exclusively cognitive-behavioral in nature.
Massachusetts Department of Correction	Intensive Treatment Unit— 30 beds for female patients Designed and implemented by MHM	The ITU is designed to address acute psychiatric symptoms and suicidality in a therapeutic environment that allows patients to participate in programming even when on mental health watch status. Patients can rapidly transition from the ITU to the facility general population when acute symptoms of mental illness or risk for suicide decrease. A portion of this unit was developed for patients with acute behavioral issues that are not the result of mental illness.
Minnesota Department of Corrections	Mental Health Unit – 36 beds for male patients	Inpatient psychiatric level services with 24-hour nursing coverage for patients with acute psychosis or risk for self-harm. Patients must meet court commitment criteria under state law to be admitted to these units. While the goal is stabilization of the patient's acute problems with subsequent transfer to general population with outpatient services, some patients who cannot be safely managed in general population have extended stays.
Missouri Department of Corrections	Social Rehabilitation Unit – 150 beds for male patients and 35 beds for female patients	Residential level mental health services for patients with serious mental illness who cannot function safely in general population
Missouri Department of Corrections	Special Needs Unit – 41 beds for male patients	Residential treatment unit for developmentally disabled patients with histories of violence
Missouri Department of Corrections	Secure Social Rehabilitation Unit – 45 beds for male patients Designed and implemented by MHM	Residential level mental health services for maximum security patients with serious mental illness, many of whom would have otherwise been maintained in segregated housing

Correctional System	Unit	Mission
New Hampshire Department of Corrections	Inpatient Psychiatric Stabilization – 8 beds for males and females	Inpatient psychiatric level services with 24-hour nursing coverage for patients with acute psychosis or risk for self-harm. Patients must meet either voluntary or involuntary commitment criteria under state law to be admitted.
New Mexico Corrections Department	Mental Health Unit – 10 beds for female patients Designed and implemented by MHM	Cognitive-behavioral and residential programming for patients with Borderline Personality Disorder and risks of self-injury. Programming is based on Dialectical Behavioral Therapy and consists of individual therapy, skills groups and staff training and consultation.
New Mexico Corrections Department	Mental Health Treatment Unit – 104 beds for male patients	Inpatient psychiatric services with 24-hour nursing coverage for patients with emergent, intermediate, and long-term mental health needs due to acute and chronic psychiatric conditions that cannot be effectively or safely treated in general population settings.
Pennsylvania Department of Corrections	Mental Health Units – 45 beds for male patients and 12 beds for female patients	Inpatient psychiatric level services with 24-hour nursing coverage for patients with acute psychosis or risk for self-harm. Patients must meet either voluntary or involuntary commitment criteria under state law to be admitted to these units. While the goal is stabilization of the patient's acute problems with subsequent transfer to general population with outpatient services, some patients who cannot be safely managed in general population have extended stays.
Pennsylvania Department of Corrections	Daily Adult Interaction Learning Experience (DAILE) unit – program capacity of 25 female patients Re-designed by MHM in 2008 to be psychiatrically oriented	Intensive, long-term, "day treatment" program for female patients who experience significantly compromised functioning due to serious mental illness and cognitive impairment. Patients attend treatment groups and skill building programs on the unit and access programming in general population.
Vermont Department of Corrections	Mental Health Treatment Unit—30 beds for male patients	Designed as multi-purpose unit as an alternative to segregation for patients with serious mental illness or for patients with acute psychiatric needs in general population who would benefit from a smaller treatment focused unit.

Evidence-Based Practices and Best Practices

MHM will continue to use evidence-based practices and best practices in the delivery of Residential Treatment Units within the GDC. We have accrued significant expertise in providing and managing services that meet or exceed community standards and are based on evidence and/or established best practices.



Our practices include the following:

- Establishment of clear, behaviorally anchored, admission and discharge criteria to assist with treatment planning and resource utilization management
- Comprehensive mental health and medical evaluations at admission
- Multidisciplinary treatment planning with measurable, behaviorally anchored goals and regularly scheduled reviews and updates
- Provision of psychiatric care that is consistent with our Psychiatric Treatment Guidelines
- Implementation of a Treatment Levels system that incentivizes program participation and positive behavioral change through increasing levels of privileges and rewards
- Establishment of weekly schedules of therapeutic activities to ensure variation and predictability
- Use of structured psychoeducational groups that include pre- and post-tests, facilitator guides, and patient handouts
- Staffing with activity therapists/recreational therapists/psychiatric technicians to provide social and cognitive stimulation activities
- Design of treatment materials that are accessible to patients with a developmental disorder or cognitive challenges secondary to their mental illness
- Provision of in-cell programming and activities for patients whose safety level permits such programming but prohibits out-of-cell activities
- Use of structured clinical judgment to assess risk for violence or suicide when clinically indicated

- In collaboration with the Department, implementation of a system of alternative sanctions to support patient accountability without reducing access to care
- Provision of specialized training to correctional officers assigned to the treatment units
- Ongoing CQI monitoring and utilization management/utilization review, including tracking:
  - Use of therapeutic restraints and emergency medications
  - Admission, discharge, and occupancy rates
  - Lengths of stay
  - Lengths of time on specific treatment levels
  - Re-admissions following discharge to a less restrictive level of care

As described in our response to RFP, Attachment F, Item 15, *Statement of Work*, we have begun to implement use of the **Level 1 Cross Cutting Symptoms Measure – Adult (CCSM)**, available through the American Psychiatric Association's *Diagnostic and Statistical Manual – Version 5 (DSM-5)*, to measure mental health outcomes in our other contracts. We look forward to reviewing this tool with the GDC to determine if this would be a helpful mechanism for measuring patient outcomes in the ITFs in the new contract.

AMERICAN PSYCHIATRIC ASSOCIATION

Achievements in Managing Residential Mental Health Services

Our management of inpatient and residential mental health services has resulted in significant benefits for our clients. We highlight several of these in the itemized list below.

- In **Alabama,** the services and structure we provided within the female Residential Treatment Unit assisted the Alabama Department of Corrections in resolving a long-standing court order for improving women's mental health treatment. The Department was released from court monitoring in this litigation in 2009 as a result.
- In **Massachusetts,** we designed and implemented the two specialized, maximum security residential units for behaviorally disturbed patients with serious mental illness who received a long-term segregation sanction. The behavioral outcomes from these two units showed significant decreases in assaultive behavior, disciplinary infractions, and the need for higher-level mental health interventions, such as placement on suicide precautions or transfer to an inpatient psychiatric

setting. As a result, these units assisted the Department in settling the DLC litigation. The settlement agreement was closed by mutual stipulation, and the MADOC is no longer subject to outside monitoring in this case.

- In **Missouri**, we developed level systems within the Social Rehabilitation Units and Special Needs Unit programs to help structure treatment. We collaborated with security to develop alternative sanctions, including unit chores, apologies and writing assignments, as alternatives to segregation of other traditional disciplinary limitations. This allowed permitted patients to continue to attend programming despite having violated facility rules without being excused for their behavior.

  Through our utilization management program, we were able to reduce the number of Social Rehabilitation Unit beds by 25%. We collaborated with the Missouri Department of Corrections to create an additional program, the *Secure Social Rehabilitation Unit*, a 45-bed treatment unit for male patients, to address the needs of high security seriously mentally ill patients who require residential mental health services.

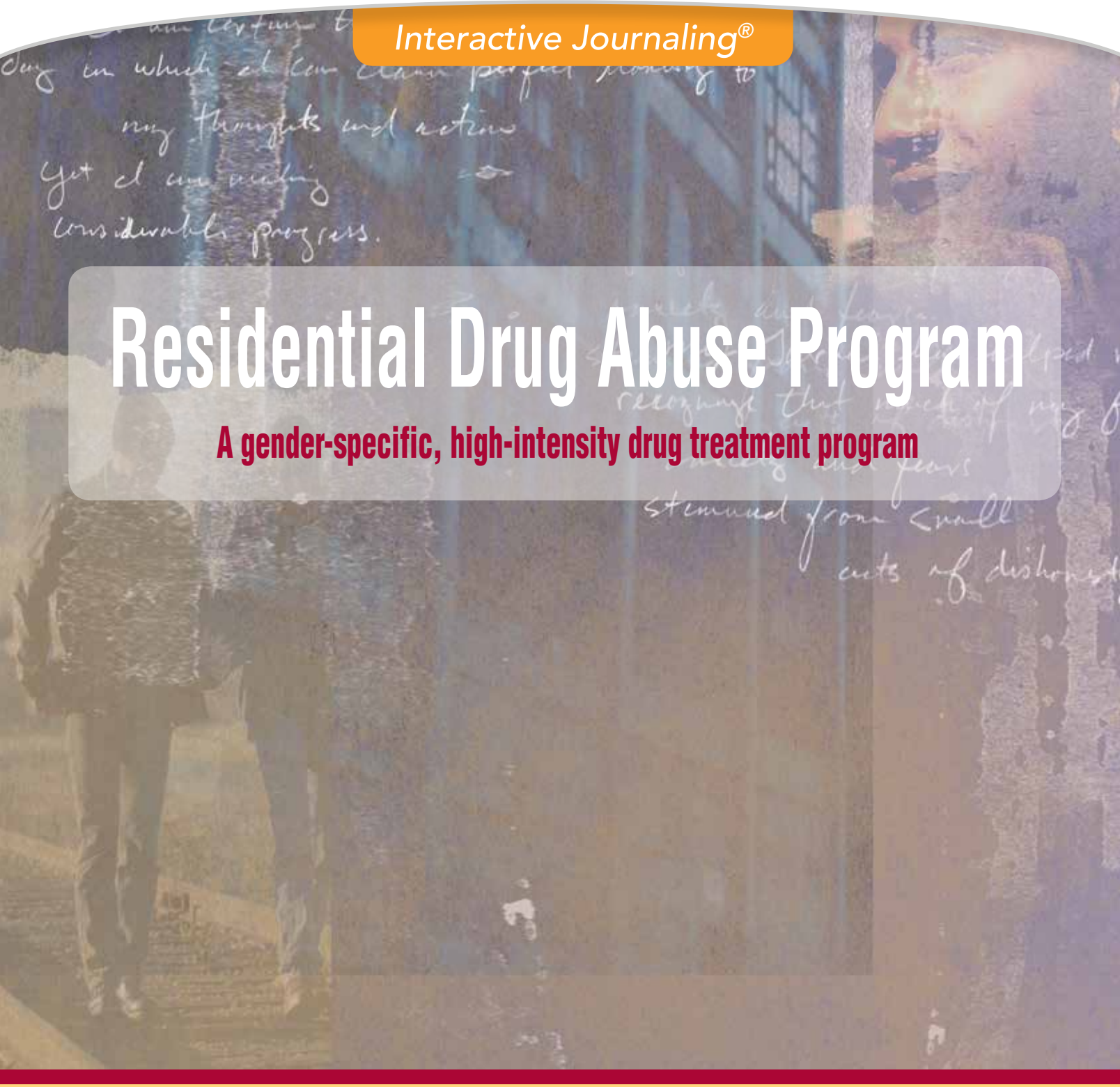
- In **New Mexico,** our implementation of a mental health unit for female patients with Borderline Personality Disorder resulted in a 33% reduction in the need for suicide precautions across the entire facility.

- In **Pennsylvania**, through our utilization management program, we were able to assist the Department in reducing the number of Mental Health Unit beds for men by 21% without any increase in adverse mental health outcomes. We have assisted the Department in opening and moving inpatient Mental Health Units in response to mission changes and facility closures. Our provision of the DAILE day program for women has resulted in decreased disciplinary infractions, decreased inpatient bed utilization and decreased recidivism following release in multiply challenged, difficult-to-treat female patients.

As mentioned in our response above, the RDAP brochure from *The Change Companies* website that provides additional information about the program and workbook material is provided on the following pages.

The Change Companies®

Interactive Journaling®



Residential Drug Abuse Program

A gender-specific, high-intensity drug treatment program

NREPP
Included in SAMHSA's National Registry of Evidence-based Programs and Practices

RDAP
Residential Drug Abuse Program

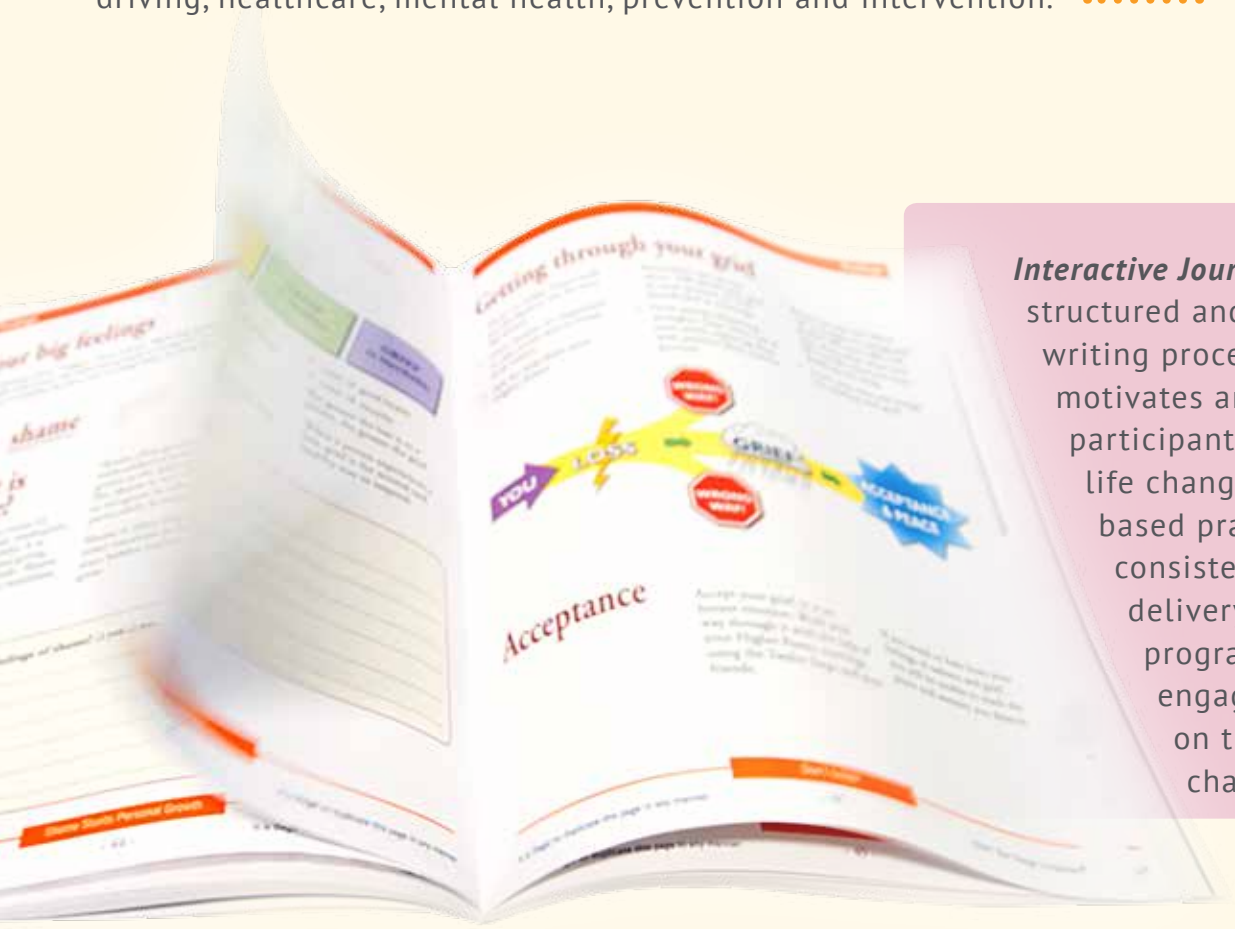
RESOURCES *to* SUPPORT PERSONAL CHANGE

Over 25 million people have used Interactive Journals to make positive changes in their lives.

The Change Companies® collaborates with hundreds of professionals and providers to create program content, implementation methods, training options and outcome measurements.

Interactive Journaling® curricula are used in many behavior change fields, including justice services, substance use treatment, impaired driving, healthcare, mental health, prevention and intervention.

INTERACTIVE JOURNALING®



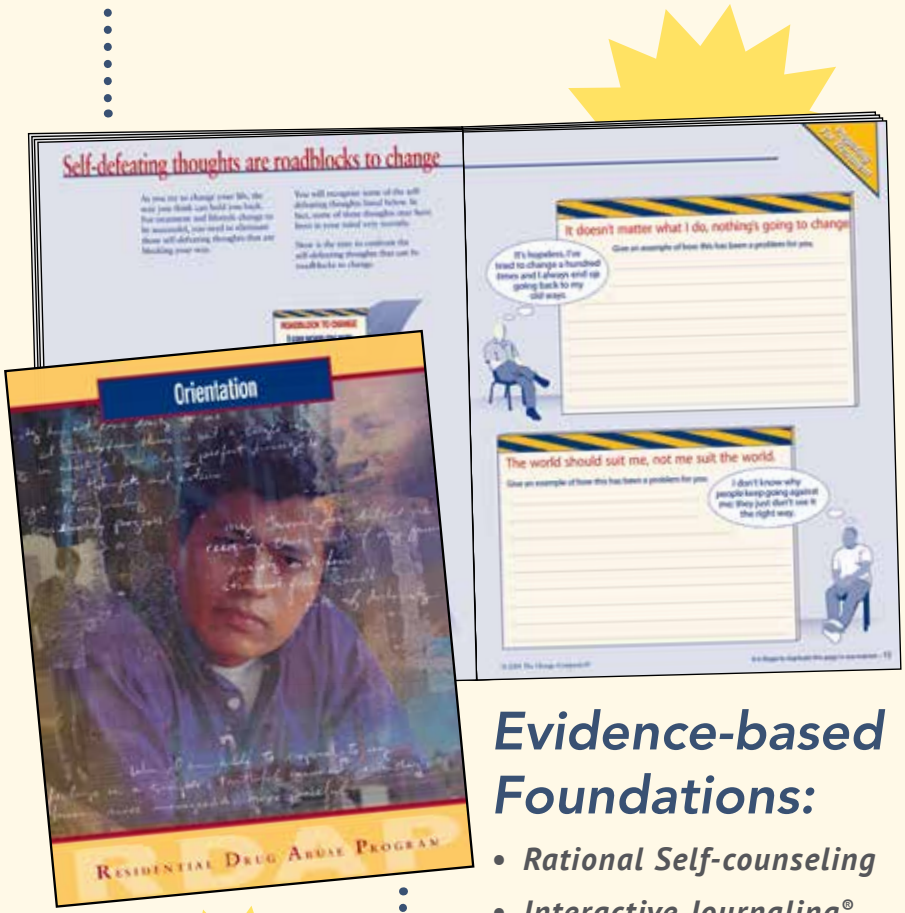
Interactive Journaling® is a structured and experiential writing process that motivates and guides participants toward positive life change. This evidence-based practice brings consistency to service delivery while keeping program participants engaged and focused on their personal change goals.

RESIDENTIAL *DRUG* ABUSE *PROGRAM*

In 1999, The Change Companies® was selected by the U.S. Department of Justice, Federal Bureau of Prisons to collaborate in the development of gender-specific drug use treatment programs.

Through ongoing collaboration, this initial series of Journals has been continually refined for implementation within the Residential Drug Abuse Program (RDAP). The use of ***Interactive Journaling***® is an integral component of both men's and women's programs, and is used in all Bureau of Prisons' institutions.

The Change Companies® has introduced many components of the Bureau of Prisons' Programs to state prisons, probation and parole offices, drug courts and jails. Currently, more than 600 sites are using various versions of this research-based program for both drug use and criminal thinking.



Series Benefits:

- Offers gender-specific Journals
- Brings organization and structure to each session and site
- Provides a complete Facilitator Guide and implementation DVD
- Creates a permanent record of personal change for clients
- Reinforces the application of program skills through the use of Check Pads
- Taps into the latest research in criminal justice and behavior change
- Provides flexibility – Journals may be purchased individually or as a complete set

Evidence-based Foundations:

- ***Rational Self-counseling***
- ***Interactive Journaling***®
- ***Social Learning Theory***
- ***Transtheoretical Model of Behavior Change***
- ***Cognitive-behavioral Theory***

THE SERIES



Orientation

Men's - Item #: RMO1 | 88 pages | $7.88

Women's - Item #: RWO1 | 88 pages | $7.88

Participants learn the expectations of the program and how to recognize barriers that block progress toward change. Participants explore positive attitudes for successful treatment and learn how to do an Attitude Check. The Journal concludes with a brief self-assessment and basic information about the damaging consequences of drug use.

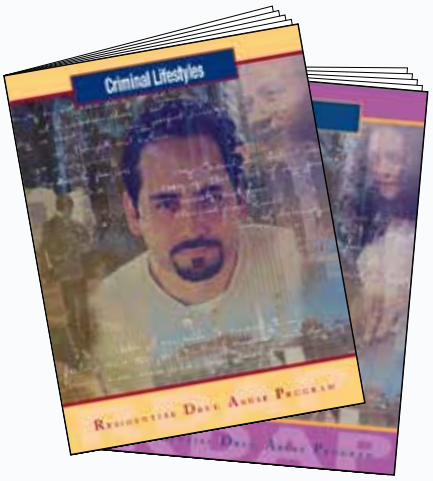
Rational Thinking

Men's - Item #: RMO2 | 64 pages | $5.78

Women's - Item #: RWO2 | 64 pages | $5.78

In this Journal, participants explore how inaccurate perceptions and irrational thoughts can lead to poor decisions and self-defeating behavior. They identify common thinking errors within daily self-talk and practice challenging this thinking by performing a Rational Self-analysis (RSA).



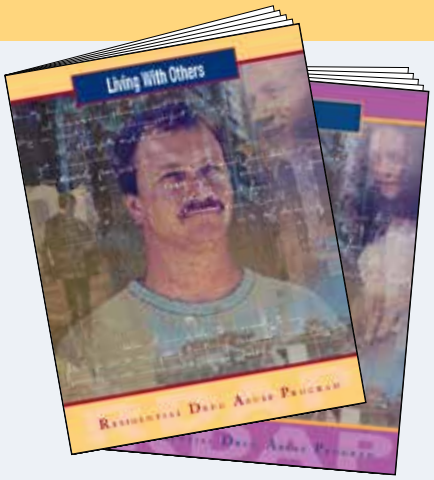


Criminal Lifestyles

Men's - Item #: RMO3 | 72 pages | $6.30

Women's - Item #: RWO3 | 72 pages | $6.30

Participants evaluate the costs and payoffs of their criminal lifestyles. Much of the Journal is devoted to identifying specific criminal thinking errors and applying the tool of Rational Self-analysis to challenge and change criminal thinking.



Living With Others

Men's - Item #: RMO4 | 60 pages | $5.25

Women's - Item #: RWO4 | 60 pages | $5.25

This Journal helps individuals explore the components of healthy and unhealthy relationships. They learn proven ways to communicate effectively with others, and develop skills for managing anger and addressing roadblocks to positive attitudes.

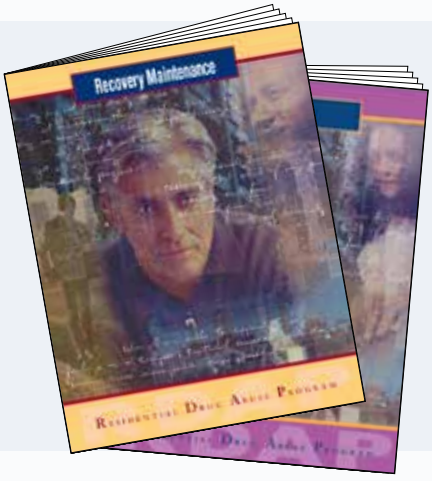
Lifestyle Balance

Men's - Item #: RMO5 | 32 pages | $2.88

Women's - Item #: RWO5 | 32 pages | $2.88

The *Lifestyle Balance* Journal assists individuals in evaluating whether or not their lives are in balance. Participants practice skills for making positive adjustments to different areas of their lives. Topic areas include physical health, healthy relationships, emotional health, job satisfaction and community involvement.





Recovery Maintenance

Men's - Item #: RMO6 | 52 pages | $4.83

Women's - Item #: RWO6 | 52 pages | $4.83

Recovery is an ongoing process that relies on rational thinking and prosocial behavior. In this Journal, participants learn exit strategies to help them return to recovery after experiencing a relapse. Targeted exercises also help participants develop a personalized Recovery Maintenance Plan.

Transition

Men's - Item #: RMO7 | 32 pages | $2.88

Women's - Item #: RWO7 | 32 pages | $2.88

This Journal helps participants evaluate whether their expectations about the future are realistic. Three key transition issues are addressed: working with authority figures, handling social pressure and re-entry and relationships.



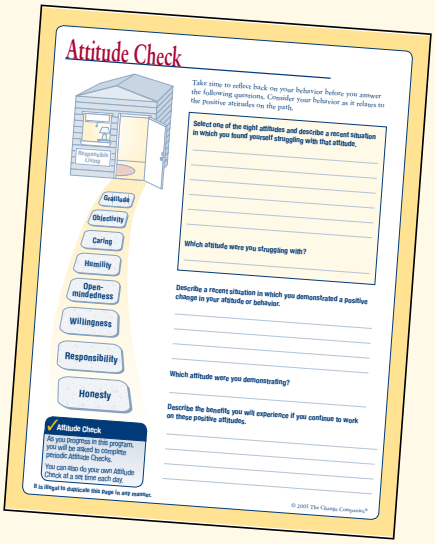
ADDITIONAL *resources*

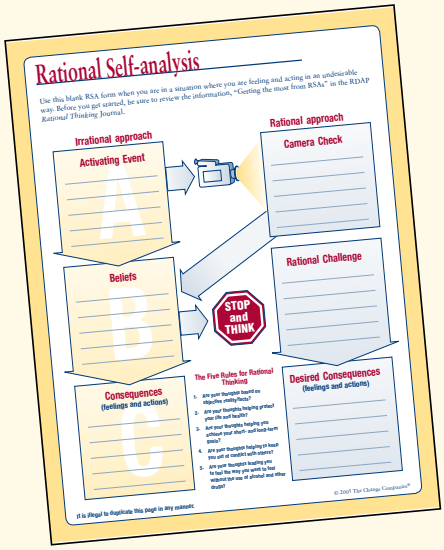
RDAP Attitude Check

Men's - Item #: RMOA | 50 sheets | $10.50

Women's - Item #: RWOA | 50 sheets | $10.50

The Attitude Check helps participants examine the attitudes they currently demonstrate in relation to the eight positive attitudes for successful treatment.





RDAP Rational Self-analysis (RSA)

Men's - Item #: RMOR | 50 sheets | $10.50

Women's - Item #: RWOR | 50 sheets | $10.50

The Rational Self-analysis (RSA) is a tool that assists participants in challenging their thinking. RSAs offer opportunities for individuals to check their thinking and make sure it's rational.

Facilitator Guide

Men's - Item #: RMOG | $190

Women's - Item #: RWOG | $190

Includes Training DVD: Keys to Implementation of RDAP

This Facilitator Guide is an implementation resource constructed with miniature versions of the Journal pages. Instructions, recommendations and appropriate strategies are wrapped around the borders of each page.



Facilitator Guide includes training DVD

Facilitator Guide Features:

- ***Effective resource for facilitators working with time constraints or limited preparation***
- ***Comes in a three-ring binder for easy storage***
- ***Excellent teaching tool for interns and new providers***
- ***Offers core activities and alternative facilitation strategies***
- ***Helps create consistency and fidelity across providers and programs***
- ***Highlights key journaling content and provides additional facilitator information***
- ***Each Journal section is individually spiral-bound, aiding in quick reference for facilitation***

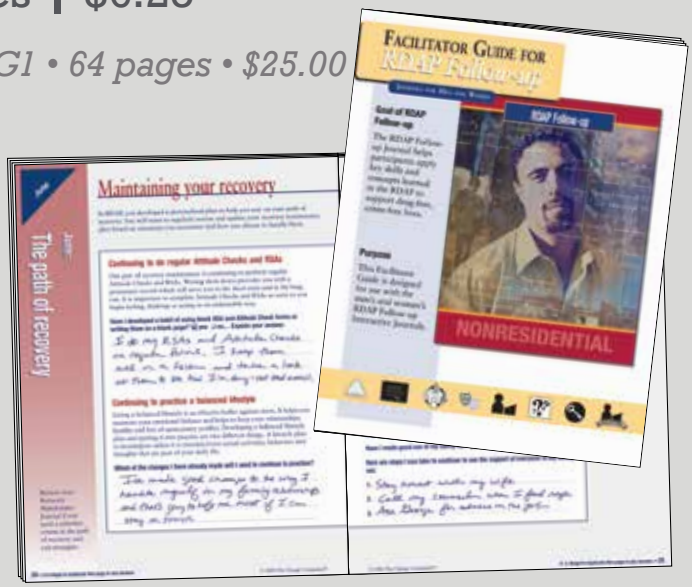
RDAP Follow-up Journal & Facilitator Guide

Men's - Item #: FU1 | 52 pages | $6.25

Women's - Item #: FUW1 | 52 pages | $6.25

Corresponding Facilitator Guide Item #: FUFG1 • 64 pages • $25.00

- ***Provides support for participants working to live drug-free, crime-free lives. Builds on concepts learned during the Residential Drug Abuse Program.***
- ***Reinforces key skills by having participants practice them during the follow-up phase.***
- ***Provides participants with a comprehensive review of all main content areas in the RDAP Journals.***
- ***Designed in 12 monthly sections and available in men's and women's versions.***



ORDER FORM

Men's Item #	Women's Item #	PARTICIPANT JOURNALS — Minimum quantity for Participant Journals is 25	QUANTITY	UNIT PRICE	TOTAL
RMO1	RWO1	Orientation		x $7.88	=
RMO2	RWO2	Rational Thinking		x $5.78	=
RMO3	RWO3	Criminal Lifestyles		x $6.30	=
RMO4	RWO4	Living With Others		x $5.25	=
RMO5	RWO5	Lifestyle Balance		x $2.88	=
RMO6	RWO6	Recovery Maintenance		x $4.83	=
RMO7	RWO7	Transition		x $2.88	=
RMOC	RWOC	RDAP Complete Set of Interactive Journals (set of 7 Journals)		x $35.86	=
Men's Item #	**Women's Item #**	**FACILITATOR GUIDES & ADDITIONAL RESOURCES**	**QUANTITY**	**UNIT PRICE**	**TOTAL**
RMOG	RWOG	RDAP Facilitator Guide (includes training DVD)		x $190.00	=
RMOA	RWOA	Attitude Check Pad (50 sheets per pad)		x $10.50	=
RMOR	RWOR	Rational Self-analysis (RSA) Check Pad (50 sheets per pad)		x $10.50	=
FU1	FUW1	RDAP Follow-up Journal		x $6.25	=
FUFG1	FUFG1	RDAP Follow-up Journal Facilitator Guide		x $25.00	=
				SUBTOTAL	
				DOMESTIC SHIPPING AND HANDLING 7.5% (MIN. $7.50)	
				TAX (CA, CO, IN, MO, NM, NV, TN, WA)	
				TOTAL	

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version 2.1

4. Approach to Staffing at Facilities

Provide an individual staffing plan for each facility. The staffing plan should demonstrate an understanding of the scope of work based on the institution's specific demographics. Include the staff to offender ratio. In a narrative, describe who with what qualifications will be responsible for each job by providing the minimum qualifications required to be met for each position. Describe the staffing model as it relates to proposed service delivery. Describe how the level of care to the offender is impacted when staffing falls below 95%. What is the minimum level of staffing, in terms of percentage, that the Supplier deem that its staffing to offender ratio is insufficient to operate effectively?

Describe any sub contractual or joint venture relationships that will be associated with the performance of the contract. Describe responsibilities proposed and the reporting structure. How will compliance with the contract be managed?

MHM agrees to comply with and meet the requirements of RFP Attachment F, Item 4, *Approach to Staffing at Facilities.*

Staffing Plan

MHM's staffing plan for the GDC is based on our longstanding experience working within the GDC facilities, our understanding of the offender population at each facility and their overall needs, and our expertise in successfully managing staffing levels at prisons and jails throughout the nation.

MHM recognizes the importance of sufficient and stable staffing for the complete delivery of required services. While the RFP requires us to provide a fixed staffing pattern, we pledge to continue to work in close collaboration with the Department under the new contract to make adjustments to staffing as needed, whether it be through changes in missions at prisons, population shifts, or the expected continued attrition of state positions. As detailed below, our staffing plan anticipates these developments and is intended to

MHM is committed to ensuring that our staffing levels do not fall under the 95% required by the GDC.

continue our collaboration with the Department in achieving optimal staffing solutions as the program continues to evolve.

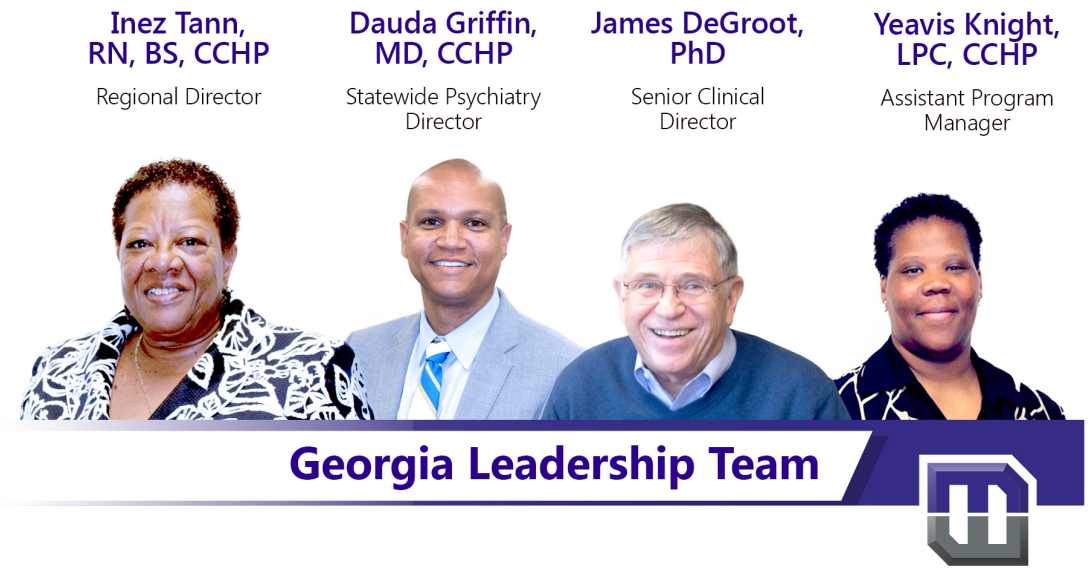
As we have done for as long as we have partnered with the Department, we will finalize our staffing plan in close collaboration with the GDC, acknowledging the importance of timely conversion of GDC staff to MHM employment as well as the significant role that maintaining appropriate staffing levels plays in managing patient mental health needs. **We are committed to ensuring that our staffing levels do not fall under the 95% required by the GDC.**

Since the inception of our contract with the GDC in 1997, MHM has successfully managed the staffing requirements for assigned mental health positions as well as for dental positions that were added later in the contract. We have worked closely with the Department over the years to improve the efficiency of staffing patterns. As an example, we worked with the Department to improve the efficiency of psychiatry coverage by introducing the use of mid-level providers (i.e., nurse practitioners) and right-sizing caseloads for individual clinicians that allowed us to reduce overall expenditures for psychiatry services without compromising the quality of services. At other times when offender census surged, we were able to maintain services without a commensurate increase in the number of staff.

MHM has been able to provide the required mental and dental health services without sacrificing access to or quality of care for GDC patients. Our success has been a result of our staff's commitment, the strength of our leadership team, and the use of innovative technologies such as telehealth to deliver telepsychiatry, telepsychology, and tele-mental health services.

MHM Leadership Team

The following individuals work closely with the GDC to manage the mental and dental services.



Inez Tann, RN, BS, CCHP - Regional Director

Ms. Tann has worked with MHM in our Georgia program since 2004. An experienced correctional manager, she brings more than 45 years of leadership in nursing, including over 30 years in correctional settings. Ms. Tann has been responsible for the GDC contract since her employment with MHM and, as a certified ACA auditor, assists with ensuring that MHM's service approach meets accreditation guidelines. She was recently appointed to the **ACA Board of Commissioners** in recognition of her expertise with correctional healthcare services and accreditation.

Yeavis Knight, LPC, CCHP - Assistant Program Manager

Ms. Yeavis Knight is an honor graduate of Georgia Southern University with a Master's Degree in Community Counseling. Shortly after graduating, she began her career with MHM in Corrections as a Licensed Professional Counselor at Georgia State Prison. In 2009, she became the Director of the Mental Health Department at that site. She was later promoted to her current position and assists in the administrative oversight of a 300-member team who provide mental health and dental services to thousands of patients within Georgia prisons. Ms. Knight is a P.O.S.T. Certified Guest Instructor for the GDC. She has worked in corrections for 12 years and has had a career in mental health for 19 years.

Dauda Griffin, MD, CCHP – Statewide Psychiatry Director

Dauda Griffin, MD is our Statewide Psychiatry Director. Dr. Griffin is board certified in general psychiatry as well as child and adolescent psychiatry by the American Board of

Psychiatry and Neurology. After earning a BA in Anthropology and MD degree from The George Washington University/The George Washington University School of Medicine, Dr. Griffin completed his psychiatry residency at Cambridge Health Alliance/Harvard Medical School. Dr. Griffin completed his child and adolescent psychiatry fellowship at Emory University School of Medicine. He currently lives and works in the Atlanta metro area and is on faculty at Emory University School of Medicine Department of Psychiatry and Morehouse School of Medicine Department of Psychiatry.

James DeGroot, PhD – Senior Clinical Director

Dr. DeGroot, PhD is currently the statewide Senior Clinical Director. He previously served as the statewide Mental Health Director for the GDC. Dr. DeGroot is a Licensed Clinical Psychologist in Georgia. He received his doctorate degree at Catholic University of America in Washington D.C and completed his post-doctoral program at Wright State University in Dayton, Ohio. His expertise includes adult, child and adolescent psychology. Dr. DeGroot has numerous national appointments and publications and resides in the Atlanta Area.

In the new contract, MHM has proposed adding two full-time regional Assistant Clinical Directors to assist Dr. DeGroot in managing our mental health program. The Assistant Clinical Directors will focus on high-risk, high-need areas of service delivery, including services to female patients and services to Level V patients. If approved by the GDC, we believe these positions will significantly enhance our ability to manage and enhance mental health services for the Department.

Facility-Specific Staffing Plans

MHM appreciates that the Department has instructed bidders to develop full and complete staffing plans to meet the requirements of the RFP. While the initial formulation of the RFP included specific offender-to-staff ratios, subsequent GDC answers to bidders' questions indicate that bidders can develop staffing plans based on alternative methodologies and considerations, rather than on specific ratios. We have done so.

While our proposed staffing solution represents a significant increase in positions over our current proposal, it does not increase psychiatry and psychology staffing to the extent that would have been required by the omnibus 1:200 ratios outlined in the RFP. Such increases would have doubled the number of psychiatric providers and psychologists required for the program and resulted in cost-prohibitive staffing. Rather than focusing on ratios, we have focused on the quality of services and the specific missions and needs of each facility to

determine our staffing. Unlike competitors, we are in a unique position to understand these missions and needs, and to tailor our staffing solution to the practical, day-to-day requirements at the facilities. We believe the Department and the GDC will be well-served by our proposed staffing solution and we are confident that our proposed staffing will meet or exceed the Department's expectations and national standards of care.

Facility-Based Mental Health Staffing

Because the RFP envisions the conversion of State-employed mental health staff to privatized positions and we have assumed that this will take place as a process over the course of the contract, we provide our proposed staffing in two stages: our *initial staffing solution*, which does not include current GDC positions, and a *mature staffing solution*, which includes the conversion of GDC-employed mental health positions.

Facility-Based Staffing at the Start of the Contract. MHM's proposed facility-based mental health staffing for the *start* of the contract includes staffing positions aggregated from four separate sources:

- Current MHM positions (235.25 mental health FTEs)
- Unit Manager, Psychologist, Counselor, and Clerk positions currently employed by Spectrum that we understand the Department is requiring for the ITFs (24.75 mental health FTEs)
- Counselor, Activity Therapist, and Clerk positions currently employed by Georgia Correctional HealthCare that we understand the Department is requiring to be consolidated under the mental health program (13.0 mental health FTEs)
- Positions that we are recommending based on RFP requirements and/or service delivery needs that we have identified through our current contract (43.59 mental health FTEs)

Our assumption is that the GDC will have modified its contracts with Spectrum and Georgia Correctional HealthCare to permit the staff positions required for the mental health contract to be consolidated into our staffing matrix.

At the start of the contract, we have also assumed that none of the mental health positions currently employed by the GDC will have transitioned to MHM employment. In the table that follows, we display our proposed facility-based mental health staff by position and facility. The table does *not* include the GDC staff positions that may convert to MHM over the course of the new contract. Consequently, the staff to offender ratios shown in the

second column reflect only the MHM portion of mental health staff available to provide services at the facilities.

Proposed Mental Health Staffing Plan – Start of Contract
(excluding GDC mental health positions)

Facility	Staff to Offender Ratio	Unit Managers	Activity Therapists	Counselors	Psychiatrists	Nurse Practitioners	Psychologists	Clerks	Medication Management Coordinators
Prisons									
Arrendale	20.5 : 855	1.0	2.0	10.25	2.5	-	2.75	2.0	1.0
ASMP	34.5 : 592	1.0	7.0	22.0	-	-	2.5	2.0	-
Autry	10.5: 472	1.0	-	4.0	1.0	0.5	1.0	2.0	1.0
Baldwin	13.5 : 538	1.0	-	7.0	1.5	1.0	2.0	-	1.0
Bleckley	3.4 : 127	-	-	2.0	0.2	-	0.2	-	1.0
Burris	1 : 33	-	-	-	0.25	-	0.25	-	0.5
Central	14 : 483	1.0	2.0	6.0	1.0	-	2.0	1.0	1.0
Claxton	.04/236	-	-	-	-	-	.04	-	-
Coastal	3.75 : 315	-	-	1.0	1.0	-	0.75	-	1.0
Emanuel W	1 : 204	-	-	-	0.5	-	0.5	-	-
Emanuel P	2.5 : 120	-	-	2.0	0.25	-	0.25	-	-
GDCP	23.5 : 334	2.0	1.0	13.0	1.75	1.25	3.5	-	1.0
GSP	19.25 : 599	1.0	3.0	9.0	1.5	0.75	2.0	1.0	1.0
Hays	19.75 : 752	1.0	2.0	11.0	0.75	1.0	2.0	1.0	1.0
Johnson	14.5 : 542	1.0	2.0	8.0	1.0	0.5	1.0	-	1.0
Metro/Helms	1.25 : 40	-	-	1.0	0.25	-	-	-	-
Metro re-entry	6.5 : 175	-	-	3.0	0.50	-	1.0	1.0	1.0
Phillips	21.75 : 325	1.0	4.0	11.0	1.5	-	2.25	2.0	-
Pulaski	14.5 : 544	1.0	1.0	6.0	2.0	-	1.50	2.0	1.0
Rogers	7.5 : 168	1.0	-	4.0	1.0	-	0.5	-	1.0
Rutledge	12.75 :224	-	1.0	8.0	0.75	-	1.0	1.0	1.0
Valdosta	35.5 :484	1.0	3.0	19.0	2.5	2.0	4.0	3.0	1.0
Whitworth	6.9 : 153	1.0	-	3.0	0.4	-	0.5	1.0	1.0

Proposed Mental Health Staffing Plan – Start of Contract (excluding GDC mental health positions)									
Facility	**Staff to Offender Ratio**	**Unit Managers**	**Activity Therapists**	**Counselors**	**Psychiatrists**	**Nurse Practitioners**	**Psychologists**	**Clerks**	**Medication Management Coordinators**
Integrated Treatment Facilities									
Appling	15.5 : 169	1.0	-	12.0	0.25	-	0.25	1.0	1.0
West Central	10.75 : 144	1.0	-	8.0	0.25	-	0.5	1.0	-
Non-Mental Health Facilities									
Macon	1 : 1762	-	-	1.0	-	-	-	-	-
Hancock	0 : 1454	-	-	-	-	-	-	-	-
Telfair	0 : 1200	-	-	-	-	-	-	-	-
Smith	0 : 1615	-	-	-	-	-	-	-	-
Ware	0 : 1618	-	-	-	-	-	-	-	-
Totals		**17.0**	**28.0**	**171.25**	**22.6**	**7.0**	**32.24**	**21.0**	**17.5**

Rationales for our proposed increases in facility-based mental health staffing are provided later in our response to this RFP item.

Facility-Based Staffing when Contract is Mature. While the preceding table for facility-based staffing represents our starting point for the new contract, we understand from GDC answers to bidders' questions that the Department requires a full staffing plan inclusive of all positions, including those positions currently employed by the State. Our understanding is that there are currently 93.0 FTE GDC mental health staff located in the facilities, including Unit Managers, Counselors, Activity Therapists, and Clerks.

We have assumed that these staff will convert to contractual positions through attrition over time. If the Department desires a different approach to converting the positions, we commit to flexibility and collaboration in achieving the GDC's goals. During the negotiation process we hope to clarify the Department's expectations for transitioning these staff to MHM.

When all 93.0 FTEs currently employed by the State are converted to contractual positions and added into our staffing matrix, the result is shown in the following table. This table represents MHM's facility-based staffing under a fully mature contract and includes consolidated staff to offender ratios. Based on GDC answers to questions, it is our understanding that this staffing solution reflects the Department's ultimate goals for the procurement. The dental staff to offender ratios shown in the second column represent the full complement of mental health staff available to provide dental services to the offender population, regardless of the stage at which GDC mental health positions have been converted to MHM.

Proposed Mental Health Staffing Plan – Mature Contract
(including GDC mental health positions)

Facility	Staff to Offender Ratio	Unit Managers	Activity Therapists	Counselors	Psychiatrists	Nurse Practitioners	Psychologists	Clerks	Medication Management Coordinators
Prisons									
Arrendale	29.5 : 855	1.0	2.0	19.25	2.5	-	2.75	2.0	1.0
ASMP	44.5 : 592	1.0	8.0	30.0	-	-	2.5	3.0	-
Autry	13.5 : 472	1.0	1.0	6.0	1.0	0.5	1.0	2.0	1.0
Baldwin	24.5 : 538	1.0	3.0	12.0	1.5	1.0	2.0	3.0	1.0
Bleckley	3.4 : 127	-	-	2.0	0.2	-	0.2	-	1.0
Burris	4 : 33	-	1.0	2.0	0.25	-	0.25	-	0.5
Central	19 : 483	1.0	2.0	10.0	1.0	-	2.0	2.0	1.0
Claxton	.04/236		-	-	-	-	.04	-	-
Coastal	9.75 : 315	1.0	1.0	4.0	1.0	-	0.75	1.0	1.0
Emanuel W	4 : 204	-	-	3.0	0.5	-	0.5	-	-
Emanuel P	2.5 : 120	-	-	2.0	0.25	-	0.25	-	-
GDCP	32.5 : 334	2.0	2.0	19.0	1.75	1.25	3.5	2.0	1.0
GSP	25.25 : 599	1.0	3.0	13.0	1.5	0.75	2.0	3.0	1.0
Hays	21.75 : 752	1.0	2.0	12.0	0.75	1.0	2.0	2.0	1.0
Johnson	17.5 : 542	1.0	2.0	10.0	1.0	0.5	1.0	1.0	1.0
Metro/Helms	1.25 : 40	-	-	1.0	0.25	-	-	-	-

Proposed Mental Health Staffing Plan – Mature Contract (including GDC mental health positions)									
Facility	**Staff to Offender Ratio**	**Unit Managers**	**Activity Therapists**	**Counselors**	**Psychiatrists**	**Nurse Practitioners**	**Psychologists**	**Clerks**	**Medication Management Coordinators**
Metro re-entry	6.5 : 175	-	-	3.0	0.50	-	1.0	1.0	1.0
Phillips	25.75 : 325	1.0	4.0	15.0	1.5	-	2.25	2.0	-
Pulaski	20.5 : 544	1.0	1.0	12.0	2.0	-	1.50	2.0	1.0
Rogers	8.5 : 168	1.0	-	4.0	1.0	-	0.5	1.0	1.0
Rutledge	16.75 :224	1.0	2.0	10.0	0.75	-	1.0	1.0	1.0
Valdosta	39.5 :484	1.0	4.0	22.0	2.5	2.0	4.0	3.0	1.0
Whitworth	6.9 : 153	1.0	-	3.0	0.4	-	0.5	1.0	1.0
Integrated Treatment Facilities									
Appling	15.5 : 169	1.0	-	12.0	0.25	-	0.25	1.0	1.0
West Central	10.75 : 144	1.0	-	8.0	0.25	-	0.5	1.0	-
Non-Mental Health Facilities									
Macon	1 : 1762	-	-	1.0	-	-	-	-	-
Hancock	1 : 1454	-	-	1.0	-	-	-	-	-
Telfair	1 : 1200	-	-	1.0	-	-	-	-	-
Smith	1 : 1615	-	-	1.0	-	-	-	-	-
Ware	1 : 1618	-	-	1.0	-	-	-	-	-
Totals		**19.0**	**38.0**	**239.25**	**22.6**	**7.0**	**32.24**	**34.0**	**17.5**

Regional Office Staffing

In addition to our facility-based mental health staff, MHM proposes the following positions to support service delivery through our administrative regional office:

Regional Office Staff	
Position	**FTEs**
Program Manager	1.0
Assistant Program Manager	1.0
Psychiatric Director	1.0
Senior Clinical Director	1.0
Assistant Clinical Directors	2.0
Special Projects	1.0
CQI Coordinator	1.0
CSU Coordinator	1.0
Staff Development	1.0
Office Manager	1.0
Administrative Coordinator	1.0
Administrative Assistant	1.0
Payroll Manager	1.0
Program Consultant	1.0
Receptionist	1.0
Telepsychiatry Coordinator	1.0
Telepsychiatry/IT Specialist	1.0
Telepsychiatry Assistant	1.0
Telepsychiatrists	3.0
Telepsychologist	1.0
Total Positions	**23.0**

Staff Qualifications

MHM selects candidates who can demonstrate the expertise, educational background, and knowledge required to perform their job responsibilities in an exemplary manner. To do so, we have developed detailed job descriptions that are utilized by our recruiting staff to recruit and hire staff. Job descriptions for the administrative and clinical positions below are submitted at the end of this section. Summary qualifications and job responsibilities are submitted in the table that begins on the following page.

Georgia

Mental and Dental Health Services

eRFP (Event) Number: ES-RFP-46700-415

Attachment F - Mandatory Scored Questions Mental Health Services

Staff Qualifications and Responsibilities		
Position	Qualifications	Job Responsibilities
Program Manager	▪ Bachelor's degree or higher in healthcare or behavioral health, nursing, business administration or related field ▪ Prior experience as a healthcare administrator or supervisor in a MH program ▪ Strong written and verbal communication skills ▪ Ability to pass background investigation and obtain necessary security clearance ▪ Active CPR certification ▪ Current tuberculosis screening	▪ Oversee all activities related to the GDC contract ▪ Ensure contract compliance ▪ Maintain active communication and partnership with the GDC
Assistant Program Manager	▪ Bachelor's degree or higher in healthcare or behavioral health, nursing, business administration or related field ▪ Prior experience as a Health Care Administrator, Psychologist, Licensed Clinical Social Worker (LCSW), or Registered Nurse preferred ▪ Strong written and verbal communication skills ▪ Ability to pass background investigation and obtain necessary security clearance ▪ Active CPR certification ▪ Current tuberculosis screening ▪ One (1) year management experience in a comprehensive mental health program	▪ Provide technical and administrative oversight to staff, addressing and resolving problems or conflicts ▪ Hire, orient, counsel, supervise, train, review, and evaluate the work of staff and a multidisciplinary team ▪ Develop and implement contract-specific policies and procedures, including treatment and administrative procedures and outcomes ▪ Update executive management on overall program's progress and/or needs in staffing, performance, CQI, legal compliance and budget/fiscal management ▪ Serve as MHM liaison to client in collaboration with the Program Manager/Regional Vice President and respond to any inquiries and concerns ▪ Support Continuous Quality Improvement (CQI) program and performance audits ▪ Manage offender grievances ▪ Ensure compliance with all facility and MHM policies, and Federal and State laws, regulations, and guidelines including HIPAA

Staff Qualifications and Responsibilities		
Position	Qualifications	Job Responsibilities
		▪ Ensure that care to offenders is delivered by MHM staff in a nonjudgmental/nondiscriminatory manner
Psychiatric Director	▪ MD or DO and completion of accredited residency program in psychiatry required ▪ Current license to practice medicine in Georgia ▪ Board certification or board eligible for certification in psychiatry ▪ Active Drug Enforcement Agency (DEA) registration certificate ▪ Current tuberculosis screening documentation and active CPR certification ▪ Able to pass background investigation and obtain agency security clearance where applicable ▪ Minimum of two years of experience practicing as psychiatrist in a clinical setting required ▪ Experience in supervision of staff preferred Experience in correctional mental health/psychiatric care preferred	▪ Provides interface with client's clinical and administrative leadership on issues related to psychiatric services ▪ Directs, coordinates, and evaluates psychiatric treatments in collaboration with the mental health multidisciplinary team ▪ Provides clinical direction and leadership to psychiatrists, nurse practitioners, and other mental health staff ▪ Ensures patient care is appropriate, accurate, and received in a timely manner and in compliance with NCCHC and other relevant standards of care ▪ Monitors psychotropic medication utilization within the contract and oversees the involuntary medication review process ▪ Establishes and ensures the operational availability to provide 24 hour on-call access to psychiatric consultation ▪ Participates in the development, implementation and monitoring of mental health policies, procedures and protocols ▪ Participates in CQI activities ▪ Conducts mortality reviews ▪ Oversees peer review process for psychiatrists and nurse practitioners ▪ Recruits and assists in hiring psychiatric staff ▪ Oversees in-service training on mental health related topics ▪ Leads meetings and conference calls with psychiatric staff no less than quarterly and attends staff meetings as ▪ required

Staff Qualifications and Responsibilities		
Position	Qualifications	Job Responsibilities
		▪ Participates in the Pharmacy and Therapeutics Committee
Senior Clinical Director	▪ PhD, PsyD, or EdD in Psychology or related field from an accredited institution required; PhD preferred ▪ Active professional license to practice in Georgia ▪ Current tuberculosis documentation and active CPR certification ▪ Able pass background investigation and obtain agency security clearance where applicable ▪ Minimum of two years of supervisory experience preferred ▪ Five years mental health experience in a correctional and/or mental health services environment preferred	▪ Direct, coordinate, and evaluate psychological treatments in collaboration with the facility Clinical Directors ▪ Assist with the development, implementation, coordination, promotion, and evaluation of clinical services ▪ Ensure that mental health services are delivered in compliance with correctional mental health standards and GDC SOPs ▪ Supervise non-psychiatric clinical staff ▪ Ensure that non-psychiatric clinical staff are providing services within their scope of practice which is defined in their approved clinical privileging request form ▪ Identify and develop clinical resources for use by staff ▪ Collaborate with Statewide Psychiatry Director in facilitating the integration of psychiatric services into overall mental health program ▪ Assist with recruitment/hiring of mental health staff and new hire orientation, focusing on Clinical Directors (Psychologists) and Staff Psychologists ▪ Monitor, assess, and coach staff on clinically-related procedures (different types of assessment and treatment), recommending training or education as needed ▪ Provide onsite and on-call services ▪ Participate in CQI activities ▪ Conduct Psychological Autopsies and Critical Incident Reviews ▪ Oversee the Peer Review process for psychologists

Staff Qualifications and Responsibilities		
Position	Qualifications	Job Responsibilities
		▪ Ensure compliance with all facility and company policies, Federal and State laws, regulations, and guidelines including HIPAA
Assistant Clinical Directors	▪ Masters level degree in Psychology, Social Work, Counseling, or related field. PhD or PsyD preferred ▪ Active professional license to practice in Georgia ▪ Maintain current tuberculosis documentation and active CPR certification ▪ Able to pass background investigation and obtain agency security clearance where applicable ▪ Minimum of two years of supervisory experience preferred ▪ Three years mental health experience in a correctional and/or mental health services environment preferred	▪ Assist the Clinical Director directing, coordinating, and evaluating psychological treatments in collaboration with the Mental Health Unit Managers. ▪ Assist the Clinical Director with the development, implementation, coordination, promotion, and evaluation of clinical services ▪ Assist the Clinical Director by ensuring that mental health services are delivered in compliance with correctional mental health standards and GDOC's SOPs. ▪ Supervise Mental Health Unit Managers ▪ Ensure that Mental Health Counselors are providing services within their scope of practice and under necessary clinical supervision, when applicable ▪ Identify and develop both administrative and clinical resources for use by the Mental Health Unit Managers and Mental Healthcare Providers. ▪ Collaborate with both Medical's Regional Managers and Security's Field Operation Managers, facilitating a holistic-integrative approach in the overall delivery of Mental Health Care ▪ Assist with recruitment/hiring of Mental Health Unit Managers and new hire orientation ▪ Monitor, assess, and coach Mental Health Unit Managers on managerial and clinically-related procedures, recommending training or education as needed

Staff Qualifications and Responsibilities		
Position	Qualifications	Job Responsibilities
		▪ Provide onsite and on-call services as needed. ▪ Participate in their assigned facility's CQI activities ▪ Participate in annual comprehensive audits. ▪ Ensure compliance with all facility and company policies, Federal and State laws, regulations, and guidelines including HIPAA
Psychiatrists	▪ MD or DO and completion of accredited residency in psychiatry program required ▪ Current license to practice medicine in Georgia ▪ Board certification or board eligible for certification in psychiatry if required by assigned contract ▪ Maintain an active Drug Enforcement Agency (DEA) registration certificate ▪ Current tuberculosis screening documentation and active CPR certification ▪ Able to pass background investigation and obtain agency security clearance where applicable ▪ Minimum of two years of experience practicing as psychiatrist in a clinical setting preferred ▪ Experience in correctional mental health care preferred	▪ Provide clinical leadership and guidance to multidisciplinary treatment team in the development, implementation, evaluation and revision of individual treatment plans with goal of promoting continuity of care ▪ Diagnose psychiatric disorders based on presentation of symptoms and patient self-report ▪ Perform psychiatric assessment and follow-up ▪ Order and prescribe psychotropic and related medications ▪ Order and interpret diagnostic and laboratory findings as clinically required ▪ Provide legible medical record documentation and prepare reports of psychiatric services for all patient encounters ▪ Prepare required reports and complete required paperwork in the expected timeframe ▪ Refer patients to medical staff when potential for medical disorder is identified ▪ Respond to patient grievances as requested in a timely manner ▪ Participate in meetings and conference calls for psychiatric staff as scheduled ▪ Accept on-call responsibilities as scheduled ▪ Participate in CQI activities

Staff Qualifications and Responsibilities		
Position	Qualifications	Job Responsibilities
		▪ Ensure compliance with all facility and company policies, Federal and State laws, regulations, and guidelines including HIPAA
Psychologists	▪ PhD, PsyD, or EdD in Psychology from an accredited institution required; PhD or PsyD in Clinical Psychology preferred ▪ Active professional license to practice in Georgia ▪ Able to pass background investigation and obtain agency security clearance where applicable ▪ Two years' experience providing comprehensive psychological services preferred ▪ Experience in a forensic or correctional environment preferred	▪ Direct, coordinate, and evaluate psychological-related activities and treatments in collaboration with the mental health multidisciplinary team ▪ Provide evaluations for clinical purposes, to include assessment of risk, diagnoses, and treatment needs ▪ Utilize evidence-based treatment methods to include psychoeducational groups, psychotherapy, and behavior management in treating patients ▪ Provide crisis interventions as required ▪ Oversee development and implementation of behavior management plans for identified patients ▪ Provide documentation and prepare reports of patient care and all patient encounters in the patient's record ▪ Monitor, assess, and coach staff on clinical psychological related procedures ▪ Conduct/oversee in-service training on mental health related topics ▪ Provide clinical supervisory oversight for non-psychiatric mental health staff as requested ▪ Provide on-call services as assigned ▪ Participate in CQI activities ▪ Ensure compliance with all agency and company policies, Federal and State laws, regulations, and guidelines including HIPAA

Mental and Dental Health Services

eRFP (Event) Number: ES-RFP-46700-415

Attachment F - Mandatory Scored Questions Mental Health Services

Staff Qualifications and Responsibilities		
Position	Qualifications	Job Responsibilities
MH Unit Managers	▪ Masters level degree in Psychology, Social Work, Counseling, or related field. PhD or PsyD preferred ▪ Active professional license to practice in Georgia ▪ Maintain current tuberculosis documentation and active CPR certification ▪ Able to pass background investigation and obtain agency security clearance where applicable ▪ Minimum of two years supervisory experience preferred ▪ Three years mental health experience in a correctional and/or mental health services environment preferred	▪ Oversee and manager the operations of the MH unit ▪ Maintain open lines of communication with all staff ▪ Maintain a high-performing and empowering working environment ▪ Manager all program assignments, staff productivity, and service delivery ▪ Support and participate in all CQI activities ▪ Supervise MH staff and conduct all associated administrative supervisory responsibilities ▪ Ensure delivery of appropriate training to all MH staff and maintain documentation of such training ▪ Collect data and assist with data analysis and reporting ▪ Participate in all needed meetings ▪ Oversee quality improvement program, self-audits, and address any program deficiencies
MH Counselors	▪ Masters level degree in Psychology, Social Work, Counseling, or related field ▪ Active professional license to practice in Georgia ▪ Current tuberculosis documentation and active CPR certification ▪ Able to pass background investigation and obtain agency security clearance where applicable ▪ Minimum of two years' experience with direct care for individuals with mental illness preferred	▪ Review offender records and conduct psychological screening and attesting ▪ Develop individualized treatment plans ▪ Conduct individual and group counseling to address patient needs ▪ Provide evidence-based treatment interventions to address patient needs ▪ Assist facility staff in de-escalating behavioral health issues or address self-injurious behaviors ▪ Provide case management services ▪ Serve as duty officer or back-up to the MH Unit Managers, as needed

Staff Qualifications and Responsibilities		
Position	Qualifications	Job Responsibilities
		▪ Participate in HIPAA, in-service trainings, case consultations, and Ethics and Suicide Awareness Trainings ▪ Provide training and education to patients on MH issues and their impact on wellness ▪ Maintain ethical, high quality, and customer-focused service delivery ▪ Actively participate as a member of the MH team
Medication Clinic Coordinators	▪ Any combination of training and experience which would have enabled the applicant to acquire the necessary knowledge, skills and abilities.	▪ Ensure that clinic is prepared and ready for use ▪ Complete medication clinic forms ▪ Schedule patients for the medication clinic and coordinate with facility staff for offender transport ▪ Maintain records for reference manual and other required documentation ▪ Coordinate and assist with triaging clinic visits (including obtaining needed labs, documentation, etc.) ▪ Assist in conducting medication clinic productivity and effectiveness studies
Activity Therapists	▪ Bachelor's degree in Social Sciences, Therapeutic Recreation, or related field from accredited institution or two (2) years' experience in providing activities programming for persons who have a serious mental illness required ▪ Current tuberculosis documentation and active CPR certification ▪ Able to pass a background investigation and obtain agency security clearance where applicable	▪ Meet with and conduct activity therapy assessments ▪ Ensure the availability of all needed equipment and supplies ▪ Conduct all required activity therapies based on patient need and evidence-based practice ▪ Actively participate in treatment team meetings, trainings, and other related meetings ▪ Participate in CQI activities ▪ Participate in trainings and in-services ▪ Maintain full documentation of activity therapies (assessments within 30 days of arrival for Level III and IV offender on the MH caseload)

Staff Qualifications and Responsibilities		
Position	Qualifications	Job Responsibilities
	▪ Training, experience or certification as a nurse's aide, medical technician, EMT, or activities technician preferred ▪ Experience working in a correctional mental health setting preferred	▪ Participate in supervisory meetings with psychologist ▪ Provide clinical services as appropriate and required
Clerical Support	▪ High school diploma or equivalent required ▪ Current tuberculosis documentation and active CPR certification ▪ Able to pass a background investigation and obtain agency security clearance where applicable ▪ Minimum of one (1) year of secretarial or office experience required ▪ Effective communication and organizational skills, professional phone etiquette, and accurate typing skills ▪ Demonstrated computer proficiency in Microsoft Office required. Prefer working knowledge of spreadsheets and data base programs	▪ Maintain files and all record keeping ▪ Prepare and distribute documents as instructed and required ▪ Complete data entry accurately and on time ▪ Maintain calendars, schedules, meetings, appointments, and conferences ▪ Participate in educational and in-service training opportunities

Staffing Model

Psychology and psychiatric services will be provided under the direction of Dr. James DeGroot, the Senior Clinical Director, and Dr. Dauda Griffin, the Statewide Psychiatry Director, respectively. They will be responsible for ensuring that all services are delivered based on evidence-based practices, on time, and using GDC-authorized MHM *Psychiatric Treatment Guidelines* and *Mental Health Clinical Guidelines.*

Dr. DeGroot and Dr. Griffin will report to the Program Director on all aspects of our program, including the delivery of services, audits, employee concerns, and peer reviews. Dr. DeGroot and Dr. Griffin will also work closely with their GDC counterparts on programmatic and clinical issues, as well as with MHM corporate offices to address any equipment, training, and other issues. They will attend applicable staff meetings, participate in CQI activities, and other related meetings. In addition, they will work closely with the recruiters to assure that any vacancies are reported promptly, and applicants interviewed timely. Additional supervisory support will be provided through our two proposed Assistance Clinical Directors.

Impact to Offenders When Staffing Falls Under 95%

Shortage in staff levels is one of the challenges faced by many correction systems in the country. A recent study conducted by the **Pew Charitable Trusts**[1] found that escalating prison healthcare costs were related to: spending distributions, staffing, patient characteristics, and care quality. In our experience, we have found that staff shortages can limit offender access to care, increase the use of offsite services, and contribute to an increase in overall costs related to transportation and security.

Realizing these issues, MHM has made a concerted effort to maintain staffing levels at levels that ensure we are able to provide the services required by GDC. We acknowledge that this goal has been challenging to meet on occasion, as the increase in the number of offenders has not always resulted in a similar increase in funding for staff. This has been complicated by the time it takes to convert vacant GDC positions to MHM positions.

[1] Prison Healthcare Spending Varies Dramatically by State. Found at http://www.pewtrusts.org/en/research-and-analysis/analysis/2017/12/15/prison-health-care-spending-varies-dramatically-by-state

As a result, at a number of locations MHM has had to provide the required services using fewer than desired staff. We have always placed access to and quality of care first and have had to require staff to decrease the number of ancillary and support services they provide, assume an increased caseload, and offer additional back-up and coverage to meet offender needs. In these instances, we are proud that we have been able provide incarcerated patients with necessary mental health services in a timely manner in the face of challenging circumstances.

Minimum Staffing Level

MHM's goal is to provide adequate staffing within each facility to ensure that incarcerated patients receive necessary mental health services in a timely manner. In the new contract, we believe our proposed staffing plan presented above will be adequate to meet this goal. In the table that follows, we provide an itemization of the increases in facility-based staffing and the rationale for those increases. These increases have already been incorporated into our facility-specific staffing table earlier in this section.

We recognize that the RFP, as originally released, set forth strict offender-to-staff ratios that are not in place today under the current contract and would have significantly caused a sudden increase in positions, likely beyond the Department's budgeted intentions. For example, applying the ratios given in the RFP would have the impact of doubling the number of psychiatrists and other positions over what are currently allocated, increasing costs by millions of dollars.

Consistent with the Department's guidance in its responses to bidders' questions, we have elected not to blindly apply strict offender-to-staff ratios in developing our proposed staffing plan. Instead, we used our depth of familiarity with the GDC system, our experience under the current contract, and other understanding of present and pending needs in the program to develop a more realistic and practical staffing pattern more likely to be in line with the objectives of the GDC. Our experience confirms that mechanical application of fixed staff-to-patient ratios for each facility is not an optimal staffing strategy.

Our proposed staffing plan takes into account the unique nuances of each facility and does reflect increases in positions over the current contract staffing levels. In many cases, we elected to limit our increases in staff positions because we are confident the additions will be adequate to meet GDC population needs. We appreciate that the Department's answers permit us to offer a more nuanced, balanced, and precise staffing strategy that is tailored to the specific needs of each facility.

Summary of Proposed Staff Increases

(including conversion of GDC, Spectrum, and GCHC positions to MHM)

Facility	Proposed Additional Staff	Rationale for Increased Staff Positions
Mental Health Facilities		
ASMP	▪ Converted 8.0 FTE Counselors ▪ Added 1.0 FTE Counselor ▪ Converted 1.0 Activity Therapist ▪ Added 2.0 FTE Clerks ▪ Converted 1.0 FTE Clerk	▪ Additional positions required by RFP and high volume of service delivery
Arrendale	▪ Added 0.25 Psychologist ▪ Converted 9.0 FTE Counselors ▪ Added 1.0 Activity Therapist ▪ Added 1.0 FTE Medication Clinical Coordinator	▪ Converted required positions ▪ Additional psychology hours and Activity Therapist position required by RFP
Autry	▪ Added 0.5 Psychiatric NP ▪ Added 0.25 Psychologist ▪ Converted 2.0 FTE Counselors ▪ Converted 1.0 Activity Therapist ▪ Converted 2.0 FTE Clerks	▪ Converted required positions ▪ Additional psychiatric and psychology hours required by RFP
Baldwin	▪ Added 1.0 FTE Psychiatric NP ▪ Added 0.5 FTE Psychologist ▪ Converted 6.0 FTE Counselors ▪ Converted 3.0 FTE Activity Therapists ▪ Converted 3.0 FTE Clerks ▪ Added 1.0 FTE Medication Clinical Coordinator	▪ Converted required positions ▪ Additional psychiatric and psychology hours required by RFP
Bleckley	▪ Added 1.0 FTE Medication Clinic Coordinator	▪ Additional position required by RFP
Burris	▪ Converted 2.0 FTE Counselor ▪ Convertd 1.0 FTE Activity Therapist ▪ Added 0.5 FTE Medication Clinic Coordinator	▪ Converted required positions ▪ Medication Clinic Coordinator required by RFP
Central	▪ Added 1.0 FTE Psychologist ▪ Converted 4.0 FTE Counselors ▪ Converted 1.0 FTE Clerk ▪ Added 1.0 FTE Medication Clinic Coordinator	▪ Converted required positions ▪ Additional Psychology and Medication Clinic Coordinator positions required by RFP

Facility	Proposed Additional Staff	Rationale for Increased Staff Positions
Coastal	▪ Converted 1.0 Unit Manager ▪ Added 0.25 Psychologist ▪ Converted 3.0 FTE Counselors ▪ Converted 1.0 FTE Activity Therapist ▪ Converted 1.0 FTE Clerk ▪ Added 1.0 Medication Clinic Coordinator	▪ Converted required positions ▪ Additional psychology hours required by RFP
Emanuel PDC	▪ Increased 0.06 Psychologist to 0.25	▪ Additional psychology hours required by RFP
Emanuel Women's	▪ Added 0.25 Psychologist ▪ Converted 3.0 FTE Counselors	▪ Converted required positions ▪ Additional psychology hours required by RFP
GDCP	▪ Added 1.0 FTE Unit Manager ▪ Added 0.05 FTE Psychologist ▪ Converted 7.0 FTE Counselors ▪ Converted 1.0 Activity Therapist ▪ Converted 2.0 FTE Clerks	▪ Converted required positions ▪ Unit Manager for additional oversight into many missions, SMU, SMHTU, CSU, SLU, death row ▪ Additional psychology hours required by service delivery needs
GSP	▪ Added 0.25 Psychiatrist ▪ Added 0.5 Psychologist ▪ Converted 4.0 FTE Counselors ▪ Converted 2.0 Clerks ▪ Added 1.0 Medication Clinic Coordinator	▪ Converted required positions ▪ Large Tier II program ▪ Additional positions required by RFP
Hays	▪ Added 1.0 FTE Psychiatric NP ▪ Added 1.0 FTE Psychologist ▪ Added 2.0 FTE Counselors ▪ Added 2.0 FTE Activity Therapists ▪ Added 1.0 FTE Clerk ▪ Added 0.5 Medication Clinic Coordinator	▪ Converted required positions ▪ Large Tier II Program with restricted movement, requiring most services taken to offenders ▪ Additional counselor needed for caseload management ▪ Activity Therapist needed for offenders on lockdown ▪ Medication Clinic Coordinator required by RFP
Johnson	▪ Added 0.5 FTE Psychiatric NP ▪ Added 0.25 Psychologist ▪ Converted 3.0 FTE Counselors ▪ Converted 2.0 Activity Therapists ▪ Converted 1.0 FTE Clerk ▪ Added 1.0 FTE Medication Clinic Coordinator	▪ Converted required positions ▪ Additional positions required by RFP
Metro Helms	n/a	n/a

Facility	Proposed Additional Staff	Rationale for Increased Staff Positions
Metro Re-entry	▪ Added 0.25 FTE Psychiatrist ▪ Added 0.5 FTE Psychologist ▪ Added 2.0 FTE Counselors ▪ Added 1.0 FTE Clerk ▪ Added 1.0 FTE Medication Clinic Coordinator	▪ This program will be expanding in the near future and will require additional staff
Phillips	▪ Added 0.5 FTE Psychologist ▪ Converted 4.0 FTE Counselors ▪ Converted 2.0 FTE Activity Therapists	▪ Converted required positions ▪ Additional positions required by RFP
Pulaski	▪ Added 1.0 FTE Psychiatrist ▪ Converted 1.0 FTE Clerk ▪ Added 0.5 FTE Clerk ▪ Added 1.0 FTE Medication Clinic Coordinator	▪ Converted required position ▪ Additional positions required by RFP
Rogers	▪ Added 0.5 FTE Psychiatrist ▪ Added 1.0 FTE Counselor ▪ Converted 1.0 FTE Clerk ▪ Added 1.0 FTE Medication Clinic Coordinator	▪ Converted required position ▪ Other positions required by RFP
Rutledge	▪ Converted 1.0 FTE Unit Manager ▪ Converted 2.0 FTE Counselors ▪ Converted 1.0 Activity Therapist ▪ Added 1.0 FTE Medication Clinic Coordinator	▪ Converted required positions ▪ Additional positions required by RFP
Valdosta	▪ Added 1.0 FTE Psychiatrist ▪ Added 1.0 FTE Psychiatric NP ▪ Added 2.0 FTE Psychologist ▪ Converted 3.0 Counselors ▪ Added 1.0 FTE Activity Therapist ▪ Converted 1.0 FTE Activity Therapist ▪ Converted 3.0 FTE Clerks	▪ Converted required positions ▪ Facility is in need of additional staff, as this is essentially an all mental health facility with only 44 offenders not on caseload; Valdosta includes a CSU, ACU, two SMHTUs, and SLU
Washington	n/a	n/a
Whitworth	▪ Added 1.0 FTE Unit Manager ▪ Increased Psychology from 0.4 to 0.5 ▪ Added 1.0 FTE Medication Clinic Coordinator	▪ Need a management position with staff increasing; most facilities of this size have a unit manager ▪ Additional positions required by RFP

Facility	Proposed Additional Staff	Rationale for Increased Staff Positions
Integrated Treatment Facilities		
Appling	▪ Converted 1.0 FTE Unit Manager ▪ Added 0.25 Psychiatrist ▪ Converted 0.25 Psychologist ▪ Converted 12.0 FTE Counselors ▪ Converted 1.0 FTE Clerk ▪ Added 1.0 FTE Medication Clinic Coordinators	▪ Converted required positions ▪ Note: Counselors are a mix of LPC and CAC ▪ Suggested staffing for the ITF's
West Central	▪ Converted 1.0 FTE Unit Manager ▪ Added 0.25 Psychiatry ▪ Converted 0.5 Psychology ▪ Converted 8.0 FTE Counselors ▪ Converted 1.0 FTE Clerk	▪ Converted required positions ▪ Note: Counselors are a mix of LPC and CAC ▪ Suggested staffing for the ITF
Non-Mental Health Facilities		
Hancock	▪ Converted 1.0 FTE Counselor	▪ Converted required position
Macon	▪ Added 1.0 FTE Counselor	▪ Added position required by RFP
Smith	▪ Converted 1.0 FTE Counselor	▪ Converted required position
Telfair	▪ Converted 1.0 FTE Counselor	▪ Converted required position
Ware	▪ Converted 1.0 FTE Counselor	▪ Converted required position

MHM recognizes that our proposed staffing plan, including the conversions and increases shown above, must be approved by the Department prior to implementation. We further recognize that at some locations, finding office space for the additional staff may be challenging.

MHM emphasizes our willingness to be flexible and modify our staffing plan in collaboration with the Department during contract negotiations and throughout the ensuing contract. If the GDC believes specific recommended position increases are inadequate or unnecessary, we are eager to discuss these issues in an open and transparent dialogue. MHM will adjust our pricing to reflect a final, agreed-upon staffing matrix if the GDC determines that fewer or more staff are needed than we have included in our proposed staffing solution.

During the current contract, when our staffing has fallen below required levels due to vacancies, vacations, illnesses, and emergencies, we have used a back-up system to meet patient needs. We will continue using a back-up system in the new contract to support patient access to care. We are proud of our track record for providing necessary services in a timely manner.

Subcontracts / Joint Ventures

MHM does not currently, and therefore is not proposing to use subcontractors or joint ventures to provide staffing under this contract. All staff assigned to this contract are MHM employees. Other companies will likely seek to cut costs and divert liability by outsourcing staffing of prescriber level positions (psychiatrists, nurse practitioners, dentists), or using independent contractors. MHM's model of employment of all staff as employees of the company not only complies with Internal Revenue Service (IRS) guidelines for employee-employer relationships, our model results in higher quality personnel, more commitment from personnel to the success of the program, and lower turnover.

Prior to 1997, when the Department contracted with MHM, the Department filled psychiatry and psychology positions with independent contractors who contracted individually with the Department. The Department received notice from the Internal Revenue Service that those independent contractor relationships actually constituted employee-employer relationships and that the Department was in violation of IRS rules regarding payroll taxes and statutory benefits.

MHM highly cautions the Department to be wary of any proposals from other companies that indicate a reliance or usage of subcontractors or independent contractors for the services called for under this procurement. We also strongly recommend the Department verify the retention plans and practices proposed by each company to ensure they comply with IRS and other regulations.

MHM goes to great lengths to ensure a steady pipeline of applicants for vacancies that occur, and we are proud to say we have only had one instance of having to resort to the use of a temporary psychiatrist for coverage in over 10 years. We strongly doubt any other company can claim to match this level of staffing stability over such a long period of time.

Responsibilities and Reporting Structure / Contract Compliance



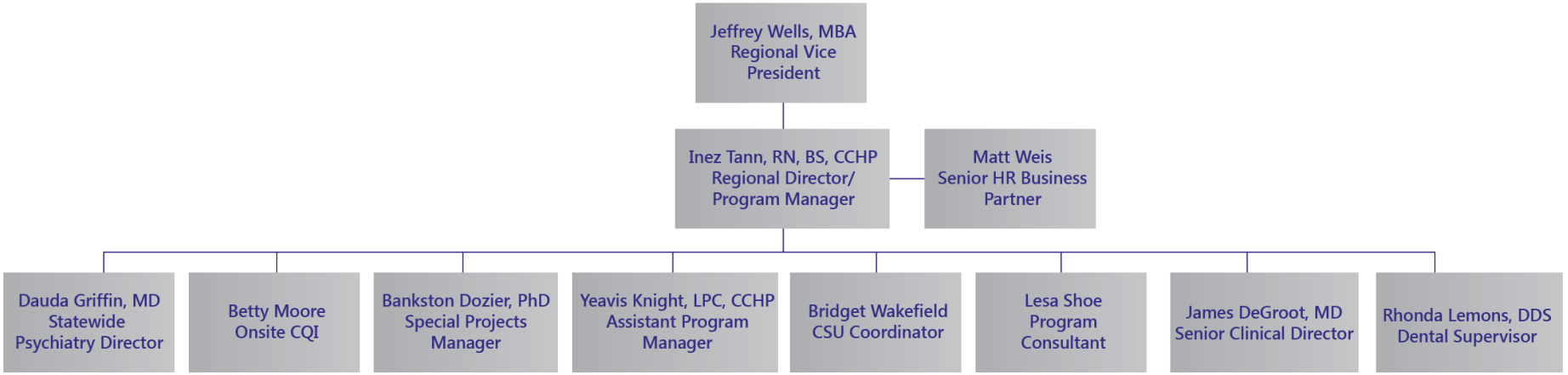
Jeffrey Wells, MBA
Regional Vice President of Operations

MHM's local management team, under the direction of Ms. Inez Tann, BS, RN, CCHP, the Regional Director, is responsible for the overall management of the contract as well as the quality and timeliness of mental health and dental services offered in GDC facilities. Ms. Tann reports to **Mr. Jeffrey Wells, MBA, Regional**

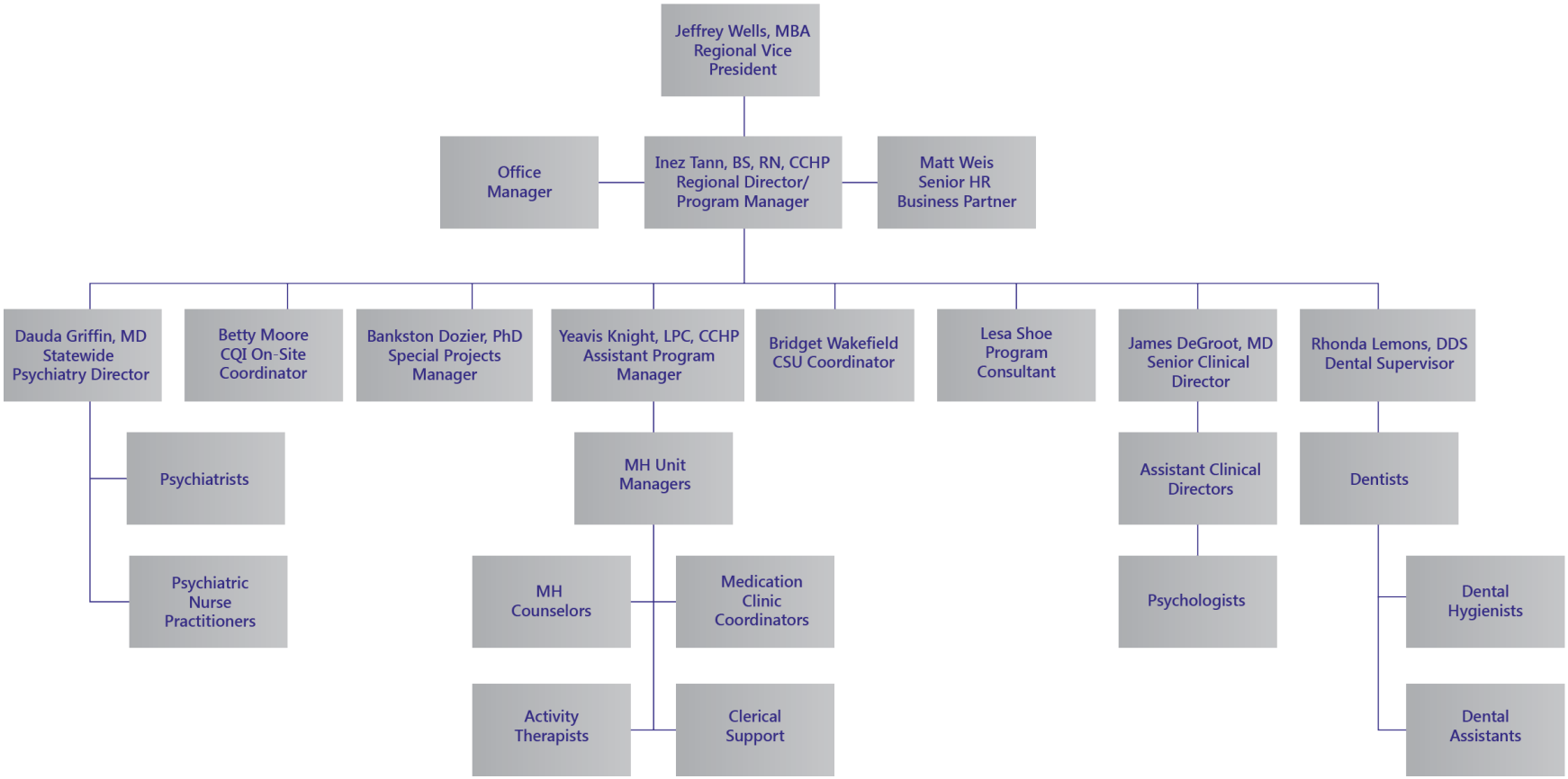
Vice President of Operations. Mr. Wells has over 20 years of experience in correctional healthcare. He makes routine visits to the GDC program to meet with program and staff and leadership. He and Ms. Tann also work closely with MHM's corporate office to ensure that corporate resources are appropriately allocated to the program.

On the following pages, we have provided organizational charts depicting the following reporting structure.

MHM Leadership Team



MHM Overall Georgia Organizational Chart



Contract Compliance

Contract compliance is the responsibility of our program management team and the GDC contract staff. **Mr. Bankston Dozier, PhD, CCHP** our Special Projects Manager, works closely with the staff to compile, review, and report on contract-specific requirements, including any performance standards, monthly. We routinely share this information with the GDC, both through in-person meetings as well as through our quarterly and annual reports.



Bankston Dozier, PhD, CCHP
Special Projects Manager

In addition, our Clinical Operations staff conduct an annual review of the contract.

MHM's contract compliance reviews directly identify areas in which MHM performance needs improvement. We pride ourselves in sharing a comprehensive but candid self-evaluation, in developing corrective action plans as needed, and in reviewing the progress achieved through this process. In addition to MHM's annual contract compliance report, internally we perform ongoing CQI studies which are shared with the GDC.

Job Title: Regional Director/Program Manager Alternate Title: Regional Administrator	
Status: Exempt	**Latest Review Date: 3.10.16**

MHM Services, Inc.

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Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests, or other reasons.

Position Overview

Under the direction of the Vice President of Operations, assists in managing the overall clinical and non-clinical functions and activities of a multidisciplinary tram providing services to patients in a correctional setting to meet service delivery requirements of the specific contract.

Education / Credentials / Experience

- Bachelor's degree in Hospital Administration, Health Care Administration, Health and Human Services, Business Administration, Public Administration, Nursing or related field
- Prior experience as a Healthcare Administrator or supervisor of mental health program preferred
- Must have ability to effectively communicated in writing and orally with staff and institutional administration
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Must maintain current tuberculosis screening documentation and active CPR certification

Essential Duties / Responsibilities

- Oversees and evaluates work activities of multidisciplinary team including medical, dental, mental health, nursing, technical, clerical, and support services
- Reviews and evaluates treatment and administrative procedures and outcomes
- Monitors, assesses and advises staff on clinical or facility related procedures and protocols as needed
- Provides technical and administrative oversight to staff, addressing and resolving problems or conflicts
- Supports on-site Health Services Administrator/Site Administrator in the hiring, orienting, training supervising and counseling members of the healthcare team
- Coordinated the annual performance review process for staff in a timely manner
- Communicates and implements contract-specific policies and procedures
- Ensures that clinical practices are consistent with NCCHC/ACA medical and mental health standards
- Updates regional management on overall program's progress and/or needs in staffing, performance, CQI, legal compliance and budget/fiscal management
- Serve as Centurion liaison to client in collaboration with the Vice President of Operations or Program Manager
- Responds to inquiries and concerns of site contract correctional administration
- Ensures regular conduct and documentation of staff meetings
- Coordinates Continuous Quality Improvement (CQI) program and performance audits
- Ensures that recommendations from CQI and performance audits are implemented and the results of the corrective actions are monitored
- Ensures that grievances received receive a prompt and clinically responsible response
- Ensures compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines including to HIPAA
- Ensures that staff coordinate care closely with security staff while maintaining a positive, collaborative relationship
- Maintains an ethical commitment to ensure confidentiality within the limits of a correctional environment
- Ensures that care is delivered in a nonjudgmental/nondiscriminatory manner to protect the autonomy, dignity and rights of the patient
- Understands and adheres to safety and security rules and regulations of the institution
- Other duties as assigned

Position Core Competencies

- Clinical Acumen: Skilled in assessing evidence-based medical/mental health services to achieve quality, cost effective and ethical outcomes in the delivery of healthcare to individual patients and relevant patient population
- Effective Collaborator: Works well with healthcare staff and institution's administrative and security staff to help build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.

This job description in no way states or implies that these are the only duties to be performed by the employee(s) occupying this position. Employee(s) may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

- Quality Documentation: Able to provide documentation that is comprehensive, legible, and easily understood by the client and all healthcare staff. Documentation is provided timely and in the format required.
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with patients and staff. Listens and considers the opinions of others.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitasks effectively.
- Problem Solving: Acts collaboratively in resolving problems.

Physical Demands / Working Conditions

- Work is usually performed in administrative or clinical setting
- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity necessary to perform all duties required. Physical activity includes walking, climbing, standing, and sitting
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities
- Potential exposure to internal and external hazardous materials, including but not limited to: blood and bloodborne pathogens, infectious/communicable diseases, and physical injury from patients

Six Guiding Principles – Contributing to the Culture of the Organization

All employees are expected to perform their jobs and work with others in a manner that aligns to the Company's Guiding Principles. The Guiding Principles are the foundation of our Company's culture and to that end set the tone for the how our employees approach their work, interact with coworkers, clients and vendors, as well as serve our primary mission of providing quality healthcare. Employees are held accountable to these six principles and are evaluated on them throughout their career with the Company. The Six Guiding Principles are:

Integrity * Professionalism * Thinks Proactively * Thinks "Outside of the Box"
Sense of Urgency * Results Oriented

This job description is not designed to contain a comprehensive listing of activities, duties, or responsibilities that are required, and are not site-specific. An employee is expected to perform all work assigned regardless of whether it is described in a job description. An addendum to this job description may, but is not required, to be provided to further describe site-specific requirements, skills and abilities and physical working conditions. Nothing in this job description or any such addenda restricts management's right to assign or reassign duties and responsibilities at any time. Because the Company has contracts with various clients, working conditions at facilities may vary. Variations include, but are not limited to, (1) physical activity (walking, climbing, sitting, lifting, standing, etc.); (2) building temperatures; (3) types of items and/or equipment permissible within a facility; and (4) access to technology.

Your signature below acknowledges your receipt of the position job description. All employees are "at-will" which means at any time during your employment, the Company may choose to terminate your employment for any reason not prohibited by law, just as you may choose to leave the Company for any reason.

_____ _____
Employee *Date*

_____ _____
Company Representative *Date*

Job Title: Assistant Program Manager	
FLSA: Exempt	Date: November 1, 2011

MHM Services, Inc

Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

Under the direction of the Regional Vice President, assist Program Manager in managing the overall clinical and non-clinical functions and activities of a multidisciplinary team providing services to incarcerated offenders in a correctional setting to meet service delivery requirements of a specific MHM contract.

Education / Credentials / Experience

- Minimum of a bachelor's degree in Hospital Administration, Health Care Administration, Health and Human Services, Business Administration, Public Administration or related field from an accredited college or university required
- Prior experience as a Health Care Administrator, Psychologist, Licensed Clinical Social Worker (LCSW), or Registered Nurse preferred
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Must maintain current tuberculosis documentation and active CPR certification
- One (1) year management experience in a comprehensive mental health program

Essential Duties / Responsibilities

- Provide technical and administrative oversight to staff, addressing and resolving problems or conflicts
- Develop MHM staff into a cohesive effective mental health staff
- Hire, orient, counsel, supervise, train, review, and evaluate the work of a multidisciplinary team
- Coordinate the annual performance review process for staff in a timely manner
- Formulate and/or communicate and implement contract-specific policies and procedures
- Ensure that clinical practices are consistent with NCCHC mental health standards
- Update executive management on overall program's progress and/or needs in staffing, performance, CQI, legal compliance and budget/fiscal management
- Serve as MHM liaison to client in collaboration with the Program Manager and Regional Vice President
- Review and evaluate treatment and administrative procedures and outcomes
- Respond to inquires and concerns of contract and site correctional administration
- Coordinate/delegate responsibility for offender discharges or transfers
- Monitor, assess and advise staff on clinical or MHM or facility related procedures and protocol as needed
- Ensure regular conduct and documentation of staff meetings
- Coordinate Continuous Quality Improvement (CQI) program and performance audits
- Ensure that recommendations from CQI and performance audits are implemented and the results of the corrective actions are monitored
- Ensure that grievances received from offenders and others receive a prompt and clinically responsible response
- Ensure compliance with all facility and MHM policies, and Federal and State laws, regulations, and guidelines including HIPAA
- Ensure that MHM staff coordinates care closely with custody staff while maintaining a positive, collaborative relationship
- Maintain an ethical commitment to ensure confidentiality within the limits of a correctional environment
- Ensure that care to offenders is delivered by MHM staff in a nonjudgmental/nondiscriminatory manner to protect the autonomy, dignity and rights of offenders
- Understand and adhere to safety and security rules and regulations of the institution
- Other duties as assigned

Required Skills / Abilities

- Problem Solver: Acts collaboratively in resolving problems. Ability to present solutions rather than just identifying problems. Can acknowledge when one does not know something and is willing to take personal responsibility for finding a solution.
- Team Builder: Works well with others and helps build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.
- Communicator: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with an individual or group and uses audience-appropriate language. Listens to others.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitask effectively.

- Attention to Detail: Able to provide accurate and consistent work on a timely basis. Documents important details to ensure miscommunications are minimized.
- Reliable: Shows commitment/dedication and accountability for work product, and follows through on projects and goals.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.

Physical Demands / Working Conditions

- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity necessary to perform all duties required.
- Physical activity includes walking, climbing, standing, sitting, bending, stooping, and carrying; repetitive physical activity such as key/data entry; repetitive mental activity such as checking entries in a report, etc.
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities.

MHM's Six Guiding Principles

- Integrity – Strives to earn the trust, respect, and confidence of coworkers, clients, and vendors through honesty and professionalism in all interactions. Treats others with respect. Sticks to own principles, values, beliefs, and morals, even when tempted or pressured not to.
- Professionalism - Actions positively reflect on group, program, department, and Company. Thinks about the effect of words, actions, appearance, and behavior on others. Selects words or actions most likely to have the desired effect on the individual or group. Always thinks about ways to maintain confidentiality and protect identity.
- Thinks Proactively - Spots opportunities, anticipates threats, and acts appropriately. Goes above and beyond what is expected. Acts as self-starter and identifies and takes appropriate action before being asked.
- Thinks "Outside the Box" - Applies original thinking to job responsibilities and works toward improving processes, methods, systems, or services. Willing to listen to new perspectives and to support and respect new ideas.
- Sense of Urgency - Appreciates expectations and timelines for clients and coworkers. Prioritizes and understands what requires immediate attention and recognizes escalating situations. Gets work done in a positive and timely manner.
- Results Oriented - Focuses on outcomes and how to achieve them. Looks forward rather than analyzing past obstacles. Works to make a positive difference to our clients and Company.

This job description is not designed to contain a comprehensive listing of activities, duties, or responsibilities that are required, and are not site-specific. An addendum may be applicable to further describe facility specific requirements, skills and abilities and physical working conditions. Nothing in this job description restricts management's right to assign or reassign duties and responsibilities at any time. Because MHM has contracts with various clients, working conditions at facilities may vary, for example, but not limited to (1) physical activity (walking, climbing, sitting, lifting, standing, etc.); (2) building temperatures may fluctuate; (3) types of items and/or equipment permissible within a facility; and (4) access to technology at a facility.

Your signature below acknowledges your receipt of the position job description. All employees are "at-will" which means at any time during your employment, the Company may choose to terminate your employment for any reason not prohibited by law, just as you may choose to leave the Company for any reason.

_____ _____

Employee Date

_____ _____

MHM Representative Date

Job Title: Statewide Psychiatric Director Alternate Title: Statewide Mental Health Director	
FLSA: Exempt	Latest Review Date: 10.1.15

MHM Services, Inc.

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Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests, or other reasons.

Position Overview

Provides the clinical direction needed to meet the mental health/psychiatric service delivery requirements of a specific contract in collaboration with the Program Manager/Vice President of Operations. Supervises psychiatric staff and collaborates with multidisciplinary teams in providing services to patients with psychiatric disorders in a correctional setting.

Education / Credentials / Experience

- Documentation of education as MD or DO and completion of accredited residency program required
- Current license to practice medicine in applicable state required
- Board certification or board eligible for certification in psychiatry if required by assigned contract
- Must have and maintain an active Drug Enforcement Agency (DEA) registration certificate
- Must receive approval of the Credentialing Review Committee if review requested
- Must maintain current tuberculosis screening documentation and active CPR certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Minimum of two years of experience practicing as psychiatrist in a clinical setting required
- Experience in supervision of staff preferred
- Experience in correctional mental health/psychiatric care preferred

Essential Duties / Responsibilities

- Provides interface with client's clinical and administrative leadership on issues related to psychiatric services
- Directs, coordinates, and evaluates psychiatric treatments in collaboration with the mental health multidisciplinary team.
- Collaborates in the monitoring of patients requiring on-going mental health services and the development of individualized mental health treatment plans and continuity of care
- Provides clinical direction and leadership to psychiatrists, nurse practitioners, and other mental health staff
- Ensures patient care is appropriate, accurate, and received in a timely manner and in compliance with NCCHC and other relevant standards of care
- Ensures that necessary schedules of psychiatric assignment and supervision are provided and maintained to provide for continuity of care
- Monitors psychotropic medication utilization within the contract
- Oversees the involuntary medication review process
- Facilitates the admission, placement, and discharge of patients from mental health units if required
- Establishes and ensures the operational availability to provide 24 hour on-call access to psychiatric consultation
- Monitors records in all aspects of psychiatric practices including but not limited to timeliness and accuracy of health records and patient care practices
- Participates in the development, implementation and monitoring of mental health policies, procedures and protocols
- Collaborates with the Company management to perform strategic planning, to further goals of the mental health program and to support security interests
- Provides clinical leadership for the Continuous Quality Improvement (CQI) program and promotes modification of clinical practices based on CQI recommendations
- Conducts Mortality Reviews for all patient suicides and other deaths involving mental health issues
- Oversees peer review process for psychiatrists and nurse practitioners annually and ensures performance evaluations are completed for each member of the psychiatric staff
- Recruits and assists in hiring psychiatric staff
- Develops and oversees academic and post-graduate training programs for residents, fellows, and other mental health professionals
- Oversees in-service training on mental health related topics
- Leads meetings and conference calls with psychiatric staff no less than quarterly and attends staff meetings as required
- Participates in the Pharmacy and Therapeutics Committee

This job description in no way states or implies that these are the only duties to be performed by the employee(s) occupying this position. Employee(s) may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

- Provides consultation to mental health and medical staff both formally and informally
- Provides direct clinical services for patients when needed. The services include:
  - Diagnoses psychiatric disorders based on presentation of symptoms and patient self-report. Diagnoses to be consistent with DSM criteria and target symptoms
  - Performs psychiatric evaluations for patients referred by mental health staff, medical staff, correctional staff, and the client
  - Provides psychiatric follow-up for patients requesting psychiatric services when referred based on the triage of patient requests for mental health services
  - Orders and prescribes psychotropic and related medications based on clinical indicators of patient's mental status and symptoms
  - When initiating psychotropic medication, fully explains the benefits and risks of the medication to the patient and provides documentation of the patient's informed consent for accepting or refusing the medication
  - Orders and interprets diagnostic and laboratory findings as clinically required by prescribed psychotropic medication
  - Evaluates patient's prescribed psychotropic medication and conducts medication reviews as clinically indicated. Orders for renewals or modifications in medication will not be completed without a face-to-face interview with the patient and documentation of rationale for the treatment decision in patient's medical record
  - Conducts follow-up of patients placed on precautionary watch as required by the client's policy and procedures
  - Participates in involuntary psychotropic medication hearings as requested
  - Provides legible health record documentation and prepare reports of psychiatric services for all patient encounters in the format approved by the client
  - Refers patients to medical staff when potential for medical disorder is identified during psychiatric evaluation
  - Responds to patient grievances as requested in a timely manner
  - Accepts on-call responsibilities as scheduled
- Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process and relationship
- Acquires and maintains current clinical knowledge and skills and professional standards
- Ensures compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines including HIPAA
- Coordinates care closely with security staff while maintaining a positive, collaborative relationship
- Maintains an ethical commitment to ensure confidentiality within the limits of a correctional environment
- Delivers care in a nonjudgmental/nondiscriminatory manner to protect the autonomy, dignity, and rights of the patient
- Understands and complies with safety and security rules and regulations of the institution
- This position is classified as "essential." Essential employees are expected to report to work when other state agencies are closed for emergencies
- Other duties as assigned

Position Core Competencies

- Clinical Acumen: Skilled in providing evidence-based medical services to achieve quality, cost effective and ethical outcomes in the delivery of healthcare to individual patients and the institution's population.
- Effective Collaborator: Works well with healthcare staff and institution's administrative and security staff to help build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.
- Quality Documentation: Able to provide healthcare documentation that is clinically comprehensive, legible, and easily understood by other healthcare staff. Documentation is provided timely and in the format required by the system.
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with patients and staff. Listens and considers the opinions of others.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitasks effectively.
- Problem Solving: Acts collaboratively in resolving problems.

Physical Demands / Working Conditions

- Work is usually performed in a clinical setting

This job description in no way states or implies that these are the only duties to be performed by the employee(s) occupying this position. Employee(s) may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity necessary to perform all duties required. Physical activity includes walking, climbing, standing, and sitting
- Must be able to respond quickly to emergency situations within his/her scope of practice
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities
- Potential exposure to internal and external hazardous materials, including but not limited to: blood and bloodborne pathogens, infectious/communicable diseases, and physical injury from patients

Six Guiding Principles – Contributing to the Culture of the Organization

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Sense of Urgency * Results Oriented

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_____ _____
Employee *Date*

_____ _____
Company Representative *Date*

Job Title: Clinical Director (Mental Health) Alternate Title: Mental Health Director, Behavioral Health Director, Director of Psychological Services, Director of Assessment	
FLSA: Exempt	**Latest Review Date: 9.14.15**

MHM Services, Inc.

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Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

As part of the management team, provide administrative guidance, consultation and mental health leadership to coordinate clinical needs and provide assessment and treatment of mental and emotional disorders of patients in a correctional setting.

Education / Credentials / Experience

- Ph.D., Psy.D, or Ed.D. in Psychology or related field from an accredited institution required; Ph.D. preferred
- Ph.D. candidates completing dissertation and Masters level candidates may be considered
- Active professional license to practice in applicable state required
- Must receive approval of the Credentialing Review Committee if review requested
- Must maintain current tuberculosis documentation and active CPR certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Minimum of two years supervisory experience preferred
- Five years behavioral/mental health experience in a correctional and/or mental health services environment preferred

Essential Duties / Responsibilities

- Assist with the development, implementation, coordination, promotion and evaluation of clinical services to include providing direct clinical services
- Ensure that behavioral/mental health services delivered are in compliance with correctional mental health standards
- Supervise non-psychiatric staff including psychologists, social workers, counselors, and clerical support as assigned
- Ensure that non-psychiatric staff are providing services within their scope of practice and under necessary supervision, when applicable
- Assist in completing duties of staff psychologists when required
- Identify and develop clinical resources for use by staff in service delivery and enhancement of clinical skills of staff
- Collaborate with Psychiatric Medical Director in facilitating the integration of psychiatric services into overall mental health program
- Assist and inform the Program Manager/Vice President of Operations in monitoring all Company related behavioral/mental health programs and outpatient services, ensuring appropriate staff assignments and performance, identifying backlogs or other operational problems, and results of issues and/or actions taken
- Represent the Company at meetings as requested by the Program Manager/Vice President of Operations
- Assist Program Manager/Vice President of Operations with recruitment/hiring of behavioral/mental health staff and new hire orientation, and provide feedback on staff performance management
- Monitor, assess, and coach staff on clinically-related procedures, recommending training or education as needed
- Interpret and consult on all Administrative Regulations or Standard Operating Procedures related to behavioral/mental health services
- Conduct/oversee in-service training on behavioral/mental health related topics for the Company and facility staff
- Provide on-site and on-call services as required to ensure continuity of behavioral/mental health services
- Identify and maintain professional boundaries to preserve the integrity of the therapeutic process and relationship
- Proactive in performance improvement activities as demonstrated by participating in the Continuous Quality Improvement (CQI) program (peer review; medical record reviews; membership on the CQI committee) and modifying clinical practices based on CQI recommendations. Provide input that directs CQI activity
- Ensure compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines including HIPAA
- Coordinate care closely with security staff while maintaining a positive, collaborative relationship
- Maintain an ethical commitment to ensure confidentiality within the limits of a correctional environment
- Understand and comply with safety and security rules and regulations of the institution
- This position is classified as “essential.” Essential employees are expected to report to work when other state agencies are closed for emergencies
- Other duties as assigned

This job description in no way states or implies that these are the only duties to be performed by the employee(s) occupying this position. Employee(s) may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

Position Core Competencies

- Problem Solving: Acts collaboratively in resolving problems. Ability to present solutions rather than just identifying problems. Can acknowledge when one does not know something and is willing to take personal responsibility for finding a solution.
- Team Building: Works well with others and helps build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with an individual or group and uses audience-appropriate language. Listens to others.
- Documentation: Ensures that medical record entries and other documentation are accurate, thorough and timely. Written documentation is completed on required forms or using required formats without omissions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitask effectively.
- Attentive to Detail: Able to provide accurate and consistent work on a timely basis. Documents important details to ensure miscommunications are minimized.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance:Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Safety Consciousness. Maintains awareness of and acts to minimize the safety risk in one's environment.

Physical Demands / Working Conditions

- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity necessary to perform all duties required. Physical activity includes walking, climbing, standing, sitting, bending, stooping, and carrying; repetitive physical activity; repetitive mental activity such as checking entries in a report, etc.
- Must be able to react quickly and appropriately in emergency situations.
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities.
- Potential exposure to internal and external hazardous materials, including but not limited to: blood and bloodborne pathogens, infectious/communicable diseases, and physical injury from patients.
- Must be able to identify and minimize safety risks within the environment whenever possible.

Six Guiding Principles – Contributing to the Culture of the Organization

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_____ _____
Employee *Date*

_____ _____
Company Representative *Date*

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Job Title: Psychiatrist	
FLSA: Exempt	Latest Review Date: 9.14.15

MHM Services, Inc.

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Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

Provide psychiatric evaluation, diagnosis and treatment for patients. Work under the supervision of the contract's Psychiatric Medical Director. Provide clinical leadership for multidisciplinary team in providing mental health services to patients with psychiatric disorders or other mental health issues.

Education / Credentials / Experience

- Documentation of education as MD or DO and completion of accredited residency program required
- Current license to practice medicine in applicable state required
- Board certification or board eligible for certification in psychiatry if required by assigned contract
- Must have and maintain an active Drug Enforcement Agency (DEA) registration certificate
- Must receive approval of Credentialing Review Committee if review requested
- Must maintain current tuberculosis screening documentation and active CPR certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Minimum of two years of experience practicing as psychiatrist in a clinical setting preferred
- Experience in correctional mental health care preferred

Essential Duties / Responsibilities

- Provide clinical leadership and guidance to multidisciplinary treatment team in the development, implementation, evaluation and revision of individual treatment plans with goal of promoting continuity of care. Communicate with team members individually, at team meetings, and with written documentation as needed
- Diagnose psychiatric disorders based on presentation of symptoms and patient self-report. Diagnoses to be consistent with DSM criteria and target symptoms
- Perform psychiatric evaluations for patients referred by mental health staff, medical staff, correctional staff, and client
- Provide psychiatric follow-up for patients requesting psychiatric services when referred based on the triage of patient requests for mental health services
- Order and prescribe psychotropic and related medications based on clinical indicators of patient's mental status and symptoms
- When initiating psychotropic medication, fully explain the benefits and risks of the medication to the patient and provide documentation of the patient's informed consent for accepting or refusing the medication
- Order and interpret diagnostic and laboratory findings as clinically required by prescribed psychotropic medication
- Evaluate patient's prescribed psychotropic medication and conduct medication reviews as clinically indicated. Orders for renewals or modifications in medication will include documentation of rationale for the treatment decision, and will not be completed without a face-to-face interview with the patient except in emergency situations with reasons for the orders without a face-to-face meeting documented
- Conduct follow-up of patients placed on precautionary watch as required by the client's policy and procedures
- Participate in involuntary psychotropic medication hearings as requested
- Provide legible medical record documentation and prepare reports of psychiatric services for all patient encounters in the format approved by the client
- Prepare required reports and complete required paperwork in the expected time frame
- Refer patients to medical staff when potential for medical disorder is identified during psychiatric evaluation
- Respond to patient grievances as requested in a timely manner
- Participate in meetings and conference calls for psychiatric staff as scheduled
- Accept on-call responsibilities as scheduled
- Participate in training on mental health related topics for the Company and facility staff as requested
- Immediately notify Psychiatric Medical Director and Vice President of Operations/Program Manager of any incident with a patient involving high-risk, accident and/or life threatening event that may have the possibility to create a mental health liability
- Immediately notify Psychiatric Medical Director and Vice President of Operations/Program Manager of any incidents or actions that may compromise your licensure status

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- Provide consultation to mental health and medical staff both formally and informally
- Identify and maintain professional boundaries to preserve the integrity of the therapeutic process and relationship
- Proactive in performance improvement activities as demonstrated by participating in the Continuous Quality Improvement (CQI) program (peer review; record reviews; membership on the CQI committee) and modifying clinical practices based on CQI recommendations
- Acquire and maintain current clinical knowledge and skills and professional standards
- Ensure compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines including HIPAA
- Maintain an ethical commitment to ensure confidentiality within the limits of a correctional environment
- Coordinate care closely with security staff while maintaining a positive, collaborative relationship
- Deliver care in a nonjudgmental/nondiscriminatory manner to protect the autonomy, dignity and rights of the patients
- Understand and comply with safety and security rules and regulations of the institution
- This position is classified as "essential." Essential employees are expected to report to work when other state agencies are closed for emergencies
- Perform other duties as assigned

Position Core Competencies

- Clinical Acumen: Skilled in providing evidence-based medical services to achieve quality, cost effective and ethical outcomes in the delivery of healthcare to individual patients and the institution's population.
- Effective Collaborator: Works well with healthcare staff and institution's administrative and security staff to help build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.
- Quality Documentation: Able to provide healthcare documentation that is clinically comprehensive, legible, and easily understood by other healthcare staff. Documentation is provided timely and in the format required by the system.
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with patients and staff. Listens and considers the opinions of others.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitasks effectively.
- Problem Solving: Acts collaboratively in resolving problems.

Physical Demands / Working Conditions

- Work is usually performed in a clinical setting
- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity necessary to perform all duties required. Physical activity includes walking, climbing, standing, and sitting
- Must be able to respond quickly to emergency situations within his/her scope of practice
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities
- Potential exposure to internal and external hazardous materials, including but not limited to: blood and bloodborne pathogens, infectious/communicable diseases, and physical injury from patients

Six Guiding Principles – Contributing to the Culture of the Organization

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_____ _____

Employee *Date*

_____ _____

Company Representative *Date*

Job Title: Psychologist	
FLSA: Exempt	Latest Review Date: 9.14.2015

MHM Services, Inc.

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Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

Provide psychological leadership, consultation and direct services. Collaborate with multidisciplinary team in providing assessment and treatment of mental and emotional disorders of patients.

Education / Credentials / Experience

- Ph.D., Psy.D, or Ed.D. in Psychology from an accredited institution required; Ph.D. or Psy.D. in Clinical Psychology preferred
- Active professional license to practice in applicable state required
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Two years' experience providing comprehensive psychological services preferred
- Experience in a forensic or correctional environment preferred

Essential Duties / Responsibilities

- Direct, coordinate, and evaluate psychological-related activities and treatments in collaboration with the behavioral/mental health multidisciplinary team
- Collaborate with multidisciplinary team members in the development/review of individualized behavioral/mental health treatment plans and in the monitoring and treatment of patients as indicated on the treatment plans
- Provide evaluations for clinical purposes, to include assessment of risk, diagnoses, and treatment needs
- Assist in the behavioral/mental health administrative functions if assigned
- Administer, interpret and report on psychological test data as requested
- Utilize evidence-based treatment methods to include psychoeducational groups, psychotherapy, and behavior management in treating patients
- Provide crisis interventions as required to include precautionary measures, daily follow-up and emergency interventions if indicated
- Oversee development and implementation of behavior management plans for identified patients
- Provide documentation and prepare reports of patient care and all patient encounters in the patient's record as required by policy
- Monitor, assess, and coach staff on clinical psychological related procedures, recommending training or education as needed
- Conduct/oversee in-service training on behavioral/mental health related topics for Company and other agency staff
- Provide clinical supervisory oversight for non-psychiatric behavioral/mental health staff as requested
- Provide on-call services as assigned
- Acquire and maintain current clinical knowledge and skills and professional standards
- Identify and maintain professional boundaries to preserve the integrity of the therapeutic process and relationship
- Proactive in performance improvement activities as demonstrated by participating in the Continuous Quality Improvement (CQI) program (peer review; record reviews; membership on the CQI committee) and modifying clinical practices based on CQI recommendations
- Develop Psychological Reconstruction for patient suicides as indicated
- Ensure compliance with all agency and Company policies, Federal and State laws, regulations, and guidelines including HIPAA
- Maintain an ethical commitment to ensure confidentiality within the limits of a the clinical environment
- Deliver care in a nonjudgmental/nondiscriminatory manner to protect the autonomy, dignity and rights of the patient
- This position is classified as "essential." Essential employees are expected to report to work when other state agencies are closed for emergencies
- Other duties as assigned

Position Core Competencies

- Problem Solving: Acts collaboratively in resolving problems. Ability to present solutions rather than just identifying problems. Can acknowledge when one does not know something and is willing to take personal responsibility for finding a solution.

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- Team Building: Works well with others and helps build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with an individual or group and uses audience-appropriate language. Listens to others.
- Documentation: Ensures that medical record entries and other documentation are accurate, thorough and timely. Written documentation is completed on required forms or using required formats without omissions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitask effectively.
- Attentive to Detail: Able to provide accurate and consistent work on a timely basis. Documents important details to ensure miscommunications are minimized.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Safety Consciousness. Maintains awareness of and acts to minimize the safety risk in one's environment.

Physical Demands / Working Conditions

- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity necessary to perform all duties required. Physical activity includes walking, climbing, standing, sitting, bending, stooping, and carrying; repetitive physical activity; repetitive mental activity such as checking entries in a report, etc.
- Must be able to react quickly and appropriately in emergency situations.
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities.
- Potential exposure to internal and external hazardous materials, including but not limited to: blood and bloodborne pathogens, infectious/communicable diseases, and physical injury from patients.
- Must be able to identify and minimize safety risks within the environment whenever possible.

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_____ _____
Employee *Date*

_____ _____
Company Representative *Date*

Job Title: Mental Health Supervisor
Alternate Title: Clinical Supervisor, Unit Psychologist, Lead Clinician, Clinical Site Supervisor, Institutional Chief of Mental Health Services, Site Administrator, Director of Clinical Services, Director of Rehabilitation, Mental Health Counselor Supervisor, Unit Director, Unit Manager, Unit Coordinator, Secure Treatment Program Coordinator, Site Program Manager, Assistant Unit Coordinator, Treatment Coordinator, RTU Coordinator, Behavioral Health Supervisor

FLSA: Exempt	**Latest Review Date: 9.14.15**

MHM Services, Inc.

Centurion™

Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

Provide administrative guidance and supervision of clinical and administrative staff and collaborate with a multidisciplinary team to coordinate clinical needs and provide quality behavioral/mental health services in a correctional setting.

Education / Credentials / Experience

- Masters level degree in Psychology, Social Work, Counseling, or related field from an accredited educational institution required. Ph.D. or Psy.D. preferred
- Active professional license to practice in applicable state required
- Must maintain current tuberculosis documentation and active CPR certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Minimum of two years supervisory experience preferred
- Three years behavioral/mental health experience in a correctional and/or mental health services environment preferred

Essential Duties / Responsibilities

- Coordinate site/unit behavioral/mental health services by provision of administrative support, supervision, and patient monitoring
- Develop, implement and evaluate behavioral/mental health services, including intake/admission process, assessments, individual follow-up, treatment planning, psychoeducational treatment, group therapy, crisis intervention, and services for segregated patients
- Plan, supervise, assign, and manage the clinical responsibilities provided by behavioral/mental health staff to ensure that facility/unit needs for clinical and consultative services are met
- Coordinate the supervision of unlicensed mental health staff
- Supervise clerical support staff to ensure patient medical records and department files are maintained appropriately and as required by policy
- Respond to behavioral/mental health emergencies and participate with staff in resolving the emergency
- Ensure provision of clinical evaluations as required by the client's administrative staff or other appropriate agencies
- Develop system that provides 24-hour behavioral mental health consultation services to institutional staff that require assistance with immediate crisis intervention for patients if required
- Assist in staff selection and recruitment as requested and coordinate orientation for new staff
- Provide staff counseling and performance evaluations including applicable documentation under the direction of Regional Office leadership
- Provide in-service opportunities to behavioral/mental health staff to ensure compliance with in-service requirements
- Assist Company administration in ensuring staff credentialing, personnel, health and safety, and training files are updated as required
- Provide direct clinical services for patients and on-call mental health services as required
- Collaborate with multidisciplinary team members in monitoring and treatment of patients requiring behavioral/mental health services and in the development of individualized behavioral/mental health treatment plans
- Identify and maintain professional boundaries to preserve the integrity of the therapeutic process and relationship
- Proactive in performance improvement activities as demonstrated by participating in the Continuous Quality Improvement (CQI) program (peer review; record reviews; membership on the CQI committee) and modifying clinical practices based on CQI recommendations
- Acquire and maintain current clinical knowledge and skills and professional standards
- Ensure compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines including HIPAA
- Coordinate care closely with security staff while maintaining a positive, collaborative relationship
- Maintain an ethical commitment to ensure confidentiality within the limits of a correctional environment
- Deliver care in a nonjudgmental/nondiscriminatory manner to protect the autonomy, dignity and rights of the patient
- Understand and comply with safety and security rules and regulations of the institution

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- This position is classified as “essential.” Essential employees are expected to report to work when other state agencies are closed for emergencies
- Other duties as assigned

Position Core Competencies

- Problem Solving: Acts collaboratively in resolving problems. Ability to present solutions rather than just identifying problems. Can acknowledge when one does not know something and is willing to take personal responsibility for finding a solution.
- Team Building: Works well with others and helps build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals’ unique characteristics.
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with an individual or group and uses audience-appropriate language. Listens to others.
- Documentation: Ensures that medical record entries and other documentation are accurate, thorough and timely. Written documentation is completed on required forms or using required formats without omissions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitask effectively.
- Attentive to Detail: Able to provide accurate and consistent work on a timely basis. Documents important details to ensure miscommunications are minimized.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Safety Consciousness. Maintains awareness of and acts to minimize the safety risk in one’s environment.

Physical Demands / Working Conditions

- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity necessary to perform all duties required. Physical activity includes walking, climbing, standing, sitting, bending, stooping, and carrying; repetitive physical activity; repetitive mental activity such as checking entries in a report, etc.
- Must be able to react quickly and appropriately in emergency situations.
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities.
- Potential exposure to internal and external hazardous materials, including but not limited to: blood and bloodborne pathogens, infectious/communicable diseases, and physical injury from patients.
- Must be able to identify and minimize safety risks within the environment whenever possible.

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_____ _____
Employee *Date*

_____ _____
Company Representative *Date*

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Job Title: Mental Health Professional - Licensed Alternate Title: Licensed Social Worker, Licensed Clinical Social Worker, Licensed Professional Counselor, Mental Health Clinician, Mental Health Counselor, Behavioral Health Professional, Behavioral Health Clinician	
FLSA: Exempt	**Latest Review Date: 9.14.15**

MHM Services, Inc.

Centurion™

Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

Provide comprehensive mental health assessment and treatment in collaboration with multidisciplinary team.

Education / Credentials / Experience

- Masters level degree in Psychology, Social Work, Counseling, or related field from an accredited educational institution required
- Active professional license to practice in applicable state required
- Must show current tuberculosis documentation and active CPR certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Minimum of two years' experience with direct care for individuals with mental illness preferred

Essential Duties / Responsibilities

- Collaborate with multidisciplinary team members in the development/review of individualized behavioral/mental health treatment plans and in the monitoring and treatment of patients as indicated on the treatment plans
- Complete behavioral/mental health assessments for patients referred based on admission process, staff referral or patient self-referral. Ensure that assessment is completed within time period required by the type and urgency of referral
- Provide regular follow-up to assigned patients to monitor current mental status and functioning
- Inform supervisor and psychiatric staff of significant change in a patient's functioning
- Provide crisis interventions as required to include precautionary measures, daily follow-up and emergency procedures as needed
- Conduct individual and group counseling, and psychoeducational groups for patients
- Assist patients in defining goals to achieve personal, social, educational and/or vocational development
- Observe patients to detect psychiatric symptoms, mental deficiency, abnormal behavior, or maladjustment
- Update and maintain accurate and legible patient information and records in accordance with policy
- Inform, coordinate and advise all applicable parties regarding patient discharge or transfer. May act as a liaison with community agencies and contacts providing services to patients
- Administer, interpret and report on psychological test data as testing standards permit and/or under supervision if required
- Provide clinical supervisory oversight for non-psychiatric behavioral/mental health staff as requested
- Provide on-call mental health services if assigned
- Conduct in-service training on behavioral/mental health related topics for Company and community agencies
- Identify and maintain professional boundaries to preserve the integrity of the therapeutic process and relationship
- Proactive in performance improvement activities as demonstrated by participating in the Continuous Quality Improvement (CQI) program (peer review; record reviews; membership on the CQI committee as requested) and modifying clinical practices based on CQI recommendations
- Acquire and maintain current clinical knowledge and skills and professional standards
- Ensure compliance with all agency and Company policies, Federal and State laws, regulations, and guidelines including HIPAA
- Maintain an ethical commitment to ensure confidentiality within the limits of the clinical setting
- Deliver care in a nonjudgmental/nondiscriminatory manner to protect the autonomy, dignity and rights of the patient
- This position is classified as "essential." Essential employees are expected to report to work when other state agencies are closed for emergencies
- Other duties as assigned

Position Core Competencies

- Problem Solving: Acts collaboratively in resolving problems. Ability to present solutions rather than just identifying problems. Can acknowledge when one does not know something and is willing to take personal responsibility for finding a solution.

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- Team Building: Works well with others and helps build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with an individual or group and uses audience-appropriate language. Listens to others.
- Documentation: Ensures that medical record entries and other documentation are accurate, thorough and timely. Written documentation is completed on required forms or using required formats without omissions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitask effectively.
- Attentive to Detail: Able to provide accurate and consistent work on a timely basis. Documents important details to ensure miscommunications are minimized.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Safety Consciousness. Maintains awareness of and acts to minimize the safety risk in one's environment.

Physical Demands / Working Conditions

- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity necessary to perform all duties required. Physical activity includes walking, climbing, standing, sitting, bending, stooping, and carrying; repetitive physical activity; repetitive mental activity such as checking entries in a report, etc.
- Must be able to react quickly and appropriately in emergency situations.
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities.
- Potential exposure to internal and external hazardous materials, including but not limited to: blood and bloodborne pathogens, infectious/communicable diseases, and physical injury from patients.
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_____ _____

Employee *Date*

_____ _____

Company Representative *Date*

MHM CORRECTIONAL SERVICES, INC.

PROVIDING ON-SITE MENTAL HEALTHCARE

POSITION DESCRIPTION **GEORGIA**

Position title: Medication Clinical Coordinator
Program: Georgia Department of Corrections

DESCRIPTION

Under close to general supervision and according to established procedures, performs general clerical and administrative duties of a routine nature in support of the management, staff and/or operations of an organizational unit or program area.

QUALIFICATIONS

Any combination of training and experience which would have enabled the applicant to acquire the necessary knowledge, skills and abilities.

RESPONSIBILITIES I

Performs routine clerical processing of documents and transactions according to prescribed procedures.

1. Prepare appointment are appropriately with usual supplies including forms, chairs, desk etc.
2. Fill out information on medication clinic forms as directed.
3. Ensure that flow of patients is efficient. Coordinate scheduling and notification of patients and security to be sure that patients are available when clinic staff are available to see them.
4. As inefficiencies are identified collect data on bottlenecks, analyze the productivity data and plan what to do to improve clinic thru-put.

RESPONSIBILITIES II

Maintains record-keeping for reference manuals/materials.

1. Maintain accurate appointment schedule, producing daily call-out list that include type of appointment and other information as requested.
2. Coordinate with MH Unit Manager who has overall responsibility for the services delivered in the Medication Clinic and the HSA(Health Services Administrator) to ensure that counselors, officers and nurses are working and contributing to the clinic effectively and efficiently.

RESPONSIBILITIES III

1. Coordinate and assist as appropriate in triaging who is to be seen in the clinic. This includes collaboration with physician, nurse, security, counselors and their respective supervisors. This may involve direct services to the patient.
2. Make sure required labs are up to date, completed, results available to clinicians, and documented.
3. Make sure Medication Clinic Records are available for clinic appointments and review when needed for CSU, ACU, Safe Cell and MH Observation appointments.
4. Make sure documentation is kept up to date to ensure quality of clinic visits.

RESPONSIBILITIES IV

1. Conduct routine and special studies of medication clinic productivity and effectiveness.
2. Keep MH Unit Manage informed of al CQI studies.
3. Prepare needed shadow files, related callouts and reports as well as facilitate clinic contacts.

Please sign below that you understand the job responsibilities as outlined above and agree to perform them to the best of your ability.

_____ _____

Employee Date

_____ _____

Supervisor Date

Job Title: Activity Therapist Alternate Title: Activity Technician, Art Instructor, Occupational Therapist, Recreation Therapist, Vocational Aide	
FLSA: Non-Exempt	**Latest Review Date: 9.14.15**

MHM Services, Inc.

Centurion™

Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

Under the direction of professional mental health staff, use recreational/social/vocational activities to accomplish treatment objectives, foster skill building and problem solving in support of psychological stabilization for patients in a correctional setting.

Education / Credentials / Experience

- Bachelor's degree in Social Sciences, Therapeutic Recreation or related field from accredited institution or two (2) years' experience in providing activities programming for persons who have a serious mental illness required
- Must maintain current tuberculosis documentation and active CPR certification
- Must be able to pass a background investigation and obtain agency security clearance where applicable
- Training, experience or certification as a nurse's aide, medical technician, EMT, or activities technician preferred
- Experience working in a correctional mental health setting preferred

Essential Duties / Responsibilities

- Participate as a part of a multidisciplinary treatment team in the treatment planning, discussion and daily monitoring of patients
- Counsel and encourage patients to participate in leisure activities
- Engage patients in leisure/vocational activities (e.g. board games, sports, music, reading, video)
- Develop/implement a daily schedule of leisure time/recreational/vocational activities for patients
- Instruct patients in activities and techniques, such as personal hygiene, sports, dance, job skills, music, art or relaxation techniques, designed to meet their specific physical or mental health needs
- Assist with paraprofessional psychoeducational group activities (personal hygiene, social skills, anger management) while modeling and teaching effective behavior
- Assess patient recreational/vocational needs through general programming and direct query (e.g. survey)
- Maintain appropriate documentation of all related activities and patients' responses to treatment. Prepare and submit reports and records to treatment team to reflect patients' participation, reaction and evidence of progress or regression
- Develop and maintain an inventory of materials used and track use accordingly
- Develop safety and risk management program for the activity environment. Maintain a safe environment for activities by making sure materials are safe, in good repair and always accounted for
- Proactive in performance improvement activities as demonstrated by participating in the Continuous Quality Improvement (CQI) program (peer review; medical record reviews; membership on the CQI committee as requested) and modify activity practices based on CQI recommendations
- Attend required safety training and in-service programs as requested
- Identify and maintain professional boundaries to preserve the integrity of the therapeutic process and relationship
- Ensure compliance with all facility and Company policies, and Federal and State laws, regulations, and guidelines including HIPAA
- Coordinate care closely with security staff while maintaining a positive, collaborative relationship
- Maintain ethical commitment to ensure confidentiality within the limits of a correctional environment
- Deliver care to patients in a nonjudgmental/nondiscriminatory manner to protect the autonomy, dignity and rights of the patient
- Understand and comply with safety and security rules and regulations of the institution
- Other duties as assigned

Position Core Competencies

- Problem Solving: Acts collaboratively in resolving problems. Ability to present solutions rather than just identifying problems. Can acknowledge when one does not know something and is willing to take personal responsibility for finding a solution.

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- Team Building: Works well with others and helps build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with an individual or group and uses audience-appropriate language. Listens to others.
- Documentation: Ensures that medical record entries and other documentation are accurate, thorough and timely. Written documentation is completed on required forms or using required formats without omissions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitask effectively.
- Attentive to Detail: Able to provide accurate and consistent work on a timely basis. Documents important details to ensure miscommunications are minimized.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Safety Consciousness. Maintains awareness of and acts to minimize the safety risk in one's environment.

Physical Demands / Working Conditions

- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity necessary to perform all duties required. Physical activity includes walking, climbing, standing, sitting, bending, stooping, and carrying; repetitive physical activity; repetitive mental activity such as checking entries in a report, etc.
- Must be able to react quickly and appropriately in emergency situations.
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities.
- Potential exposure to internal and external hazardous materials, including but not limited to: blood and bloodborne pathogens, infectious/communicable diseases, and physical injury from patients.
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_____ _____

Employee *Date*

_____ _____

Company Representative *Date*

Job Title: Administrative Assistant Alternate Titles: Facility AA	
FLSA: Non-Exempt	**Latest Review Date: 07.11.17**

MHM Services, Inc.

Centurion™

Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

Performs broad range of administrative functions to support the operations of a health care unit and employees within a correctional setting.

Education / Credentials / Experience

- High school diploma or equivalent; additional computer training or certification preferred
- At least one year of proven office administration experience required, correctional and/or healthcare environment preferred
- Proficiency with Microsoft Office and Excel; experience using office equipment, such as copiers, fax machine, scanner
- Proven communication skills and experience working closely with management
- Strong organizational skills and ability to multitask required
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Completes initial and annual tuberculin screening and tuberculosis skin testing when applicable
- May be required to maintain active CPR certification, as mandated by contract or client

Essential Duties / Responsibilities

- Perform administrative duties that may include, but not limited to, ad hoc reports, payroll, personnel HR processing, maintaining local personnel, credentialing, health & safety and training files, etc. in accordance with Company policies.
- Compose and distribute meeting minutes and assist facility management with ad hoc reports
- Ensure payroll hours for facility are entered appropriately using timekeeping system and following all company policies and procedures regarding payroll, if applicable. Follow up with employees who may have timekeeping exceptions. Meet expected deadlines.
- May support facility administration in Workers Compensation data collection and submission of claims
- Open, read, and distribute incoming mail
- Facilitate communication between sites, clinical and operational leadership, and Regional/Corporate office as instructed.
- Maintain office supply inventory and order as needed
- Support medical supply ordering as requested, if applicable
- Answer phones and handle and direct inquiries, in a professional, courteous and efficient manner
- Set up and maintain paper and electronic filing systems for records, correspondence, and other material to ensure efficient retrieval
- Update telephone directory and prepare and submit personnel changes, as needed
- Maintain professional acumen in all interactions with fellow employees and the client
- Follow designated chain of command for resolution of issues
- Attend all staff meetings and in-service education programs, as required
- Maintains strict confidentiality regarding any employee data that may be accessible or needed in order to fulfill the duties of the position. This may include, workers compensation info, health related info, pay or performance related information.
- Ensure compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines including HIPAA
- Understand and adhere to safety and security rules and regulations of the institution
- Other duties as assigned

Position Core Competencies

- Problem Solving: Acts collaboratively in resolving problems. Ability to present solutions rather than just identifying problems. Can acknowledge when one does not know something and is willing to take personal responsibility for finding a solution.
- Team Building: Works well with others and helps build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.

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- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with an individual or group and uses audience-appropriate language. Listens to others.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitask effectively.
- Attention to Detail: Able to provide accurate and consistent work on a timely basis. Documents important details to ensure miscommunications are minimized.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.

Physical Demands / Working Conditions

- Must be able to sit/work at a computer desk, using mouse and viewing, for potentially long periods of time; repetitive physical activity such as data entry and repetitive mental activity such as checking entries in a report, etc.
- Physical activity may include walking, climbing, standing, sitting, bending, stooping, and carrying; repetitive physical activity such as key/data entry; repetitive mental activity such as checking entries in a report, etc.
- Ability to lift, carry or push weight up to 20 pounds
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities
- Potential exposure to internal and external hazardous materials, including but not limited to: blood and blood borne pathogens, infectious/communicable diseases, noise and physical injury from offenders

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Employee *Date*

_____ _____
Company Representative *Date*

5. Capabilities for Maintaining Staffing Levels

Identify which of the references can validate the Suppliers capabilities for maintaining staffing levels of at least 95% at each facility, for more than 12 consecutive months as a prime contractor responsible for mental health services for a State requiring a similar scope to the State of Georgia's. Describe how the Supplier will address vacancies to avoid staffing levels below 95%.

MHM agrees to comply with and meet the requirements of Attachment F, Item 5: *Capabilities for Maintaining Staffing Levels.*

References

MHM has been providing accessible and high quality mental health services for the Department and other correctional systems since 1997. In each of these contracts, we have successfully recruited and retained skilled healthcare professionals to work in difficult, challenging, and often remote correctional settings. With over 7,200 employees spread across various contracts in 15 states, we meet and exceed the high staffing requirements for each of our contracts by investing in substantial recruiting and human resources management systems.

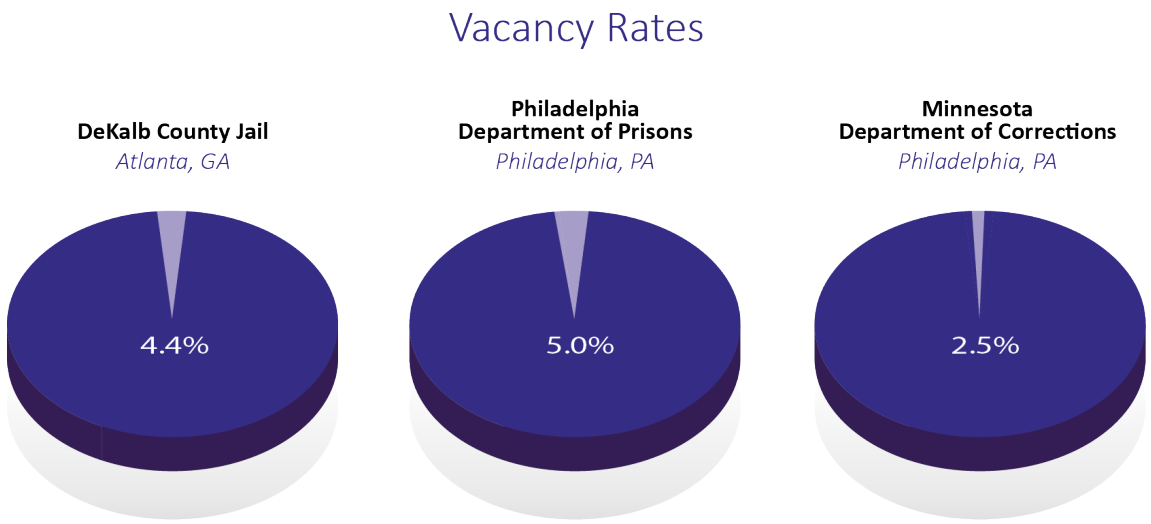
We have over 30 full-time healthcare recruiters strategically placed throughout the US, including recruiters based in Georgia, who source candidates on a national level. Our corporate human resources department is comprised of professionals experienced in credentialing and onboarding staff. These teams focus on attracting the right employees for each position and on maintaining a professionally rewarding work experience that empowers employees to provide exemplary healthcare services.

Most commonly, when we start a new contract, we inherit significant staffing shortfalls from the previous vendor. In all cases, we have succeeded in remedying chronic staffing vacancies. As a recent example, MHM's affiliated company, Centurion, holds the statewide medical contract with the Florida Department of Corrections (FDC), and we transitioned the entire FDC offender healthcare program in two phases in 2016 and 2017 from Corizon, Inc. and Wexford, Inc. With approximately 88,000 offenders in 61 facilities, the project required the transition and filling of over 2,000 positions across the medical, mental health, and dental programs.

We inherited hundreds of vacant positions upon startup. In the first year of phase one we recruited and hired over 500 new staff to work in Florida prisons and were also successful in recruiting back former staff who had left the system under the previous two contractors. We strongly encourage the evaluation committee to contact any of our current clients for a reference on our staffing capabilities and overall performance.

The 95% target fill rate for positions stated in the GDC RFP is a reasonable target and we have demonstrable experience maintaining this fill rate on an overall basis in our current Georgia contract and our various other contracts. **We are committed to meeting the 95% fill rate.** However, as it relates to the Department's question regarding facility-based fill rates, it is unlikely that any company in correctional healthcare can point to maintaining a 95% fill rate for hundreds of staff for a 12-month period across ***all*** facilities in a large, multi-facility state prison program the size and scale of Georgia's system. For example, even with low turnover, a facility with 10 to 20 staff will fall below the 95% target if even one position is vacant for one day. It is, therefore, more accurate to consider overall fill rates as a measure of an organization's staffing capabilities rather than consecutive fill rates of 95% over 12 months.

Below, we provide three examples of our staffing performance in other correctional contracts where MHM provides services.



DeKalb County Jail (Atlanta, GA)

Vacancy Rate: 4.4%

Services: MHM has been providing comprehensive mental health services to an average daily population of 2,200 offenders at the DeKalb County Jail since 2001. We were recently re-awarded the contract through the competitive bid process through December 2021.

Philadelphia Department of Prisons (Philadelphia, PA)

Vacancy Rate: 5.0%

Services: MHM has been providing comprehensive mental health services at Philadelphia's six detention facilities with an average daily population of 7,500 offenders since 2004. We were recently re-awarded the contract with annual renewal options through June 2021.

Minnesota Department of Corrections (statewide)

Vacancy rate: 2.6%

Services: Through our Centurion contract, we have been providing comprehensive healthcare services, including psychiatric services, to nine facilities with an average daily population of 9,000 offenders since January 2014. We were recently re-awarded the contract through June 2023.

Addressing Vacancies

MHM has developed our own proactive approach to recruiting to address vacancies and maintaining staffing levels above 95%. Using this approach, which we refer to as *relational recruiting*, we engage in an active, ongoing dialogue with thousands of healthcare professionals across the country. We recognize that a candidate's career spans many years, and that their interest and availability in joining MHM can change over time depending on life and career circumstances. For that reason, we take a longer-term approach to developing candidates, versus just reacting to the *vacancy-of-the-day* and repeatedly running 'help wanted now' campaigns. We refer to the latter as a *post-n-pray* approach



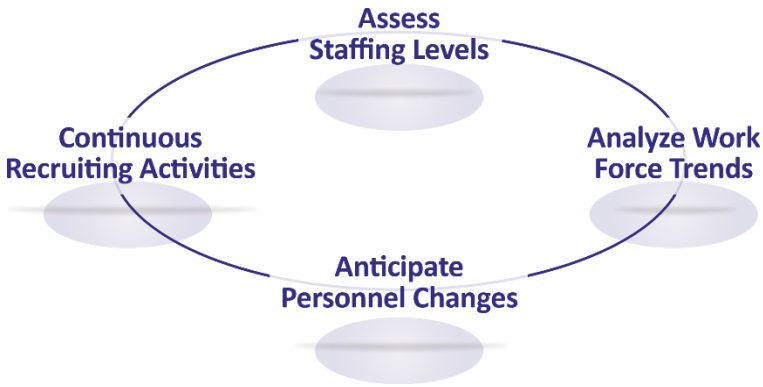
Our recruiting model is far different than the more traditional *post-n-pray* approach, where companies simply *post* job openings when vacancies occur and *pray* for candidates to respond. Our model attracts candidates who are a better fit for the challenging environments we serve and ensures a steady pipeline of qualified candidates to fill vacancies when they occur.

MHM's corporate recruiting staff continually assess staffing levels, anticipate personnel changes, and conduct recruitment activities to ensure that absences or vacancies are promptly filled. We have an excellent record of being able to recruit and retain personnel to work in challenging correctional environments. Companywide, our **fill rate for over 7,000 positions is over 92%.**



MHM's staffing model identifies the responsible staffing level and type of professional and administrative staff needed by an agency. Although many correctional agencies have difficulty recruiting and retaining qualified psychiatric providers, we continue to meet agency goals for staffing these providers, as well as for recruiting and retaining other mental health professionals. We recognize that we have needed to place greater focus on the recruitment of allied mental health professionals in Georgia, and the Department can expect to see improvements in this area during the pendency of this procurement and throughout the new contract.

Our best recruiting tool is the *long-term retention of quality employees.* We recognize that recruitment is just one component of maintaining an effective workforce. MHM considers retention and minimizing turnover to be equally important. Therefore, we strive to increase employee retention through a variety of initiatives designed to provide employees with a professionally rewarding, positive work experience. Our employment model, our continuously refined compensation and benefits packages, and our human resources systems all create a better work experience for our staff.



Recruiting Methodology & Capabilities

MHM's recruiters customize each recruitment campaign to address the unique needs of each client, discipline and location of the facility. We use a detailed methodology to identify specific numbers of clinicians available within a reasonable radius of each facility. For example, our market review systems give us detailed data on the healthcare

marketplace in proximity to the correctional facilities we serve. We can determine how many mental health professionals are within 60 miles of each GDC facility.

MHM's recruitment strategies include various methods. We have found that passive recruiting methods such as print advertising or posting jobs on internet job boards have only limited effectiveness in attracting clinicians. Licensed healthcare professionals in competitive job markets are routinely bombarded with print advertising for job offers. These recruiting methods must be complemented with other proactive methods to be effective, like networking, resume database search or data mining, and direct contact, including mailings, phone calls, email, and social media.

These extra steps are particularly necessary for difficult to fill positions. While passive methods are important tools to include in a recruitment campaign, a comprehensive approach which includes both passive and proactive strategies is critical to ultimately producing results. One candidate may use online methods in his/her search, while others may need direct contact.

MHM's Georgia recruiting plan includes innovative strategies that strengthen our recruiting capabilities. Our team of experienced recruiters will establish relationships with **Psychiatry Residency Programs** as well as **Psychiatric Mental Health Nurse Practitioner programs** to provide information on and enlighten residents on a field that is often not explored by young career mental health professionals. MHM recruiters give presentations that provide details on topics such as the challenges, benefits, and perks of choosing a career in correctional mental health and specifically with MHM. Other strategies include sponsoring monthly industry- and specialty-specific journals, participating in and sponsoring speaking engagements with mental health societies and organizations, sponsoring dinner and luncheon events, and establishing community and industry awareness of correctional healthcare careers and MHM employment opportunities.

In today's age, providers are using their mobile devices to gain industry news and check emails from discipline-specific relevant associations or journals to remain updated on evidence-based practices. Studies have found that physicians are more likely to click on a relevant job posting while they are reading emails for which they have signed up versus using the more traditional recruiting tools such as online job boards. In response to this trend, MHM recently launched our **Programmatic Advertising Strategy**, a proactive recruiting strategy that has an already proven a successful return on investment through the increase in the number of professionals we have been able to recruit. Programmatic advertising allows us to connect relevant job postings to emails that automatically appear

on professional emails and articles. An additional effective and efficient tool that our team of recruiters utilizes daily is **Text Recruit.** This technology allows us to reach busy, on-the-go mental health professionals who have opted in for MHM related updates. Time is of essence in recruiting mental health professionals, and text recruit ensures that MHM updates are received by potential candidates in a timely manner.

As described below, MHM has a large team of professional recruiters who use these and other recruiting strategies to inform qualified candidates of the job opportunities available at MHM, while also developing an ongoing relationship with qualified candidates so that when the opportunity arises, the candidate will think of MHM as an ***employer of choice***. This is a different approach to simply announcing job openings to the market as they occur. Our relational approach keeps us in constant contact and engaged in an ongoing dialogue with literally thousands of qualified candidates across the country.

Our specific recruitment plans for the Georgia Department of Corrections contract can be found on the following pages.

Psychiatrists and Psychiatric Nurse Practitioners

The recruitment and retention of mental health providers is critical to the success of the Georgia Department of Corrections contract. To be successful, a strategic, robust, integrated and comprehensive approach is necessary. Providers are low in supply and high in demand particularly in smaller cities and rural areas. Extensive outreach and a very proactive approach are required to identify qualified clinicians for correctional healthcare positions.

MHM utilizes the skills and expertise of its experienced recruitment staff to execute such a plan and to guide candidates through to successful placement in the GDC facilities. These strategies include:

On-Line Advertising & Resume Searching – Below are a few of the many sites MHM recruiters utilize for online posting and proactive resume searching and candidate outreach.

- CareerBuilder.com
- Indeed.com
- PracticeLink
- DocCafe.com
- MHMCareers.com
- Georgia Physicians Psychiatry Association
- APA Job Central
- MDJobsite.com
- MAAPNG ***Moving Ahead with Advanced Practice Psychiatric Nurses in Georgia***
- Georgia Nurse Association

Direct Mail Campaigns – Lists are purchased and secured from state boards, local societies and from list companies that are vetted for accuracy then used to mail postcards, letters, or flyers to qualified provider candidates. MHM has in-house direct mail capabilities and has a very successful track record with our direct mail campaigns around the country.

Print Advertising – Ads are placed in national and local publications advertising both MHM and specific site vacancies.

- Psychiatric Times
- Current Psychiatry
- Georgia Psychiatric Physicians Association

Targeted Calling – The same lists that are used for direct mailing campaigns often include phone numbers. MHM recruiters make targeted, personal phone calls to Psychiatrists and mid-level providers within a 60 or 90-mile radius of specific facilities in order to attract candidates for specific openings. In addition, hospitals, clinics, and other mental health facilities that employ applicable candidates will be targets for potential calls. These methods are useful in targeting *passive c*andidates and networking/seeking referrals.

Military Recruiting – MHM is a military and veteran friendly company and our recruiters proactively target and recruit retiring and separating military clinicians and veterans. Some of our strategies include:

- Advertising regularly in *Military Medical News* including both online and print
- Exhibiting at Uniformed Services Academy of Family Physicians (USAFP) Annual Meeting
- Direct mail campaigns to psychiatrists practicing in military and VA hospitals
- Marketing to large military teaching hospitals across the country

Conferences – Annually we attend targeted conferences and events for psychiatry and mental health advance practice providers. These are long-term tools to generate interest and name branding. Below are some examples of those we attend:

- NCCHC
- ACA
- American Psychiatric Association National Conference
- Georgia Psychiatric Physicians Association Bi-Annual Conference
- US Psychiatric & Mental Health Congress & Elevate Conference
- American Psychiatric Nurses Association Annual Conference
- International Society of Psychiatric Nurses Conference
- American Psychiatric Nurses Association Conference

Broadcast Email – MHM recruiters access internally created talent pools as well as purchased email address lists that allow us to target a large number of providers via email much the same way our direct mail campaigns have in the past. This tool has been added to our recruiting toolbox to maximize our visibility and capture those providers who rely on email for news, mail, and information. Broadcast email campaigns can be targeted to Psychiatrists and Psychiatric Mental Health Nurse Practitioners.

Text Campaigns – MHM has incorporated a texting platform to our recruiting strategies. This platform allows us to reach a group of targeted candidates directly on their mobile phones to advertise and gain interest in our positions.

Social Media – MHM recruiters utilize the following social media sites for advertising, sending In-Mails and proactively targeting specific providers who would be a fit for our positions:

- LinkedIn
- Facebook

Programmatic Advertising – MHM recruiters utilize targeted online advertising which allows us to identify potential candidates based on specified demographics and online behaviors. Recruiting ads are served up to individuals based on specific targeted occupations, location and online behaviors. Over 300,000 ads were served to identify users since MHM began this campaign in September of 2017 and over 100 additional visitors are directed to our website each month as a result.

Referrals & Networking – MHM has an effective referral plan in place for current employees to recommend candidates and receive a referral bonus upon successful placement of a candidate. We

solicit names of colleagues from each new contact made as well by networking with our existing provider group. This has helped us build new relationships as well as a database of candidate profiles for current and future employment.

Recruiter's Advantage – MHM recruiters have access to an online platform which provides unique and customized pre-hire support tools designed to help engage candidates and enhance the pre-hire experience. It provides three main resources:

- An Interactive Benefits Roadmap which allows candidates to customize a plan to fit their needs and preferences
- A Total Rewards Statement which provides a line by line value of benefits and a total value summary
- A Relocation/Lifestyle Guide which provides detailed and customized information on a city or geographic area including schools, places of worship, shopping, airports and other areas of interest which are customizable to the candidate

Academic Recruitment Programming:

Residency/Fellowship Recruiting

- MHM recruiters make contact with psychiatry and dental residency programs and applicable fellowship programs as well as Mental Health Nurse Practitioner graduate and doctoral programs to network and recruit residents and students for future opportunities.
- MHM employs a full-time National Director of Academic Relationships to lead and assist MHM recruiters with academic outreach, formal affiliation agreements for rotations and preceptorships, and academic presentations and events.
- Efforts continue throughout the year to educate residents on the benefits and career path available with MHM. These efforts include sponsorship of monthly journal clubs, participation and sponsorship of speaking engagements with our existing providers, and direct communication with individual residents and students to learn their preferences for employment after completion of their program.
- Dinner and luncheon events are held at key programs to present corrections opportunities. Guest speakers are provided to programs for various correctional mental health topics.
- Continuous marketing is conducted by MHM recruiters to residents/fellows, graduating nurse practitioners and dental programs via email campaigns, targeted calling, direct mail pieces and personal program outreach.
- A sampling of the academic programs we reach out to in Georgia are:
  - Emory University Psychiatric Residency Program
  - Morehouse School of Medicine Psychiatric Residency Programs
  - Medical College of Georgia at GRU Psychiatry and Behavioral Health Program
  - Georgia State University Psychiatric Nurse Practitioner Program
  - Valdosta State University Family Psychiatric Mental Health Nurse Practitioner Post Masters

- Georgia Southern Psychiatric Nurse Practitioner Program Statesboro and Savannah Campus
- University of South Alabama Online Family Psychiatric Mental Health Nurse Practitioner Program; Clinical Rotation
- Upcoming July 2019 New Psychiatry Residency: Gateway Psychiatry Residency Program through Mercer University in Savannah

MHM recruiters also promote the loan repayment programs available in an effort to attract providers looking to utilize methods to help with the cost of educational loan repayment. These programs are:

- NHSC Student Loan Repayment up to $50,000 for two years of service
- Georgia Board of Physician Workforce Loan Repayment Programs:
  - Physicians for Rural Areas Assistance Program(PRAA): $25,000 per one year of service.
  - Georgia Physician Loan Repayment Program (GPLRP)
  - $25,000 per year for two year of service.

Allied Recruiting Plan

Listed below are the strategies identified for Allied positions (Mental Health Unit Managers, Licensed Mental Health Professionals, Psychologists, Activity Therapists, Dental Hygienists, etc.) Recruiting is a dynamic process that continuously evolves. MHM combines a strategic, integrated and comprehensive approach in order to be competitive in today's market. These strategies include:

1. **On-Line Advertising**

    - Indeed.com
    - CareerBuilder
    - Craigslist.com
    - MHM/Centurion Career Website
    - NASW (National Association of Social Workers) – GA Chapter
    - American Psychological Association (apa.org)
    - GA Psychological Association (gapsychology.org)
    - Licensed Professional Counselors Association LPCA – GA Chapter
    - Military.com

2. **Talent (Resume) Mining.** MHM has a proprietary database with over 70,000 candidates. MHM recruiters are skilled at mining resumes from various large job board databases to retrieve and identify potential qualified candidates and send emails and/or make phone calls to potential candidates. Sites utilized include:

    - Indeed.com
    - Careerbuilder.com
    - PsycCareers (APA)

3. **Social Media.** Social Media marketing provides the opportunity to network with colleagues, potential candidates and various professional networks to build employer branding and relationships.

4. **Direct Marketing Campaigns.** MHM possess both the capability and creativity to prepare very targeted direct marketing campaigns utilizing several mediums directly reaching an audience of licensed professionals. Marketing campaigns include:

    - **Direct Mail Campaigns:** customized postcards or flyers that are mailed to licensed professionals locally, statewide, and/or nationwide.
    - **Email Blast Campaigns:** customized email advertisements/ communications.
    - **Text Recruit Campaigns:** customized text messages
    - **Cold Calling:** direct telephonic outreach.

5. **Print Advertising.** Customized display ads and classified ads in journals, newspapers, association and society newsletters.

6. **Referrals.** MHM utilizes a robust Employee Referral Program (ERP) to encourage and reward employees to reach out to their professional networks. Over 25% of our current staff has come through this program.

7. **Conferences.** We exhibit at key conferences, both local and national, to attract qualified candidates. Examples of recent and upcoming conferences are:

   - Licensed Professional Counselor Association of GA Annual Conference in Atlanta, GA; May 2018
   - NASW (National Association of Social Workers) virtual career fairs twice a year
   - Southeastern Psychological Association Annual Conference in Atlanta, GA; March 2018
   - Georgia Psychological Association Annual Meeting; Atlanta, GA; March/April 2018

8. **Academic Program Recruiting**.
   MHM recognizes the importance of Academic outreach. Demand continues to increase for Healthcare professionals. MHM has been and will continue to reach out to those in training, in an effort to educate students on a career with MHM and in corrections. In Georgia specifically, we have connected with the following Graduate programs in Social Work in GA to promote our opportunities:

   - Albany State University
   - Clark Atlanta University
   - Georgia State University
   - Kennesaw State University
   - Savannah State University
   - University of Georgia
   - Valdosta State University

9. **Retention**
   MHM recognizes and places a huge value on retention. Various activities and incentives have been incorporated as part of our onboarding and employee relationship process:

   - Competitive Salaries and comprehensive benefits package which includes: very generous paid leave plans, health/dental/life/vision insurance, short and long term disability insurance options, career development benefit, 401k plan with company contributions, activity wellness benefit, and more.
   - Employee Referral Plan: for current employees to recommend candidates and receive a referral bonus upon successful placement of candidate
   - Conducting employee satisfaction surveys
   - On-site recognition and appreciation with luncheons and awards
   - Conducting exit interviews
   - Offering opportunities for advancement to current employees either at their current facility or at other facilities with the organization throughout the country

Department Structure

To achieve effective recruiting results, we have developed a corporate culture committed to the importance of hiring the right person for each job opening, and we have made a sizable investment into qualified recruiting personnel in sufficient numbers to actively dialogue with candidates across the broad spectrum of healthcare professionals and healthcare institutions. Other companies may claim to have robust recruiting departments, and we have even seen other companies claim to have the largest recruiting departments in their proposals. The fact is, no other company providing healthcare services to correctional facilities has as many full-time healthcare recruiters or depth of recruiting resources as does MHM relative to the number of positions in the company. Our healthcare recruiters are based strategically throughout the country to support our contracts, including Ms. Amanda Diamantis, our Allied Regional Recruiter, and Ms. Teffany Dowdy, our Regional Manager for Provider Recruitment who work closely with the GDC program.

The recruiting department is supervised by **Ms. Gina Morris**, who has been with MHM for over 10 years. MHM's recruitment team is organized by clinical discipline and each contract, including the GDC, has a dedicated Physician Recruiter and a dedicated Allied Healthcare Recruiter to understand the specific needs of each program. **Ms. Teffany Dowdy**, who has supported the GDC contract for many years, will continue as the Regional Manager for Provider Recruiting. She is joined by **Ms. Amanda Diamantis** who will also be involved in meeting GDC's recruitment needs. Their depth of experience and knowledge is complemented by a national team of recruiters around the country who will support their efforts.



Regina Morris
Vice President of Recruiting

The recruiters are specialized by clinical discipline to understand and have expertise in discipline specific requirements, licensure processes, and credentialing requirements, as well as to have specialized networking channels within the various disciplines.



Amanda Diamantis, CCHP, SHRM-CP, PHR
Regional Manager, Allied Recruiting



Teffany Dowdy
Regional Manager, Provider Recruitment

Recruiters are focused on developing a clear understanding of the specific requirements and nuances of each program. Additionally, they strive to develop a strong synergy between the program leadership team and the

client. The recruiters tour the institutions to gain firsthand knowledge of the environment, the protocols and composition of the treatment teams. This model has historically proven to be successful. It is unique to the industry and has been one of the primary reasons for maintaining our success in filling positions.

MHM's recruiting resources include:

- A national team of more than 30 recruiters, including two in Atlanta
- A state-of-the-art recruiting database
- Access and implementation of various advertising channels
- Recruiter's ability to recruit locally as well as nationally
- 24/7 access provided for candidates
- Established networking channels
- Recruiters have an average of 15+ years of experience recruiting for corrections
- Internal expertise to develop effective marketing and advertising campaigns
- Internal data and metrics to identify best practices and to have a good ROI related to effective recruiting initiatives
- Use of social media
- Continuous pipeline of candidates

Hi, I'm Teffany Dowdy and I've been recruiting for MHM Services and the GDC since July of 2008. Prior to coming to MHM, I had nine years of recruiting experience, and five of those years specifically as a hospital physician recruiter. In 1997, I graduated from Florida State University with a BS in Psychology and an emphasis in behavior management. The week following graduation, I set out to the big city of Atlanta and 21 years later, I am still here! I am proud to be a provider recruiter and work with an organization that makes a difference!!

Due to my educational background, tenure with MHM and passion for psychology and human behavior, I've been successful with recruiting psychiatrists, psychiatric nurse practitioners and dentists in the state of Georgia. Exercising more than traditional recruiting strategies and "thinking outside of the box" is vital to effectively recruit quality physicians. Over the years, I have established relationships with residency program directors, chief residents and society leaders reaching out to residents and early career providers. I traveled throughout the state to host luncheon presentations with topics such as "A-Day-In-A-Life-as-a-Correctional-Provider". I have attended the bi-annual Georgia Psychiatry Physician's Association CME meetings for the past 10 years, provided dinner events with local psychiatrists, hosted invitation only networking events partnering with CME speakers or pharmaceutical firms, and provided "open house" tours in selected facilities. This is where the proactive relationships begins.



The past 10 years with MHM has allowed me to cultivate long-term relationships with physicians ultimately resulting in quality hires. While technology may change how we recruit physicians, the human touch and ability to connect with people remains the same. It is what sets us apart!

It's no secret that recruiting for corrections presents intransigent challenges such as rural locations, safety concerns, and pay. To overcome these challenges, I've facilitated the HRSA designation process to enable each facility eligibility for The National Health Service Corps Loan Repayment. In addition, I explored clinical partnerships with psychiatry residency programs and psychiatric mental health nurse practitioner programs. I have hired 86+ Georgia providers throughout the state since 2008. We have a 0% vacancy with our dentists and PMHPs and a 3.4% Psychiatry vacancy. While I am not improving organizations through behavior modification as I intended so many years ago, I recruit quality providers who ultimately improve the lives of those who are underserved, severally mentally ill and deserve quality care!

Teffany Dowdy
Regional Manager, Provider Recruitment

Staff Retention

As mentioned previously, not only is it important to recruit and hire qualified staff, but it is equally as important to retain quality staff long term, with low rates of turnover. Mental health treatment programs are particularly dependent upon a stable, multi-disciplinary team of professionals working together in a united fashion. Chronic vacancies and high turnover of staff make delivering quality, effective clinical services nearly impossible.

MHM views retention as starting during the recruitment process and continuing through the hiring and on boarding process and beyond. MHM understands the importance of having the right person in the right job. We foster our relationship with the employee from the start of their employment through an effective new employee orientation, continued education programs, and clinical trainings. We provide the employee with competitive compensation and benefits and strive to create a work experience that is both challenging and rewarding for each employee. MHM constantly strives to improve on recruitment and retention practices.

MHM has a proven record of staff retention garnered through several programs and activities, including:

- Competitive salaries
- Our comprehensive benefits package, which includes: generous paid leave plans, health/dental/life/vision insurance, short and long term disability insurance options, paid professional liability insurance, tuition reimbursement, continuing education benefits, and more
- Our Employee Referral Plan: for current employees to recommend candidates and receive a referral bonus upon successful placement of candidate
- Conducting employee satisfaction surveys
- Conducting exit interviews
- Offering opportunities for advancement to current employees either at their current facility or at other facilities with MHM throughout the country

6. Implementation Plan and Timeline

Provide an implementation plan with a timeline of no more than 60 days. Include a description of the Suppliers methodology for implementing contract services when an existing supplier is in place. Describe what the Supplier believes to be the most effective roll-out and deployment strategy, including any recommendations regarding implementing/deploying services in separate areas or in a phased roll-out (e.g., by County) and a high-level timeline. If proposing a multi-phased strategy) include a description of the proposed phases and the approach to providing continuity of care. Propose the length of time for each of the implementation activities. Describe key staff roles and responsibilities and assumptions of the role of its staff, the State, and the outgoing provider.

MHM agrees to comply with the requirements of RFP Attachment F, Item 6, *Implementation Plan and Timeline*.

Summary of Contract Renewal Requirements

MHM has carefully reviewed RFP Attachment B, *Scope of Services, Mental Health* regarding GDC requirements and expectations regarding a new contract transition plan. As the incumbent mental health provider, we do not anticipate the need for many of the usual transition steps required on page six of RFP Attachment B when a new vendor assumes responsibility for a contract. However, because the new contract does include expansion of ITF services, MHM will ensure that we meet the following requirements in the two ITFs:

- Replacement of outgoing supplier's staff, equipment, supplies, and other resources with those of MHM
- Scheduling the timeframe for the replacement for each of the above elements of the transition
- No aspect of the transition will have an adverse effect on the delivery of services
- If MHM does discover a possible gap in services, supplies, or some other aspect of the transition after meeting with the incumbent service provider, we will bring this to the attention of the GDC immediately

Additionally, three other primary components of our mental health contract renewal plan include:

- **Expanded staffing:** MHM recognizes that the RFP, as written, would require substantially increased staffing levels for psychiatric providers and psychologists. We have used the flexibility in developing staffing patterns given in the Department's answers to questions to provide an alternative, reasonable staffing solution that we believe will ensure quality mental health services continue to be delivered in the new contract within the Department's budgetary constraints. Our mental health staffing plan is provided in our response to RFP Attachment F, Item 4, *Approach to Staffing at Facilities*. Once approved by the GDC, our recruiting team will work actively to identify, recruit, hire, and onboard qualified staff within the contract renewal period. We already have candidates in our recruiting pipeline.
- **Continued implementation and use of the Cerner EHR.** As the Department is aware, MHM has assumed a leadership role in the planning, configuration, and customization phase of the electronic health record (EHR) with regard to mental health and psychiatric components. We will continue to support the Department in the build out, piloting, and optimization of the Cerner EHR for Georgia. We anticipate that these phases will at least partially overlap with the contract renewal timeframe, with the first three to four facilities coming on line in October 2018.
- **Expanded staff access to MHM clinical infrastructure:** During the current contract, MHM has established an online *portal* that affords access to a broad array of clinical resources, including staff orientation and training materials, patient health education handouts, clinical guidelines, and model policies and procedures. Any MHM employee with an MHM email address can access these materials. While many MHM staff in our GDC program have access to MHM's portal, not all staff have email addresses and therefore not all can access our resources on the MHM portal. In the new contract we will ensure that all MHM staff have access to our clinical infrastructure on the portal.

Approach to Contract Renewal

MHM is proud to be a partner with the GDC in the provision of quality mental health services since our contract was initiated in 1997. What makes our partnership with the GDC particularly important and meaningful to MHM is that the GDC is our longest continuous correctional mental health service contract.

From our vantage point of over 20 years of experience, and with the level of resources MHM has developed over these 20 years available beyond those already in place in Georgia, we will be able to deliver a seamless transition into the new contract. We will be best able to get to work immediately on the service enhancements called for in the RFP. We will include the expanded aspects of our program while maintaining stability in clinical care. MHM's additional resources from neighboring programs and our corporate offices will be available to assist with the transition and support the MHM Regional Office management team with the additional program initiatives.

MHM currently has an established onsite management team, regional office support team, and clinical team consisting of psychiatric providers, psychologists, psychiatric nurse practitioners, mental health counselors, activities therapists, dentists, dental hygienists, dental assistants, and ancillary and support staff.

MHM is particularly excited by the prospect of taking on a larger role in staffing and managing GDC's two Integrated Treatment Facilities (ITFs). We provide a more detailed response to our experience and plan for managing these two units in RFP Attachment F, Item 3, *ITF Experience*. Even with this service expansion in the new contract, we do not anticipate the need for significant implementation steps once our proposed staffing solutions are approved.

Day-to-day management of contracted services will continue to be provided through the regional office team which includes individuals identified to oversee administration and management as well as clinical supervision for the contract. The following table showcases key members of our regional office team:

Name and Title	Experience
 Inez Tann, RN, BS, CCHP Regional Director/Program Manager	Over 20 years of experience in correctional healthcare. As the Regional Director and GA Program Manager, Ms. Tann provides the direction and supervision of staff to ensure the service delivery requirements of all regional contracts.

Name and Title	Experience
 Yeavis Knight, RN, BS, CCHP Assistant Program Manager	Ms. Knight has spent over 10 years working for MHM Services and as our Assistant Program Manager she has aided in the supervision and management of approximately 300 mental health and dental care staff members.
 Dauda Griffin, MD, CCHP Statewide Psychiatry Director	As the Statewide Psychiatry Director, Dr. Griffin directs, coordinates, and evaluates psychiatric treatments in collaboration with the mental health multidisciplinary team. Dr. Griffin has spent over 10 years as a licensed psychiatrist.
 James DeGroot, PhD Senior Clinical Director	After 26 years at the Georgia Department of Corrections, Dr. DeGroot now serves as MHM's Senior Clinical Director and assists with the development, implementation, coordination, promotion, and evaluation of clinical services.
 Rhonda Lemons, DDS Dental Supervisor	With 20 years of experience in dentistry, Dr. Lemons serves as MHM's Dental Supervisor and provides examinations of the oral cavity as well as overseeing the dental teams at other facilities with day to day goals and objectives.
 Bankston Dozier, PhD, CCHP Special Projects Manager	Dr. Dozier has served many roles in his 17 years with MHM. He currently serves as the Special Projects Manager, designing and providing training initiatives and corrective actions plans in response to clients' strategic and developmental needs.

Name and Title	Experience
 Betty Moore, RN, MSN, CCHP CQI Coordinator	Ms. Moore currently serves as the CQI Coordinator, where she completes on-site reviews of each facility to provide detailed findings, outcomes and conclusions. She has over 20 years of experience in healthcare services throughout the State of Georgia.
 Bridget Wakefield, RN CSU Coordinator	Ms. Wakefield has over 40 years of nursing experience. She's been working in the Georgia system since 2001 where she manages cases and keeps statistics and data for the crisis mental health beds.
 Sidney Moore, RN Staff and Program Development Coordinator	Over the years as Staff and Program Development Coordinator, Mr. Moore has provided support and consultative functions to Behavioral Health staff. He has assisted in the formulation and design of the ongoing physician review tools.
 Teffany Dowdy Regional Manager, Provider Recruitment	As the Regional Manager, Provider Recruitment Ms. Dowdy and her team take pride in recruiting the best psychiatrists and psychiatric nurse practitioners. With Ms. Dowdy has recruited for the state of Georgia for over 10 years.
 Amanda Diamantis, CCHP, SHRM-CP, PHR Regional Manager, Allied Recruiting	Ms. Diamantis has spent over 10 years in healthcare recruiting and serves as the Regional Manager, Allied Recruiting. She and her team work to find quality physicians and allied healthcare positions for Georgia.

Name and Title	Experience
 Matt Weis, PHR, CCHP Senior HR Business Partner	With over 20 years of experience in Human Resources, Mr. Weis serves as a Senior HR Business Partner for MHM. He works closely with management to support efforts to build, maintain, and train a strong work force.

Each of these individuals will be responsible for the oversight of contract implementation and ensuring that each element of the contract under their direction will be completed according to contractual expectations, GDC SOPs, and applicable ACA and NCCHC standards. MHM currently has an established location for our regional office and upon contract award will maintain its current location.

By retaining MHM as the contractor for GDC mental health and dental services, the Department will not have to bear the risk or costs associated with transitioning to a new contractor or experience the clinical staff turnover that can occur as a result of such a transition. Instead, current MHM staff will continue to work in their current roles providing services according to GDC expectations and policy.

Additionally, by retaining MHM as the contractor, the transitional issues associated with development of tracking and reporting systems, development of relationships with local Wardens and facility administration, coordination with community providers, and other start-up tasks that are associated with acquisition by a new contractor will not be necessary. With the approval of the GDC, MHM will work to solidify existing structures and relationships by holding meetings with stakeholders during the contract start-up process to explain our expanded role within the GDC.

By retaining MHM as the contractor for GDC behavioral health and dental services, the state will not have to bear the risk or costs associated with transitioning to a new contractor or experience the clinical staff turnover that may occur as a result of such a transition.

MHM fully understands the broad scope of tasks involved with transitioning a multi-facility correctional behavioral health program. We have successfully completed state correctional system

transitions in more than a dozen states, often under extreme time constraints and even simultaneously. For example, in 2008, we simultaneously transitioned statewide behavioral health programs for the Departments of Corrections in Missouri and Massachusetts within 30 days, including the successful hire and transition of over 500 new employees.

The following table demonstrates our track record of success in implementing new contracts in a timely manner:

Current Contracts	MHM Implementation Time
Maryland Department of Public Safety & Correctional Services	28 days
Massachusetts Department of Correction	30 days
New Hampshire Department of Corrections	30 days
Pennsylvania Department of Corrections	42 days
Georgia Department of Corrections	28 days
Philadelphia Department of Prisons	14 days
DeKalb Jail, Atlanta, GA	9 days

MHM understands that the proposed GDC mental health and dental programs will require a smooth transition to ensure continuity of services. Upon notification of award, we hope to begin meeting with Department officials immediately to review our contract renewal plan.

Focus on Mental Health Improvement and Efficiency Initiatives

MHM sees the new contract as an opportunity to focus on implementing further mental health service improvements and initiatives at the GDC. Throughout our contract history with the Department, we have been a helpful partner in establishing and updating the Department's mental health policies. In 2017, we played an important role in partnering with the GDC in establishing the structure, policies, and staffing requirements for the recently created Special Mental Health Treatment Units (SMHTUs). We look forward to playing a similar role as we transition in the new contract to oversight and staffing of the two Integrated Treatment Facilities (ITFs) at West Central and Appling.

As noted, over the past several months we have worked collaboratively with the GDC and other stakeholders on the anticipated transition to an electronic healthcare record system. We are excited about the opportunities that this will allow for more efficient staff workflows, additional reporting capabilities, and improved continuity of treatment across

various service providers both internal and external to the GDC. For example, our anticipated goal is to integrate our tele-mental health services with Cerner, GDC's selected electronic health record system. We also anticipate that the new electronic health record system will support efforts to provide enhanced CQI monitoring, auditing, and reporting capabilities that are required in the new contract.

MHM's Contract Renewal Plan

Communication with MHM Staff and GDC

During the RFP process, MHM reached out to our current staff to validate the importance of their continued service and maintain stability of staffing and services. Our management teams and field staff are energized and poised to continue forward under the new contract. Upon notification of successful rebid, we will provide a *Frequently Asked Questions* resource document to them to clarify any issues arising from the contract renewal. Our *Frequently Asked Questions* will include highlights of contract and service delivery changes as well as our goals going forward. From our years of experience, we often see higher than usual levels of false information and rumors circulating in the field at times of contract renewal and re-bid. We take proactive steps to ensure high levels of open communication with staff and stakeholders during these times so that staff stay focused on service delivery and to alleviate unnecessary anxiety amongst staff.

Upon contract award, MHM will initiate routine contract renewal meetings with the GDC as well as weekly calls with our regional and site leadership teams. During our weekly calls, we will share information regarding the renewal and the identified initiatives, changes, and/or expansion of services that are resulting from the new contract. We will provide our staff with guidance on how these changes impact onsite operations, and we will answer questions from site leadership and staff. Such routine communication with site leadership teams supports engagement and empowers our site leadership to facilitate change.

Current and New Staff

With GDC approval, we will be retaining all current MHM staff in the new contract. All staff have pledged their commitment to the program and staying on board in their positions going forward under the new contract. There will be no lapses in staffing or services during the transition to the new contract.

MHM is fully prepared to recruit the new staff who will be needed for program expansion in the ITFs, as well as the additional staff required by the Department through this RFP. We anticipate there will be a process of review and negotiation of a final staffing pattern and

we are poised to begin activating new employees to fill any new positions approved at the outset of the new contract.

MHM has been recruiting within Georgia for our GDC program for many years, and we know the state and local employment market well. We will continue the process currently in place for maintaining full staffing at all sites. Also, we know that to maintain our overall staffing rate target of at least 95%, we will need to ensure a ready supply of qualified candidates to be able to fill any vacancies that occur over the term of the contract.

Orientation of New Staff

A description of our employee orientation program is provided in our response to RFP Attachment G, Item 11, *Training and Quality Monitoring.* If we are fortunate enough to be re-awarded the mental health and dental services contract with the GDC, we will provide new employee orientation as required for these staff and any future staff who are hired as a result of turnover. We will also begin recruiting and training of the mental health and substance abuse staff in the two ITFs that we will assume responsibility for in the new contract with the GDC.

Renewal/Transition Activities

Consistent with the timeline requirements stated above, MHM's approach to the contract renewal and consolidation period involves a 60-day timeframe. Although a firm start date is not specified by the RFP, we recognize that the *Notice of Award* can be expected in mid- to late- June, 2018.

MHM will begin or continue contract renewal activities immediately upon contract award. Some of the activities are already underway in anticipation of award. Our mental health renewal is a component of our overall contract renewal plan and will include the following activities:

Task List	Responsible Party	Estimated Time Line
Pre-Notification Tasks		
Market Analysis identified	Recruiting	Completed
Salary Surveys	Recruiting	Completed
Sourcing for Licensed Professionals	Recruiting	Underway / Ongoing
Staffing Matrix	Recruiting	Completed
Compliance with GDC business requirements	Finance	Completed
Notification of Award of Contract	**60 days prior to contract start**	

Task List	Responsible Party	Estimated Time Line
Schedule and participate in kickoff meetings with GDC and begin contract renewal activities	Regional Director	Upon contract award
Distribute award announcement letter to stakeholders and facilities describing MHM and services to be provided (designed to alleviate concerns and rumors that typically surround a new contract)	Regional Director	Upon contract signing
Schedule contract renewal discussions with existing mental health staff	Regional Director, Director of Psychiatry	Upon contract award
Facilitate tele-psychiatry and tele-psychology transition team activities	Clinical Operations	Upon contract signing
Confirm credentialing filing and management system for mental health staff	Human Resources	Upon contract signing
Confirm payroll procedures for new staff and time keeping system	Payroll	Within 2 weeks post contract signing
Obtain necessary security clearances and IDs for new mental health and ITF staff	Regional Director	August 2018
Activate IT and communication systems for new mental health staff (email, cell phones, internet access, etc.) and ensure all mental health and ITF staff have MHM email access	IT	August 2018
Continue build out and implementation of Cerner EHR	IT in collaboration with GDC	Per GDC Schedule
Estimated Contract Start Date	**September 1, 2018**	
Activate any new staff recruited prior to contract start date	Various	September, 2018
Participate in transition review and operations meetings with GDC	Regional Director and other MHM leadership	Weekly for first 30 days, then monthly thereafter
Develop Contract Compliance Indicators	Clinical Operations	Within 30 days of start date
Conduct Contract Compliance Review for mental health services	Clinical Operations	Within six months of start date

Interface with Substance Abuse Contractor

MHM appreciates that contract transitions, even renewals, may involve multiple stakeholders and processes, including transitioning some behavioral health positions that are currently held by GDC employees and transitioning behavioral health positions from other private contractors. We recognize that there will be some staffing transitions from one agency to another as a result of our transition to oversee and staff the ITFs at West

Central and Appling. This is a common component of all of our new contract startups, and we have a perfect track record of success in transitioning staff from other employers. In fact, our post-transition employee satisfaction surveys show overwhelmingly that staff report higher levels of job satisfaction with MHM than their previous employer.



While the competition between correctional healthcare companies for contracts can be intense, when new contracts are awarded, companies work together to ensure a smooth contract transition. No company wants to cause poor patient care or adverse clinical outcomes as a result of a poor contract transition. MHM has a good working relationship with all companies in the correctional healthcare industry. We currently work alongside Spectrum in multiple contracts and are also very familiar with GCHC operating systems and management personnel.

Transition Activities with GDC and Prior Contractors	
Time Frame	**Transition Activity**
First Week after Contract Award and Notice of Approval to Initiate Communications	Propose initial meeting with GDC and Spectrum to establish expectations; identify transition and contractor coordination issues; request contact information for current contractor staff
Second Week	Initiate weekly meetings with GDC and Spectrum; identify current contractor concerns related to contract transition and delivery of behavioral health and/or substance abuse treatment services
Third Week	Continue weekly meetings with GDC and Spectrum leadership. Determine behavioral health equipment, supplies and information technology that will not be maintained after transition
Fourth Week	Review ongoing interface
Week of Contract Implementation	Continue contact as required for a successful transition

Staff Roles and Responsibilities

MHM's contract start-up activities are supported by the resources of MHM's Corporate Office in Vienna, Virginia, including our chief executive, **Steve Wheeler.** For each new contract, we establish a start-up and transition team and assign a MHM Vice President to oversee the start-up. For the GDC, **Jeff Wells**, Regional Vice President, will direct the start-up activities.

The continuation of the mental health components of the contract will be the responsibility of MHM's current leadership team in Georgia. **Inez Tann** will continue to serve as the Regional Director over the GDC contract. Her history and familiarity with the GDC will be integral to our start-up efforts. She will be assisted in managing the day-to-day transition duties by the Assistant Program Manager, **Yeavis Knight**.



Leadership from MHM's Human Resources, Recruiting, Clinical Operations, Pharmacy Management, Administration, and Information Technology departments will each coordinate the activities relative to their department's areas.



Our start-up team managers for the new GDC contract will be comprised of the following individuals:

Name & Title	Role in Start-Up
Jeff Wells, Regional Vice President	Mr. Wells will provide overall supervision and direction to the GDC contract transition. He will coordinate the development and execution of all start-up action plans.
Inez Tann, RN, BS, CCHP, Regional Director, Yeavis Knight, Assistant Program Manager, and Rhonda Lemons, DDS, Dental Supervisor	Ms. Tann, Ms. Knight, and Dr. Lemons will supervise, at the local level, the implementation of the mental health and dental programs. They will be the chief points of contact for the GDC and will receive assistance from our corporate office as outlined below.
Sharen Barboza, PhD, CCHP-MH, Vice President, Clinical Operations – MH Services	Dr. Barboza and members of her team will be available to support on-site contract transition activities. She will provide consultation and guidance with implementation of any new program initiatives that are approved through this procurement. She will also conduct and/or assign Clinical Operations staff to conduct the regular contract compliance reviews and will coordinate this with the Department's staff. Results of findings will be made available to the Department.
Christie Nader, VP of Information Technology	Ms. Nader will continue to oversee MHM's participation in the implementation of Cerner's electronic health record as well as expanding the availability of MHM's clinical infrastructure to all MHM employees through access to our on-line portal.
Karthik Elangovan, Director of Business and Clinical Applications for IT	Mr. Elangovan will continue to assist Ms. Nader through our IT Department in supporting the Department's implementation of the Cerner EHR and expanding access to MHM email to all MHM employees. He will also oversee implementation of the Dentrix dental health record.
Lisa Denny, Senior Vice President, Human Resources	Ms. Denny will supervise and direct activities related to recruitment, hiring, enrollment, and orientation of employees. These activities include the recruitment of existing employees and new employees to fill any vacancies.
Gina Morris, Vice President of Recruiting	Ms. Morris will directly oversee the recruiting process. The MHM team of recruiting professionals will support this process.
Matt Weis, Senior HR Business Partner	Mr. Weis will be responsible for working closely with the regional management team to assist with continuity of current staffing and any human resource needs, including orientation and on-boarding support for any new or transitioning staff from other vendors or agencies.

Additional operational management team members can be made available if needed. MHM does not anticipate this will be the case for any of the services provided through our current program. We also do not anticipate that the additional management and staffing responsibilities required in the ITFs will be a problem in terms of fully-transitioning these

services to MHM's oversight within 60 days of the contract award date. MHM will provide additional local and corporate resources and support for the ITF expansion as needed.

7. Close Out Plan

Describe the Suppliers methodology for transitioning contract services in no more than 60 days, at the end of the contract period. Provide a sample transition plan outlining pivotal steps in the process to ensure that services are not disrupted. Propose the length of time for transition activities. Describe key staff roles and responsibilities assumptions of the role of the State, and the incoming provider.

MHM agrees to comply with and meet the requirements of RFP Attachment F, Item 7, *Close Out Plan.*

MHM is hopeful that we will be able to continue to serve as the GDC's partner in meeting the mental health needs of GDC offenders for many years to come. We value our partnership with the GDC and are eager to continue our relationship throughout the entire ten years of the anticipated contract, and beyond.

In the event of the need to transition the mental health program to another contractor, we will work to ensure a smooth transition of services. Upon the conclusion of a contract term, we will ensure the continuity of patient care. The Department can be confident that we will cooperate with any successor contractor and the Department.

In the event the contract is awarded to another contractor, MHM will work with the GDC to meet specific transition requirements. We acknowledge that all end-of-contract transition activities must be completed in no more than 60 days. At a minimum, MHM will ensure that the following close out transition objectives are accomplished:

- Identify and communicate with the incoming vendor our current staffing, supplies, equipment and other resources that are in place
- Ensure that the transition with new vendor does not have an adverse effect on the delivery of services to the extent possible within our control
- Communicate the status of any important service or treatment initiatives that the GDC wishes to continue with the new vendor
- Communicate with GDC immediately if there are any potential service gaps that are discovered as we work with the new vendor to transition mental health services
- Provide a transition plan to GDC prior to contract award with the understanding that such plan may be modified after input from the Department

- Ensure that all charting and documentation is complete, including filing of paperwork in charts
- Assist GDC and new vendor in transitioning tele-mental health services to new vendor's platform
- Assist GDC and new contractor in transition of any electronic health record information

The GDC can be assured that we will collaborate and cooperate with the successor contractor in order to have an orderly and seamless transition for patients receiving mental health services. While competition among correctional healthcare companies can be fierce during the proposal phase, no contractor wants patient health to be impacted during contract transitions. MHM commits to working closely with the successor vendor to ensure each element required by the GDC to ensure continuity of care and uninterrupted management service is provided.

MHM will make every effort to provide the successor contractor with reasonable access to our non-supervisory staff and to mid- and lower level supervisory staff. We will cooperate fully to allow this access between 30 and 60 days of the contract end date. If less than 30 days of the contract term remains as of the time a successor contract is awarded, MHM will make special efforts to provide the successor contractor access to our staff.

We understand that providing a new contractor with access to our staff prior to a new contract initiation allows the GDC to have the opportunity for an uninterrupted transition to a new service provider. Although MHM has minimal experience in closing out contracts, our experience in assuming contracts from other contractors confirms that access to the staff currently providing the mental health and dental services is imperative to ensuring continuity of care for the patients.

MHM acknowledges the importance of maintaining an accurate physical inventory at all times. We will participate in an ending inventory should we not be awarded a subsequent contract and share this information with the GDC and successor vendor.

MHM will transfer all databases created under the contract to the successor contractor should we not be awarded a subsequent contract. Throughout the course of the contract we will maintain databases in a secure electronic platform accessible to designated GDC Health Services staff. Upon contract termination or expiration, MHM will provide the GDC with these databases in a secure and standard format that is capable of being transferred to

a system approved by the Department.

If MHM has any GDC data in databases on MHM-owned servers at the conclusion of the contract, the data will be exported and provided in comma-delimited files. We propose to transmit the data to the GDC via Secure FTP or encrypted cloud file sharing. Alternatively, if the data is too large for on-line transmission, it will be delivered to the GDC on an encrypted DVD or external hard drive. Computer documents that may be formatted in Excel, Word, PDF, or other software will be transmitted to the GDC via Secure File Transfer Protocol (FTP), encrypted cloud file sharing, or encrypted email. MHM will collaborate with the GDC and our subcontractors to determine which of the three methods is preferred.

MHM will provide all databases and GDC data as requested during contract termination.

MHM understands that all electronic correspondence pertaining to any matter related to the Contract, including patient care, litigation, healthcare grievances, complaints, and administrative remedy requests on the domain of either MHM or GDC will remain the property of GDC. MHM further understands no records or documentation are to be removed, altered, or destroyed if the GDC is required to maintain these records and documents by regulations, laws, accreditation requirements, or other standards. We appreciate that the requirement to maintain records and documentation includes records related to credentialing, training, discipline, time worked, patient healthcare, equipment, supplies, and inventory.

We agree that the aforementioned records will remain the property of the GDC. All GDC data and computer documents that are stored on MHM-owned servers will be deleted only after successful receipt by the Department. Upon notification of a successor contractor, MHM will ensure that all required Department records, reports, data, and other documentation are current and properly documented in the appropriate database or filed for use by the successor contractor as of the start date for the new contract.

MHM will provide appropriate representation at work initiation meetings between the GDC and the successor contractor to help ensure a smooth transition of services. MHM understands the importance of the work initiation meetings and will collaborate with the successor contractor and the GDC as requested. MHM will ensure that any and all close-out

activities for the contract have been timely and properly performed. These activities are specified in the subsections that follow.

New Contractor Transition Roles and Responsibilities

Transitioning a long-standing contract such as this will require effective communication and collaboration between all parties. As MHM has done with our new contracts when we have assumed responsibility from an incumbent, we anticipate that the new mental health contractor will take responsibility to manage the overall transition and implementation process, ensure that all services are in place, and minimize any transition issues for patients. Specifically, we have assumed that the new contractor would be responsible for:

MHM will complete all close-out activities in a timely, thorough, and collaborative manner.

- Maintaining open lines of communication with the GDC and MHM
- Proactively identifying and addressing any transition challenges
- Determining and actively pursuing all recruiting and staff requirements, including contacting current mental health staff who may be able to transition to the new contract
- Reviewing, developing, and obtaining approval for all policies and procedures, including standard operating protocols
- Addressing all technology issues
- Obtaining, reviewing, and understanding recent utilization management of services
- Working with MHM to address the transition needs of individuals with chronic or long-standing mental health needs
- Making arrangements to obtain any required data, documentation, medical records, and other information that are required for the ongoing management of the contract

GDC Transition Roles and Responsibilities

We assume that the GDC will be responsible for working with both MHM and the new mental health contractor in ensuring that the transition is completed in a timely fashion.

Specifically, we anticipate that GDC's responsibilities will include but perhaps not be limited to:

- Working with the new contractor to address any issues or concerns regarding their implementation activities
- Reviewing and approving or suggesting recommended changes to MHM's proposed Close Out Plan within 10 days of receipt to ensure sufficient time for MHM to complete all required and requested close out duties without delay
- Providing MHM with contact information for key transition team members from the successor mental health contractor
- Serving as mediator, if needed, between MHM and the successor contractor to clarify respective roles of both contractor agencies in completing transition duties
- Facilitating transition meetings between MHM and successor mental health contractor, when needed or appropriate, to ensure steady progress toward smooth, seamless transition with fair and reasonable transition duties shared by both mental health contractors
- Ensuring that MHM is paid in full for all provided services, per contract, within 30 days of the contract closing date

Length of Time for Transition

MHM anticipates that we will complete all transition activities within 60 days of the contract end date.

8. Medication Management

The supplier will monitor formulary exceptions and counsel psychiatrist whose prescription practices are outliers. Provide any relevant experience with this responsibility. The supplier may provide leadership to act as a voting member of the pharmacy and therapeutics committee and will assist the Department with policy and procedure development for the use of psychotropic medications and the ongoing review of the Department's formulary. Describe experience with medication management for psychiatry services. Specifically, site experience managing psychotropic drug treatments with prescriptions that must be renewed, changed or discontinued before the order expires.

Describe the approach to providing services in accordance with MH SOP 508.01.

MHM agrees to comply with and meet the requirements of RFP Attachment F, Item 8, *Medication Management.*

We describe our understanding of the GDC requirements below, followed by our approach to ensuring that we continue to meet or exceed GDC expectations related to psychotropic medication management. Based on the Department's answers to bidders' questions and RFP Attachment T, *SOP Crosswalk*, we understand that SOP 508.01 is provided in RFP Attachment J as SOP Reference Number VG01-001, *MH/MR Organization and Administration*. We were also able to locate SOP 508.24, *Psychotropic Medication Use Management.* Our psychotropic medication management practices will remain consistent with the expectations noted in both of these SOPs.

Specifically, our psychiatric providers will continue to:

- Provide medication management
- Conduct mental health emergency evaluations
- Conduct routine psychiatric evaluations in response to referral and consultation requests
- Make rounds in Level V Crisis Stabilization Units and Acute Care Units
- Participate in committees and administration meetings as requested
- Attend Level III/IV Supportive Living Unit community meetings
- Attend staff meetings

- Participate in treatment plan staffing meetings
- Maintain all documentation as required by GDC policies

Psychotropic Medication Expectations

Minimum Standards for Initiating or Prescribing Psychotropic Medications

Prior to any GDC patient being prescribed psychotropic medications, our psychiatrists or advanced practice nurse practitioners will continue to ensure that, at a minimum, the following VG01-001 and SOP 508.24 expectations are met:

- Psychiatric providers will review or complete an Initial Psychiatric Evaluation that includes all the required elements noted in GDC SOPs.
- Psychiatric providers will ensure that there is a diagnosis or diagnostic impression in accordance with the current edition of the *Diagnostic and Statistical Manual (DSM)* published by the American Psychiatric Association and that this diagnosis is recorded in the designated Problem List using the appropriate forms.
- Any prescribed medication not listed in the GDC Drug Formulary will be submitted as a non-formulary request and must be approved by MHM's Statewide Psychiatry Director
- New patients transferred or received at a GDC facility will have their psychotropic medications continued until scheduled for a psychiatric consultation within 14 days of arrival at the facility.
- Patients receiving psychotropic medications will be added to the mental health caseload.
- *Heat Plan Education* will be completed each year from April 1 through September 30 by nursing staff and reinforced by psychiatry staff. MHM has previously submitted medication consent forms that briefly discuss heat education for specific medication classes. These forms will be used once approved by the GDC legal department.
- A physician's order is required for each psychotropic medication and will be completed on the designated form and submitted to/documented on the appropriate location in the medical record.
- Patients must sign an informed consent prior to the initiation of psychotropic medication orders which must be reviewed and signed annually.

- Psychiatric providers will review the patient's condition within ten working days for all initial medication orders, and whenever clinically indicated.
- When released from a psychiatric hospital, Crisis Stabilization Unit (CSU)/Acute Care Unit (ACU), or Observation Cell, the patient will be seen within 48 hours by a licensed mental health staff member and within 14 days by a psychiatric provider if the patient is on psychotropic medications.
- Psychiatric provider follow-up appointments will be scheduled in accordance with the patients Mental Health Level, as prescribed in SOP 508.24.
- Psychiatric providers will ensure that all necessary laboratory work is completed and up to date prior to starting or continuing any psychotropic mediation.
- The use of psychotropic medications will be documented in the patient's treatment plan.
- The use of psychotropic medications without informed consent is restricted to emergency situations and will follow appropriate GDC SOPs.
- Psychiatric providers will follow established procedures for patients who are determined to be non-compliant with medication, including following the non-adherence counseling guidelines.
- Psychiatric providers will review provided copies of MARs at the time of each patient appointment to review medication compliance and address with the patient as needed.
- Psychiatric prescribers will have access to ***UpToDate***, an evidence-based clinical resource to aid in clinical decision making.

Discontinuation of Psychotropic Medication

MHM understands the importance of ensuring appropriate precautions before discontinuation of any patient's psychotropic medications. In compliance with GDC SOP 508.24 and any relevant aspects of SOP 508.01/VG-01-001, MHM will ensure, at a minimum, that the following precautions are taken:

- Psychotropic medications will be discontinued only after an appointment with a psychiatric provider, unless there is a clinical indication to discontinue medication emergently, such as an acute adverse effect.
- Documentation in the medical record will note the reason why medications for antipsychotics, antidepressants, and mood stabilizers were originally ordered and

what treatment alternatives are recommended upon discontinuation of the medications.

- If no alternative medications are prescribed, psychiatric providers will carefully assess the patient's needs and schedule a follow-up appointment based on mental health level and clinical indication in accordance with the GDC SOPs.
- If a patient is recommended for discontinuation from the mental health caseload, the treatment team will make a final determination and the patient will be reassessed 60 days after discontinuation of the medication.
- Patients with severe or persistent mental health disorders, such as schizophrenia or bipolar disorder will remain on the mental health caseload until such time as there is appropriate documentation to warrant a change in diagnosis.

Laboratory Testing for Psychotropic Medication Use

MHM appreciates the importance of ensuring that patients taking or being considered for psychotropic medications receive appropriate laboratory testing initially, and if warranted, on an ongoing basis. Patient's safety and medication efficacy are dependent upon appropriate ordering and review of laboratory findings. Our laboratory practices will continue to meet or exceed GDC expectations.

Patients taking antipsychotic agents will be receiving the following tests or procedures, as clinically indicated:

- Laboratory testing will be ordered based on the patient's past medical history, physical exam, and previous history of adverse medication reactions.
- Decanoate forms of neuroleptics (long-acting injectible medications) will not be used in emergency situations
- Patient's ordered antipsychotics will have their weight and waist circumference monitored every six months, along with a lipid panel and fasting blood glucose or HgbA1c.
- An AIMS form will be completed by a mental health nurse or psychiatric provider prior to initiation of an antipsychotic medication and at least every six months thereafter.

Patients taking antidepressant agents will receive the following tests or procedures, as clinically indicated:

- Laboratory testing will be ordered based on patient's past medical history, physical exam and previous history of adverse medication reactions
- Patients with a history of cardiac pathology or prolonged QT intervals will be ordered periodic EKGs as clinically indicated while taking antidepressant medications.
- Dosage adjustments will be based on clinical assessment and allowance for a sufficient period of compliance with the treatment at the prescribed dose prior to making an adjustment.

In addition to the above laboratory guidelines, MHM also recognizes the need to provide initial and ongoing laboratory testing for patients taking or being considered for certain high-risk medications. Psychotropic medications such as Lithium, Carbamazepine (Tegretol), and Valproic Acid (Depakote) must be maintained within a therapeutic serum level range, or may be contraindicated due to certain health conditions or complications associated with other medications the patient may be taking. We will ensure that all pre-treatment laboratory work, follow-up laboratory orders, and serum level assessments are consistent with GDC SOP standards. At a minimum, our laboratory standards for these medications include the following:

- Initial treatment work-ups consistent with each medication's clinical guidelines
- Repeat of pre-Lithium treatment work-up yearly
- Lithium serum levels taken seven days after starting or changing dosage
- Lithium serum levels monitored at least every six months
- Repeat Tegretol treatment work-up every six months
- Tegretol serum levels taken monthly for two months, and then every six months thereafter
- Valproic Acid treatment work-up every six months
- Valproic Acid serum levels every six months and within two weeks of dosage changes
- Laboratory tests to assess hepatic, renal, cardiac and gestational status will be ordered per GDC SOP when clinically necessary

MHM recognizes the need to be cautious with the use of psychotropic medications for anxiety. Some of the medications in this class can be easily misused by patients or diverted in a correctional setting. We will ensure that controlled anxiolytic medications are only used temporarily for well documented anxiety disorders or as an adjunct to treatment for the anxiety component of affective disorders. In fact, **MHM has a long track record of limited use of controlled anxiolytic medication within the GDC and currently has only six patients out of more than 6,000 who are on such medications.**

We will ensure that, at a minimum, the following requirements are met:

- Anxiolytics will not be used for the treatment for primary insomnia.
- In non-emergency situations, benzodiazepine usage generally should not exceed a period of three weeks.
- If a patient is considered for maintenance of benzodiazepines over two weeks, the patient will be examined by a second psychiatrist or the chief psychiatrist for a second opinion.
- Benzodiazepines can be used in emergency situations, but their usage will not exceed 24 hours without review and documentation of reasons for continuation of the medication.

Self-Administered Medications ("SAM")

We recognize the importance of closely monitoring which patients and medications are appropriate for self-administration, particularly in a correctional setting. We will follow the GDC expectations noted in SOP 508.24, including, but not limited to, the following:

- Stable MH Level II patients are appropriate for self-administered non-psychotropic medications.
- Patients in diagnostic facilities who are MH Level II will automatically be on SAM status for non-mental health medications.
- Patients who become self-injurious or hoard medications will be referred to a psychiatric provider for an evaluation to consider non-SAM status.

Heat Precautions for Patients Receiving Psychotropic Medications

MHM is aware of the need for certain medications and patients to receive appropriate education regarding the potential harmful impact of prolonged exposure to light and high levels of heat. Such patients may be prone to heat-induced conditions such as heatstroke, hyperthermia and heat exhaustion.

Appropriate operational precautions are also needed to ensure that patients who are prone to the negative health impact of prolonged levels of elevated environmental temperatures are also put into place. Our psychiatric providers will continue to cooperate with the actions taken by Mental Health Nursing staff regarding patient counseling and with actions noted by GDC security to maintain the required housing unit temperatures, particularly on SLU, ACU, or CSU units.

MHM's Approach to Responsible Medication Management

MHM has been operating a program of psychotropic medication management and utilization review for the GDC for over 20 years. We worked with the Department in the early years of the contract when extremely high-cost new psychotropic medications came onto the market and the use of the new medicines rapidly became the standard of care. The cost impact was dramatic and at one-point drug costs rose tenfold over historical levels due to the cost of newer medicines. MHM worked closely with the Department on a program to ensure the most efficient use of high-cost medications, and our pharmacy team kept our Georgia psychiatrists up to date on the often conflicting scientific data regarding the effectiveness of new medications against an onslaught of promotional pressures from the drug manufacturers.

The first wave of new psychotropic medications are widely available now in substantially lower cost, generic form, but there continues to be ongoing introduction of new psychotropic medications onto the market at very high prices and pressure from outside interests to *blindly* adopt their use. Our program ensures a sound, ethical approach to medications and is based on true scientific data and keeping our clinicians informed of the latest advances in psychopharmacology so they can make informed decisions about their prescribing practices.

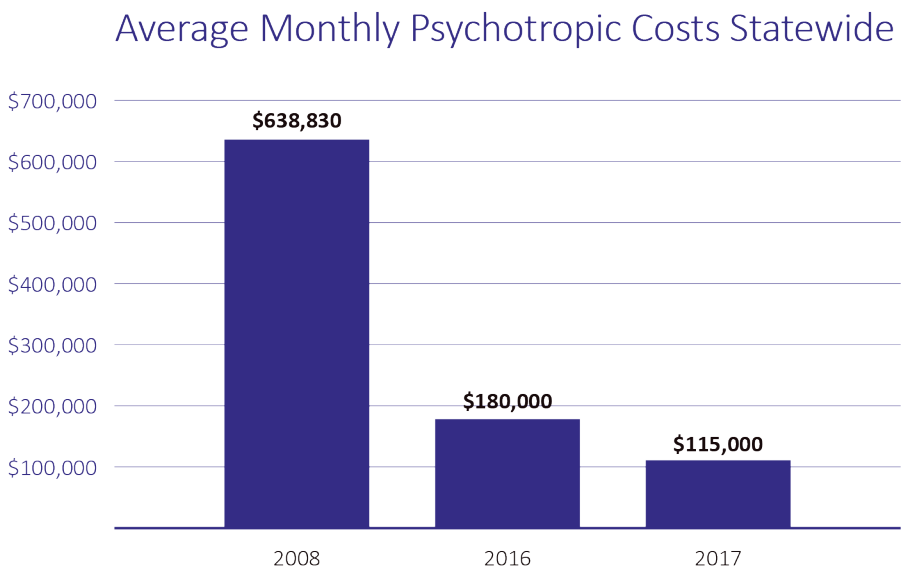
MHM has an established track record of consistently meeting or exceeding the organizational and administrative requirements for our psychiatric program as articulated in SOP 508.01/VG01-001. Similarly, we have consistently met or exceeded the medication management requirements in SOP 508.24, *Medication Use Management.* Our Statewide Psychiatry Director, **Dr. Dauda Griffin,** has taken a proactive approach to ensure that all psychiatric providers are well versed in all relevant SOPs, particularly those regarding medication management. He also works closely with our Pharmacy



Dauda Griffin, MD, CCHP
Statewide Psychiatry Director

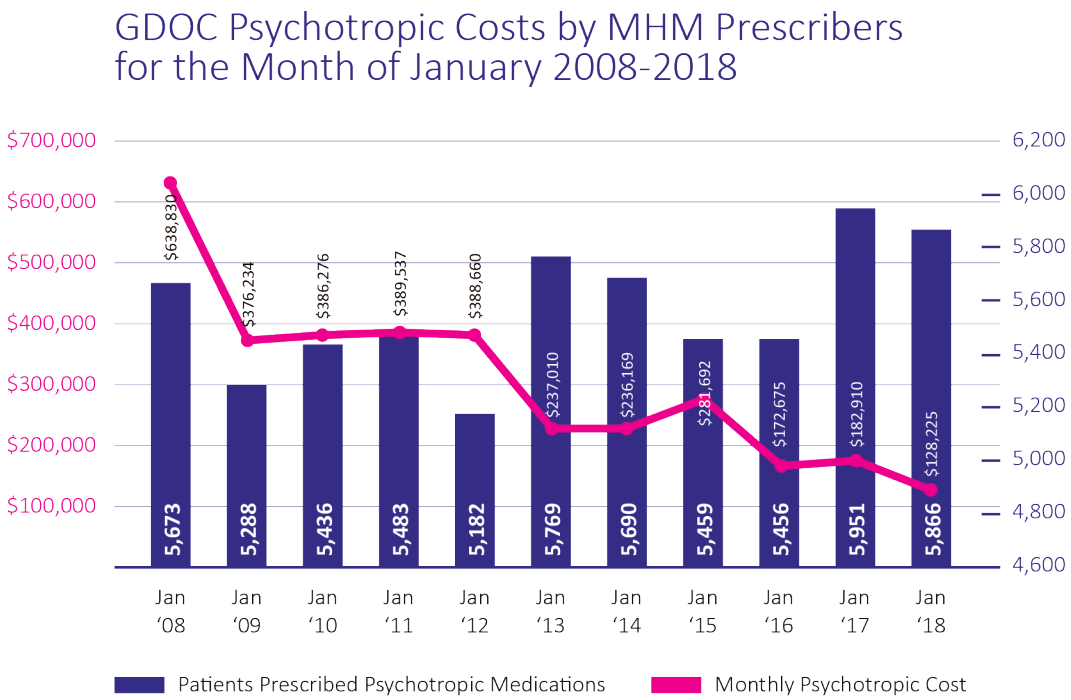
Management Department to monitor provider prescribing practices and provide them with individual feedback on a routine basis. This effort has contributed to significant pharmacy cost savings, improved formulary adherence, and reduced polypharmacy and other wasteful practices.

In 2016, monthly psychotropic pharmacy costs from MHM providers averaged approximately $180,000 per month. By December 2017, monthly medication costs had been reduced to $115,000 per month. Ten years ago, monthly psychotropic medication costs were significantly higher than current levels. In January 2008, monthly psychotropic pharmacy costs reached $638,830. The percentage decrease in monthly medication costs by MHM providers over the past 10 years is over 80%.



The monthly cost savings have occurred while the number of GDC patients taking psychotropic medications has *increased*. Ten years ago, there were 5,673 unique patients taking psychotropic medications. In January 2018, the number of unique patients increased to 5,866. The number of GDC patients taking psychotropic medications currently is also higher than 18 months ago when there were just under 5,700 patients prescribed psychotropic medications. Psychotropic cost savings over the past 18 months have been achieved, in part, by a well-executed campaign to significantly reduce the use of carbamazepine (Tegretol). This was accomplished through staff training, education, and a tight formulary exception request process, described in more detail later in this section.

The graph that follows illustrates our pharmaceutical cost-saving year over year, despite the growth of the psychiatric caseload.



Another area where Dr. Griffin has been proactive is in ensuring that MHM remains responsive to government regulation developments that impact psychiatric providers. For example, as soon as the announcement was made last year about mandatory registration for the **Prescription Drug Monitoring Program,** Dr. Griffin began educating our psychiatric staff including nurse practitioners of the need to do so prior to January, 2018, as required by law.

The goal of this new law is to prevent multiple providers from prescribing controlled substances to the same patient at the same time. With this new system, not only do providers have to check the system first before a controlled substance is ordered, providers are also required to enter their orders for controlled substances into the system. MHM psychiatric providers at the GDC are only required to register for the program. Providers working in correctional institutions are exempt from having to also check or enter controlled substances into the system.

MHM Corporate Pharmacy Management Team

In addition to MHM's in-state medication management leadership through our

Statewide Psychiatry Director, Dr. Dauda Griffin, we also have a dedicated Corporate Pharmacy Medication Management Department with over 30 years of combined experience among its leadership in providing pharmaceutical expertise in corrections. MHM's unique Pharmacy Management department works with clinicians and pharmacy vendors to lower costs and return the savings to our clients. They also ensure that all federal, state, and local requirements and national accrediting standards of care will be met.



Our corporate pharmacy management team will continue to provide valuable analysis and support of the medication utilization review and management program, a program that has ensured the appropriate use of medications and saved the GDC significant costs. The level of MHM's pharmacy management team participation exceeds the industry standard. We are one of the few healthcare providers in this industry, other than pharmacy contractors, that will **send pharmacists into the field to visit correctional facilities and provide education** and in-service training to local staff as well as attend client meetings to present pharmacy data. If the GDC ever has need for our corporate pharmacists to provide this level of onsite support, we are prepared to do so.

Our mission is to stay abreast of the rapidly changing landscape of pharmaceuticals and provide our clinicians with the latest facts and figures so they can make better informed decisions about prescribing medications. Our team promotes cost effective prescribing practices without compromising patient care. Recent new initiatives in the use of lithium and generic medications are saving the GDC thousands of dollars each month.

Our Pharmacy Management Team consists of **Dr. Gregg Puffenberger**, Vice President of Pharmacy Management, **Vince Grattan, RPh**, Director of Clinical Pharmacy Services, and **Dr. Erik Hamel**, Clinical Pharmacy Specialist, along with a team of analysts and database managers at our corporate headquarters. Drs. Puffenberger and Hamel have their doctorates in pharmacy and are both clinical pharmacologists. This team has a wide range of expertise in both psychopharmacology and general medicine.

Our Pharmacy Management Team closely monitors drug cost trends and shares their reports and data with our clinical and administrative leadership teams across the company. Our pharmacists work in collaboration with the GDC, MHM Statewide Psychiatric Director, and our other mental health leaders to ensure GDC pharmaceutical requirements for mental health are met and quality of services is optimized.

We have successfully developed, implemented, and managed formularies in our contracts through multiple steps. In the GDC, we will continue to ensure compliance with the Department's formulary for psychotropic medications. We recognize the Department has developed this formulary with care and we will not seek to impose an "MHM formulary" on the GDC. When formulary changes appear to be warranted due to developments in evidence-based treatment or pharmaceutical markets, MHM will collaborate with the GDC to determine appropriate resolutions. We work to *anticipate* new prescribing trends, rather than *react* to new trends. We study not only the clinical aspects of individual medications, but also the pricing and cost trends of medications from a marketplace perspective. The drug pricing market is anything but stable, and prices fluctuate dramatically as well as does supply of medications. We have seen shortages in recent years of

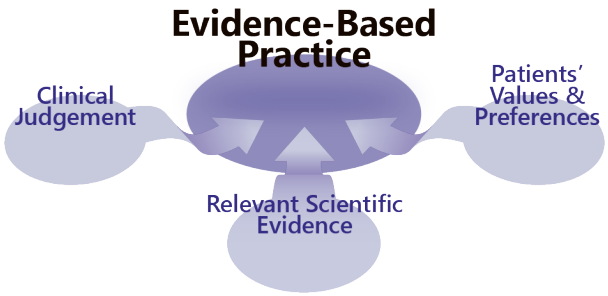
MHM's pharmacy management processes include:

- Analyzing reports generated by MHM's corporate pharmacy analysts
- Analyzing reports provided to us by pharmacy contractors
- Collecting metrics on total prescribing costs and formulary and non-formulary drug utilization
- Providing regular reports on prescribing metrics during Pharmacy and Therapeutics Committee meetings
- Presenting educational trainings during on-site provider meetings. By providing on-site, face-to-face education on prescribing practices, pharmacotherapy, evidence-based practices, and medications currently in the pipeline, MHM is able to be proactive in managing medication costs and improving care.

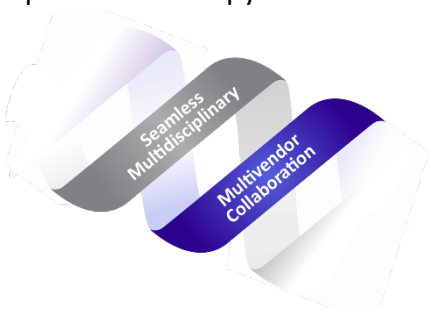
- Providing detailed reports on provider practices, sharing results with our Psychiatric Directors for follow-up, or contacting clinicians directly with recommendations
- Following investigational drugs being developed years before they receive FDA approval to ensure that we and our clients are not caught off-guard by expensive new therapies

Psychotropic Medications and Patient Medical Needs. MHM will continue to work with the GDC's medical contractor to ensure the controlled and timely distribution of prescribed psychotropic medications and timely attention to medical needs in outpatient settings. We will communicate regularly with the medical contractor's leadership regarding these matters. In the very unlikely event that we are unable to effectively and timely resolve any issues, the issues will be communicated to the GDC Mental Health Director.

Pharmacy &Therapeutics Committee Meetings. Throughout our various contracts, we routinely attend monthly Pharmacy & Therapeutics Committee meetings and have held many training sessions for the psychiatric and medical providers. In our GDC program, we have met SOP 508.01/VG01-001 requirements for participation in committees and administrative meetings. MHM's current voting member of the Pharmacy and Therapeutic Committee at the GDC is Dr. Griffin, our Statewide Psychiatry Director. Importantly, ***we have made all of our cost based prescribing decisions based on the latest peer reviewed clinical evidence*** to be certain we were not compromising the quality of care we provide. We look forward to continuing to collaborate with the GDC to support clinically effective and cost-efficient pharmacotherapy.



MHM understands the pharmacy contractor and medical contractor's Regional Medical Director lead the monthly regional Pharmacy and Therapeutics Committee meetings. We will continue to participate actively in these meetings. We will fully cooperate and collaborate with these committees for the purpose of:



- Additions and deletions to the formulary
- Monitoring usage of pharmaceuticals including psychotropic medications
- Identifying and reviewing each of the following:

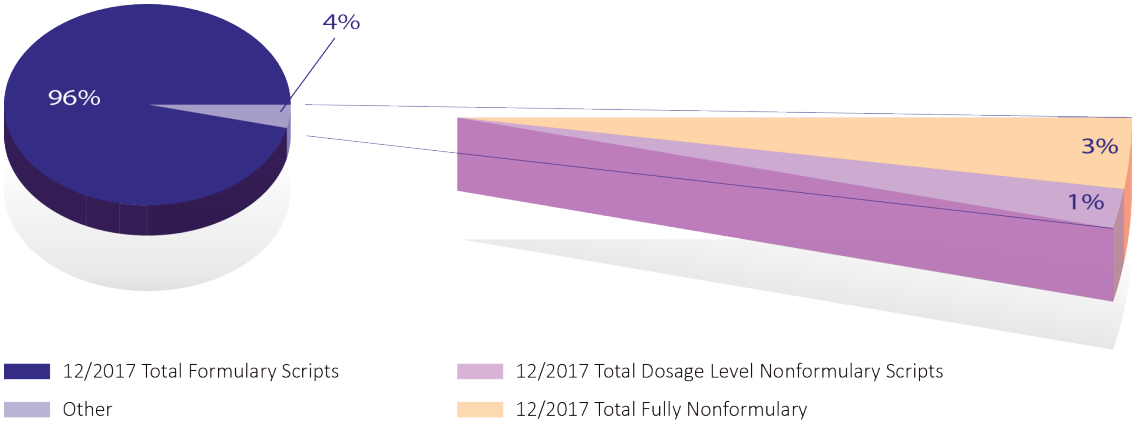
- Prescribing patterns of clinicians
- Pharmacy utilization trends
- Over the counter distribution
- Use of non-formulary medications
- Medication administration errors
- Cost effectiveness
- Other pertinent information relating to pharmaceutical operations

Managing Pharmaceutical Inventories and Security. MHM is familiar with the requirements for stock medications, maintenance of perpetual inventories for medications, returning or disposing of expired and/or damaged medication stock, transferring patient medications with the patient, and ensuring security and key control for narcotic medications on the mental health units. Georgia Correctional HealthCare (GCHC) currently provides the mental health nurses who perform these responsibilities. However, should the GDC ever choose to have the mental health vendor provide the nursing staff for the mental health units, we have the experience and expertise to provide these staffing resources.

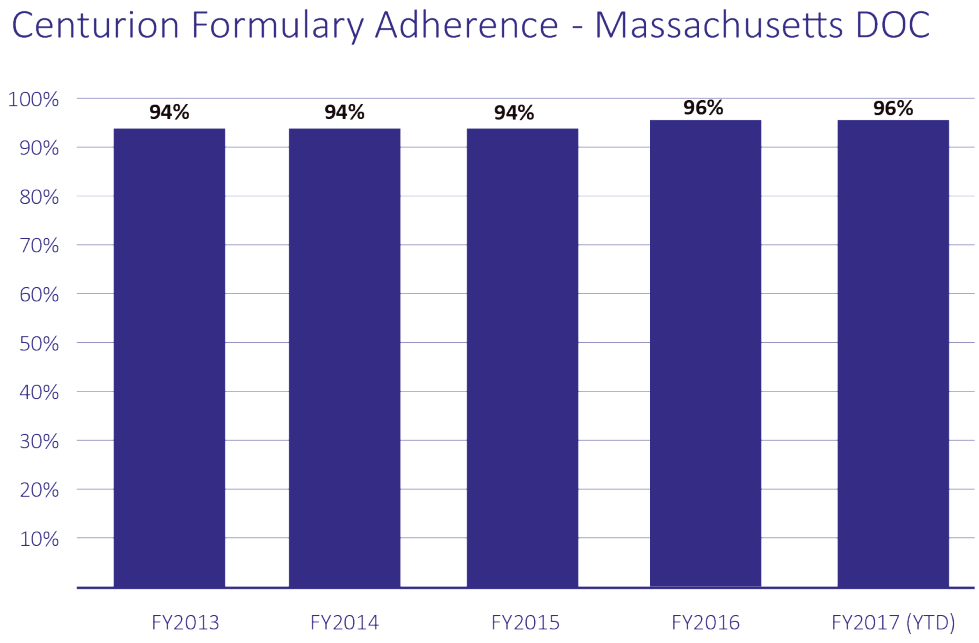
Formulary Management. MHM will meet GDC requirements for formulary adherence. At the GDC, all psychiatric medication formulary exception requests are reviewed by Dr. Griffin, or a designee when absent. Requests are made and received through MHM's proprietary database, specific to Georgia. Formulary Exception Requests (FERs) are managed in this system and maintained for at least five years. If more information is required to make a decision, direct feedback is provided. If a request is denied, the reason is always given directly to the requesting provider.

Any outliers in terms of excessive utilization of psychiatric provider formulary requests are managed on a quarterly basis by Dr. Griffin. MHM currently has a 10% denial rate for non-formulary requests. We believe this is a healthy denial rate that demonstrates the fine balance between maintaining primary formulary adherence with enough flexibility to ensure that patient needs are being met when a non-formulary medication is the best clinically appropriate option.

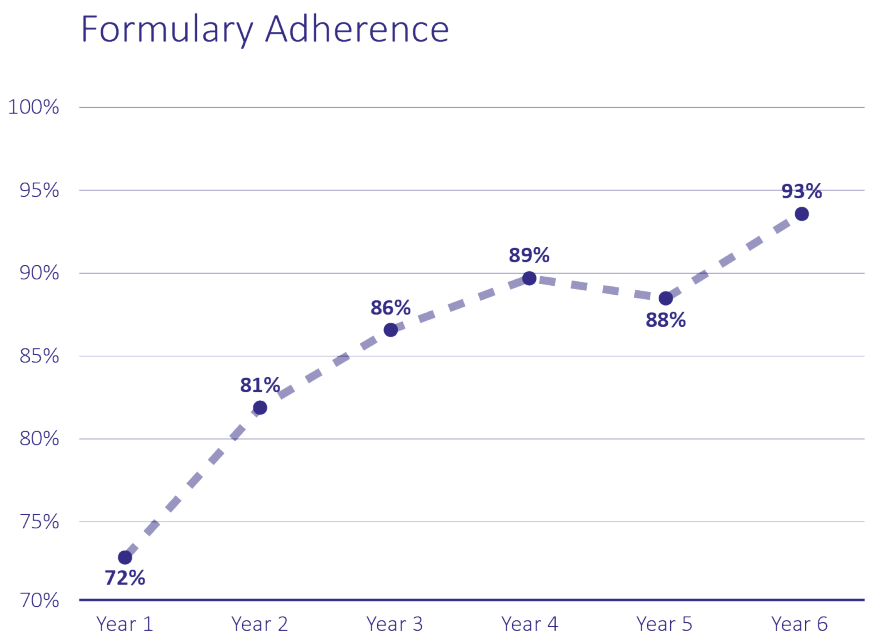
Recent MHM provider ordering data from December 2017 shows that **our formulary compliance rate at the GDC is currently 96%**. Seventy-five percent of the remaining orders (or 3% of total orders) were fully non-formulary and 25% (or 1% of total orders) represent dosing levels that are non-formulary. The graph below summarizes these results.



Shown in the following two graphs are examples from other contracts of our formulary adherence results. For example, MHM's affiliated company, Centurion, assumed responsibility for comprehensive healthcare services for the Massachusetts Department of Correction in 2013. Centurion has achieved consistently high levels of compliance with the comprehensive medication formulary:



Similarly, over a five-year period in another contract, MHM started without a psychotropic medication formulary and was able to achieve 93% adherence by the fifth year:



Based on this history and our current performance in the GDC, we are confident we can continue to meet the Department's expectations for formulary adherence and management in the new contract.

Training on Pharmacotherapy. MHM will continue to use our expert team of clinical pharmacists and experienced Medical and Psychiatric Directors to provide regular training and educational programs for our psychiatric clinicians. This training will address drug interactions, polypharmacy, and other issues that affect complex patients.

We will focus training on reducing polypharmacy, improving care for complex patients with both mental disorders and medical conditions, and reducing reliance on psychotropic medications as clinically indicated. Our pharmacy utilization tracking identifies individual provider polypharmacy practices and the results are shared with Dr. Griffin. In collaboration with MHM's Pharmacy Management department, Dr. Griffin reviews and analyzes the data to determine where corrective action is needed to address the medication prescribing practices of individual clinicians. Programmatic or systemic issues in prescribing practices are addressed through training. Issues with a specific provider are addressed individually.

A summary of the analysis of prescribing practices is shared with all psychiatric providers. Our Pharmacy Management department provides on-site educational seminars to the providers on evidence-based care and updates to national guidelines in medication use, formulary compliance, polypharmacy, medications with abuse potential, and cost-related issues including manufacturing shortages and medications for which generic formulations are expected to become available.

Psychiatric Medications at Intake

MHM will continue to support the GDC goal of ensuring continuity of psychotropic medications upon the patient's arrival to a facility with verified medications. Incoming patients may report being on psychotropic medications while housed at the county jail, another prison, or from another system. The intake medical nurse from GCHC initiates the *bridge order* process to continue the patient on their current medication(s) by contacting the onsite or on-call medical physician to write a 14-day bridge order.

An MHM psychiatrist is required to meet with the intake patient within this 14-day time period to conduct the initial psychiatric evaluation. After the evaluation, the psychiatrist may choose to continue, modify, or stop the patient's psychiatric medications. In some cases, the GCHC physician may consult with MHM's psychiatric provider staff if there is uncertainty or questions about continuing the patient's reported and/or documented psychotropic medication regime – a collaborative model between MHM and GCHC that has worked well for some time.

One challenge in this process is that sometimes our psychiatric providers inherit complex medication regimens from the providers at the patient's prior correctional system. We also sometimes find that previously prescribed medications are not always clinically appropriate or do not meet GDC formulary requirements. Our psychiatric providers are well trained and experienced in ensuring that newly arrived patients are provided with timely and clinically appropriate medication regimens that meet GDC SOP requirements as well as best-practice standards.

An MHM psychiatric provider will be responsible for prescribing and reordering psychiatric medications for most patients in GDC facilities. MHM staff will continue to coordinate continuity of any psychiatric medications with the medical provider staff who are responsible for the intake medical screening process, including verification of patient self-reported medications.

Ensuring Compliance with GDC Medication Requirements

MHM has instituted a number of mechanisms to monitor compliance with GDC RFP and SOP requirements related to medication management. These mechanisms include supervisory oversight by **Dr. Dauda Griffin**, the Statewide Psychiatry Director, the annual peer review process, quarterly and annual GDC and MHM CQI audits, and the annual peer review process. Once available, monitoring of medication prescribing practices and compliance with GDC requirements will include automated reporting through the Cerner EHR system.



Dauda Griffin, MD, CCHP
Statewide Psychiatry Director

Dr. Griffin provides the psychiatric team with ongoing monitoring and feedback. Each month he facilitates a provider conference call that includes providing feedback on pharmacologic issues, trends, and other psychiatric service and operational concerns. On a quarterly basis, Dr. Griffin provides more focused feedback to providers by reviewing individual provider prescribing trends, compliance with relevant GDC SOP requirements based on GDC or MHM quarterly and annual audit results, spot checks of medical records, and laboratory compliance patterns. Dr. Griffin relies extensively on pharmacy reports provided by our corporate pharmacy department to assist with this process. Any individual provider performance concerns are addressed through one-on-one supervision.

In addition, all psychiatric providers participate in an annual peer review process. The tools used for this purpose incorporate feedback from GDC and MHM annual audits, regular review of compliance with organizational and administrative requirements for psychiatric providers as outlined in GDC SOP 508.01/VG01-001, and regular review of medication management practices noted in GDC SOP 508.24. Psychiatric providers who demonstrate significant performance concerns are brought to the attention of Dr. Griffin for individual corrective action planning, if needed.

Although not yet in practice, MHM is proud of the role that we have played in advocating for and then customizing an EHR system that is capable of tracking and reporting on a number of psychiatric provider performance practices and patient outcomes. Dr. Griffin has been very active in articulating the needs of the mental health program to ensure that the system is capable of capturing and reporting on significant mental health and psychiatric service performance measures.

Once the Cerner EHR system goes live, we anticipate that the enhanced performance and patient outcome measure capabilities of the system will assist in improving compliance with GDC SOP requirements as a result of more timely and efficient feedback related to staff performance. Improved staff performance will also enhance patient care, patient experience, as well as the experience of staff by supporting professional development and a more efficient working environment.

Managing Ongoing Medication Continuity

Once patients are prescribed psychiatric medications, we recognize the importance of ensuring that medications are taken consistently as prescribed to maximize their benefits and minimize risk of potential adverse outcomes. To accomplish this goal, a number of mechanisms are in place to ensure that patient medications do not expire before they are renewed, modified, or discontinued. These mechanisms include frequency of scheduled follow-up appointments, use of telepsychiatry, strategic staffing assignments, and collaboration with GCHC's nursing staff regarding ongoing monitoring and prioritization of patients with soon to expire medications.

The first mechanism to assist with medication continuity is the frequency of required patient contacts with a psychiatric provider. While GDC SOP 508.24 allows for a maximum time of 120 days between psychiatric provider contacts for MH Level II patients, MHM typically schedules follow-up medication management appointments no more than every 90 days. When a new medication is started, our providers meet with the patient within 10 business days for follow-up to help ensure that the medication is not having adverse side effects or other complications. Higher risk patients designated as MH Level III and IV are seen for follow-up appointments even more frequently, typically every 60 or 30 days, respectively, to help ensure medication continuity and minimize the risk of adverse effects.

Another mechanism that MHM uses to support medication continuity and minimize the risk of having patients with expired medications is expanded and flexible use of telepsychiatry. Some GDC facilities are located in geographic areas that are more challenging to serve, and these facilities are good candidates for incorporation of telepsychiatry services. We have successfully used this model of care to minimize backlogged medication management appointments and avert patient medication disruptions. MHM not only provides regular staffing hours through telepsychiatry, but has the flexibility to add or reassign telepsychiatry services to serve facilities that may be experiencing unusually high patient volume or backlogged appointments.

MHM is not only flexible with telepsychiatry scheduling assignments, but also with the onsite provider schedules as well. Through close monitoring of medication appointments across all GDC facilities, MHM is able shift psychiatric provider staff to sites that have greater needs, when necessary.



MHM also has an effective and collaborative working relationship with the GCHC nursing staff that allows us to jointly monitor the medication expiration dates for all patients taking psychotropic medications. Through this collaborative effort, when medication appointments are temporarily backlogged, a triage process ensures that patients at greatest risk for expired medication orders are either made a priority to see a provider, or receive a bridge order for up to 30 days to ensure that their medications continue until their next scheduled psychiatric provider appointment.

9. Psychologist Diagnostics/Evaluation/Emergency Evaluation

How will you provide services to meet the requirements of MH Evaluations as per SOP 508.15.

MHM agrees to comply with and meet the requirements in RFP Attachment F, Item 9, *Psychologist Diagnostic/Evaluation/Emergency Evaluation*.

Based on the Department's answers to questions and RFP Attachment T, *SOP Crosswalk*, we understand that SOP 508.15 refers to VG31-001, *MH/MR Evaluations*, provided in RFP Attachment J.

Summary of GDC Mental Health Evaluation Expectations

As the incumbent mental health provider, MHM is very familiar with the requirements in SOP 508.15/VG31-0001. As with the other mental health SOPs, MHM assisted the GDC in updating this policy to ensure that it remained current with national standards and best practices, as well as changes in the Department's operational systems.

We understand and agree with the GDC's mental health evaluations requirements to ensure that correctional patients with serious mental illness or other identified mental health needs are thoroughly evaluated by a qualified mental health professional. Properly completed, the mental health evaluation is intended to identify each patient's need for mental health treatment and services and to assign a mental health classification level based on the level of services noted in the patient's mental health treatment plan.

MHM is committed to ensuring that we meet or exceed the requirements of SOP 508.15/VG31-0001. The major requirements in this SOP are summarized below. After this summary, we review our approach to ensuring that these evaluation requirements are consistently met.

General Evaluation Procedures

- All mental health referrals from the reception screening process or the mental health referral process will be reviewed by the Mental Health Unit Manager for assignment of the appropriate evaluation track

- The mental health classification will be based on the results of the evaluation and entered into the appropriate tracking system (OMS, OTIS, or Scribe)
- Patients determined to be in need of mental health services will not be returned to a GDC facility, county institution, boot camp, detention center, diversion center or transition center without onsite mental health services
- The mental health evaluator is responsible for having the patient sign the appropriate *Consent to Mental Health Evaluation of Treatment* at the time of the evaluation
- The assigned mental health evaluator is responsible for requesting appropriate and relevant prior mental health records and documentation, including, but not limited to past hospitalization and recent mental health treatment records

Special Evaluation Procedures

- Emergency Evaluations
  - Patient must pose a danger to himself/herself or others, or be actively psychotic, as determined by a qualified mental health professional at the time of the mental health reception screening or by the Mental Health Unit Manager while triaging mental health referrals
  - Any situation where a clear need for immediate intervention is present
  - Conducted by a psychiatrist or psychologist

- Psychiatric Evaluations
  - For patients who enter the GDC with an active prescription for psychotropic medications
  - For patients referred by a physician or psychiatrist for an evaluation
  - Mental Health Unit Manager or designee will schedule psychiatric evaluations in a timely manner in accordance with SOP VG30-0001 and VG35-0001 requirements
  - Completed and documented in accordance with VG60-0001 requirements
  - Psychiatric follow-up will be based on clinical judgment of the psychiatrist in SOP VG60-0001

- Mental Health Services Screening & Comprehensive Evaluation
  - Qualified mental health professional will perform a mental health screen consisting of a review of records and brief clinical interview, upon receipt of a self- or staff referral other than through the mental health reception screening process
  - Information obtained will be documented on the GDC approved *Mental Health Evaluation Form* and lower part of the referral form
  - Mental health referrals received through the reception screening will receive a full mental health services evaluation
  - Mental health service evaluations will include a review of medical records, a clinical interview and completion of the *Mental Health Evaluation for Services Form*
  - A Clinical Psychologist will review and sign all mental health service evaluations conducted by unlicensed mental health personnel and jointly determine the mental health classification level
  - The mental health classification level will be entered into the appropriate computer tracking system (OTIS or Scribe) and will be made a part of the diagnostic package for patients referred through the mental health reception screening process
  - Patients classified as Mental Health Level II or higher will be scheduled for either an initial psychiatric or psychological evaluation as a part of the treatment planning process
  - After the initial evaluation is completed, the psychiatrist or psychologist will complete a diagnosis list, using current *Diagnostic and Statistical Manual* criteria
  - Once mental health level of care is determined, the Mental Health Unit Manager will assign the patient to a mental health counselor who will see the patient within 48 hours
  - The *Mental Health Evaluation for Services Form* will be filed in the patient's medical record and the mental health record, each in its appropriate section

- Evaluation for Developmental Disabilities Services
  - Patients scoring 70 or below on the *Culture Fair Intelligence Tests* and patients with a history of special education services for developmental

disabilities will be referred to the mental health behavior specialist for further screening and evaluation

- The mental health behavior specialist or mental health counselor privileged in testing will administer a standardized intelligence test approved by the mental health program supervisor
- All patients scoring 70 or below on the standardized intelligence will be further assessed for deficits in adaptive functioning through a clinical interview to assess for ADL, and a review of the record
- A licensed psychologist will review and sign all test results/reports and determine if a diagnosis of developmental disabilities is in order
- A mental health behavior specialist or mental health counselor will develop a treatment plan in accordance with GDC SOPs
- The Mental Health Unit Manager or designee will inform Inmate Classification of special housing/program needs and mental health classification

- Psychological Testing and Evaluation
  - Patients will be referred for psychological testing if they meet one or more of the five criteria noted in SOP VG31-0001
  - Before psychological tests are administered, the psychologist will review the referral and determine which tests should be administered
  - The mental health behavior specialist or mental health counselor privileged in testing administration may be used to administer and score testing, under the direction of the psychologist
  - The psychologist will write a psychological testing report within 14 working days of receiving the referral
  - All tests will be maintained on file in the mental health record, or, if none exists, in the appropriate location in the medical record

- Parole Board Requests for Parole Psychological Evaluations
  - The Mental Health Unit Manager will be responsible for scheduling the completion of parole psychological evaluations, as received by the **Board of Pardons and Parole**

- The parole psychological evaluations will be completed by a qualified mental health professional
- These evaluations can be completed by masters level mental health providers who are not assigned as counselor to the patient
- A doctoral degree level psychologist, licensed as an applied psychologist, will evaluate patients serving a life sentence or sentence due to a sexual abuse charge
- The Mental Health Unit Manager will ensure that psychological reports are returned to the Parole Board within 30 days of receipt of the request for evaluation
- A log will be established at each sentence unit to track parole psychological evaluations using the approved GDC log form

MHM's Approach to Meeting GDC MH Evaluation Expectations

Psychologists

All psychologists are trained on how and when to use each of the mental health evaluation forms noted in SOP 508.15/VG31-0001, *MH/MR Evaluations*, including, but not limited to the following:

- Comprehensive evaluation for mental health services
- Initial psychological evaluation
- Parole psychological evaluation
- Disciplinary evaluation
- Suicide risk assessment
- PREA sexual allegation evaluation
- Transfer evaluation

In the current contract, MHM's psychology staff continue to provide the vast majority of the initial diagnostic evaluations completed at the GDCP. Our team of psychologists currently provides an average of 160 to 165 of these evaluations each month.



James DeGroot, PhD
Senior Clinical Director

Psychologists' clinical responsibilities are discussed with new psychologists during an orientation at the facility by the Mental

Health Unit Manager. Newly hired psychologists also meet with MHM's Senior Clinical Director, **Dr. James DeGroot,** to review work expectations, including those related to mental health evaluations. MHM is in the process of drafting a *Psychological Orientation Manual* to supplement, and in some cases replace, existing training materials. The Psychological Orientation Manual will be more comprehensive and include examples of required evaluations, along with steps for their proper completion. Additionally, we are proposing two Assistant Clinical Directors, based in our regional office, to assist Dr. DeGroot in guiding psychological and mental health services, including support for maintaining and enhancing the quality of required evaluations.

Compliance Monitoring. Supervisory oversight in the form of spot checks of required evaluation logs and medical records are performed by the facility Mental Health Unit Manager on a routine basis. Timely feedback is provided if any deficiencies are found. MHM's CQI studies on psychological evaluations are performed when deficiencies are found during a self-audit or comprehensive audit. Our peer review process is utilized to review both the timeliness and quality of completed psychological evaluations. The quality and timeliness of parole psychological evaluations are monitored during facility audits and through peer reviews.

The patient's mental health level of care is documented in the mental health record, the medical record, and in GDC's Scribe system. It is closely tied to the patient's movement and placement, which is used by the GDC's Office of Offender Administration. Because the mental health level is closely associated with a patient's housing placement, any improperly entered mental health levels are quickly caught by either MHM or custody staff and corrected immediately.

Psychiatrists

MHM's psychiatry staff are trained to complete many of the same evaluations referred to above that are completed by psychologists. In addition, psychiatrists are trained both professionally, and again upon employment with MHM, to complete psychiatric evaluations in accordance with SOP VG60-0001, *Psychiatric Medication Use Management.*



Dauda Griffin, MD, CCHP
Statewide Psychiatry Director

All new psychiatric providers at the GDC are oriented and trained regarding all GDC mental health SOPs, with special emphasis on those SOPs directly related to their scope of duties. The orientation process is completed by **Dauda Griffin, MD, CCHP**, our Statewide

Psychiatry Director, with support and follow-up provided on the site level by the Mental Health Unit Managers.

Many of the psychiatry encounters at the GDC, including those that involve psychiatric and other mental health evaluations, are completed through telepsychiatry. This past summer, MHM completed its first ***Tele-Mental Health Manual***, which was extensively reviewed with all staff who directly or indirectly utilize this service, including psychiatrists. As noted in our response to RFP, Attachment F, Item 10, *Approach to Telepsychiatry*, the Tele-Mental Health Manual was intentionally designed to incorporate all relevant GDC SOP requirements, including those related to mental health evaluations.

Compliance Monitoring. Supervisory oversight of the quality and timeliness of mental health evaluations completed by the psychiatry department is provided by our Statewide Psychiatry Director, Dr. Griffin. The corrective feedback he provides is both general to the department as well as specific to individual psychiatric providers. Monitoring and feedback on quality and completeness of all documentation, including completed mental health evaluations, is provided by our CQI team and our Staff and Program Development Coordinator, **Sidney Moore, RN**. In the new contract, these staff will be joined by our two proposed regional Assistant Clinical Directors in conducting internal CQI reviews of mental health evaluations.



Sidney Moore, RN
Staff and Program Development Coordinator

MHM thoroughly audits the quality and timeliness of mental health evaluations completed by our psychiatry staff through internal CQI audits, as well as the annual facility audits conducted jointly by the GDC and MHM staff. Another mechanism used to provide monitoring and feedback to all psychiatric providers is through the annual peer review process. Completeness and timeliness of documentation, including mental health evaluations, is routinely part of the psychiatrist peer review process. If this process uncovers any significant individual deficiencies, these are brought to the attention of Dr. Griffin for individual corrective actions.

Recent results from these mechanisms for compliance monitoring have revealed that MHM psychiatric providers are compliant with meeting SOP requirements. Our self-audit findings are consistent with the annual audit results conducted jointly by MHM and the GDC staff.

10. Approach to Tele-psychiatry

How does the company approach using tele-psychiatry service? In doing so, how does the company ensure continuity of care, how are notes maintained. Describe equipment that is determined to be necessary to perform the services of the contract. Describe arrangements in place for obtaining equipment and other materials required.

MHM agrees to comply with and meet the requirements in RFP Attachment F, Item 10, *Approach to Tele-psychiatry*.

Summary of Tele-Mental Health Services

MHM is very familiar with the tele-mental health program requirements at the GDC. Over the past 20 years we have assisted the GDC in introducing and expanding the use of televideo conferencing technology to deliver psychiatry services. In the early years, technology and costs made the use of the service difficult in Georgia's rural prisons. But as internet speeds increased and connectivity costs decreased, along with increased portability of equipment, the telepsychiatry program accelerated. What started in a select, small handful of locations years ago is widely used across 27 GDC prisons today. MHM has played an active role in partnering with the GDC to establish and enhance the telemedicine operating procedures, including SOP, 507.04.12 (VH17-0003), *Telemedicine*.

GDC's tele-mental health program stands as a model for other states to follow, and we are committed to ensuring that the GDC program continues to in this status. MHM will ensure that we meet the following RFP Attachment B, *Scope of Services, Mental Health* requirements for tele-mental health:

- Interface, when needed, with **Augusta University, Department of Corrections Medicine Adult Health (AU)** to expand the use of current and future telemedicine sites to include psychiatric medication management for select mental health patients
- Training staff to prepare and maintain shadow files, per SOP 507.04.12 (VH17-0003)
- Procure and maintain all tele-mental health equipment, as needed
- Collaborate with the GDC's IT program in identifying and incorporating tele-mental health equipment that offers useful technological advancements

- Utilize the tele-mental health program to allow the GDC to provide additional services to a percentage of the mental health caseload throughout the state in remote and emergency circumstances, as directed by the GDC

Our response in this section will address each of the above requirements. We describe the tele-mental health equipment currently in place, recommended equipment enhancements, and how we identify and incorporate tele-mental health equipment at the GDC.

MHM's Approach to Telehealth and Telepsychiatry

We refer to telemedicine services as "telehealth" services to reflect a holistic approach that includes medical, psychiatric, and behavioral health capabilities.

Telehealth utilization for our organization has grown markedly in the past several years. Our partners frequently have questions related to the quality of care associated with this service model. Questions related to the cost, legality, and functionality for this type of service are common. This summary of our organization's telehealth program is provided to assist the GDC with its goal of enhancing telehealth services at their facilities.

The term telehealth has broad application. As defined in company policy, telehealth is:

> *The use of medical information exchanged from one site to another via electronic communications to improve, maintain or assist a patient's health status. Telehealth includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools, and other forms of telecommunications technology.*

Telehealth is not a separate medical specialty. It is a delivery tool or system. The terms teleneurology, teleurology, and teledermatology are generally considered subspecialties under the term telemedicine. Telepsychiatry and telepsychology are generally considered subspecialties under the term telemental health. For the purpose of this brief summary, subspecialties are included in reference to telehealth.

Healthcare services delivered through our telehealth program are compliant with **NCCHC** and **ACA** standards and will utilize the same evidence-based practice guidelines that guide in-person provision of healthcare.

Centurion's telehealth program meets national standards for the provision of healthcare and is **Health Insurance Portability and Accountability Act (HIPAA)** compliant. Our telehealth services are provided by a team of qualified, engaged, and available providers for both on-site and telehealth coverage support. We have an internal pool of multi-state licensed providers who are trained in correctional healthcare and ready to assist our clients, when needed. Our telehealth management team is unique in the correctional healthcare industry and is fully prepared to assist our clients in expanding telehealth throughout the correctional system.

MHM appreciates that psychiatric services can be delivered through telehealth more easily than some medical specialty services, where complex "hands on" examinations may need to take place and involve the use of remote diagnostic equipment and scanning tools. However, with the addition of peripheral equipment to telehealth units, our experience confirms that many medical provider encounters can be completed through telehealth as well.

Psychiatric service via telehealth (telepsychiatry) is the most frequent method of service utilized across MHM's contracts, including the GDC contract. Common services that are provided through telepsychiatry include:

- Comprehensive psychiatric examinations
- Medication renewals
- Involuntary treatment hearings
- Treatment team
- Crisis intervention

The service is utilized by practitioners for multidisciplinary collaboration, clinical supervision, consultations, continuing education, and training.

Telehealth Advantages

Telehealth, like many new technologies, was initially met with a lot of skepticism. Over time, as telehealth adoption has become more popular, and its usefulness and advantages proven through actual practice, supportive studies relative to its use have been completed. Healthcare agencies and providers that have utilized the service have come to realize its advantages. Notable advantages associated with telehealth utilization are listed below.

These advantages have been documented and are included in the footnotes of this document.

- Telehealth service provides an effective method of healthcare service provision that facilitates access to providers and compliments care that is already provided on-site.[1]
- Corrections administrators achieve savings from fewer offender transports.[2]
- Providers are drawn to this type of service due to the convenience of working from home or office.[3] Some healthcare professionals maintain the opinion that telehealth is a "safer" way to treat incarcerated individuals.[4]
- At MHM and Centurion contracts, programs have experienced a 20-30% increase in productivity with tele-psychiatry providers. There is often a greater awareness for patient scheduling and accountability for service involving telehealth utilization.
- Agencies that provide care to correctional patients in the community appreciate not having to manage the security aspects of these patient visits. Care can be provided without the patient having to leave the confines of the correctional facility.

MHM has established protocols concerning telehealth, which is the foundation of our telehealth programs. However, to ensure the intricacies of each contract and facility are accounted for in the provision of service through telehealth, we develop site-specific protocols to guide day-to-day operations. We ensure staff involved in the use of telehealth, including telepsychiatry, telepsychology, and tele-mental health, receive training concerning the protocols.

MHM's Telehealth Management Team

MHM has a unique and highly effective method of implementing and supporting telehealth. Our approach uses a team from our corporate office dedicated to telehealth. This team addresses all aspects of telehealth, including the clinical, operational, and technical processes that are required for effective telehealth programming.

Our Telehealth Management Team ensures that MHM avoids the pitfall of implementing a strictly technology-focused program. This paradigm involves installing telehealth equipment as the solution but only addresses technological requirements. These programs risk disuse because busy providers and other staff are more focused on providing clinical care than on technology.



MHM's Telehealth Management Team ensures a clinical focus in implementing and managing an effective telehealth program. We have the technical and clinical expertise to support large telemedicine programs, act as a liaison between our staff and our clients to deploy new systems or expand existing systems, troubleshoot implementation challenges, and ensure continuity of service.



Ethan Pinkert, Manager of Telehealth Systems, demonstrating Telehealth equipment

After a telehealth program is launched, MHM's Telehealth Management Team continuously monitors telehealth utilization and works with our on-site providers and program management to determine new and innovative ways of using the telehealth technology. In addition to our corporate Telehealth Management Team, "Telehealth Champions" are identified in each of our programs to help develop our network and manage day-to-day telehealth operations. MHM's Telehealth Champions regularly collaborate with each other. The benefit is a company-wide multidisciplinary team that is able to develop creative and highly effective methodology to address complex problems.

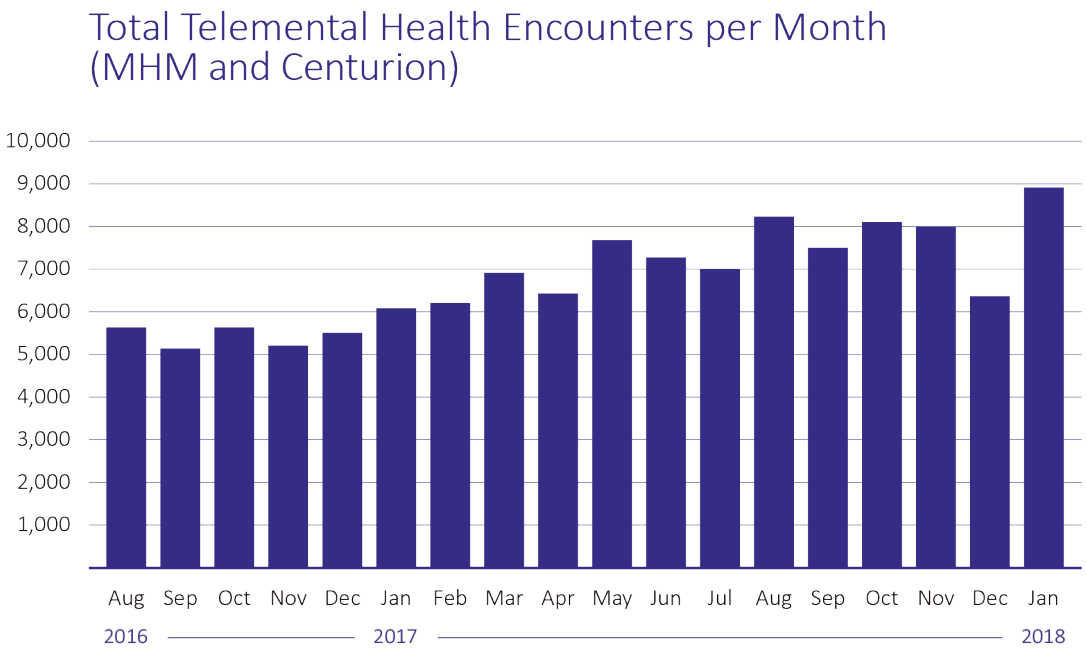
The provision of "local expertise" is a high priority for MHM in our provision of healthcare services, including telehealth. The GDC can be assured that both corporate and local

expertise will be provided on an ongoing basis to ensure an effective, growth-oriented telehealth program.

Telehealth Experience

The growth in telehealth utilization within correctional facilities has been dramatic in recent years. Currently, there are 12 MHM and Centurion programs utilizing telehealth on a regular basis, and combined, average nearly 9,000 telehealth contacts per month. We started our telehealth services in the GDC program many years ago, and today the GDC program is one of our largest telehealth users, surpassed only by the volume of telehealth usage in our contract with the Pennsylvania Department of Corrections where, like Georgia, MHM is the contractor for mental health services.

The combined growth of MHM/Centurion telehealth services for psychiatry and mental health services over the last 18 months through January 2018 is shown in the following graph. The graph confirms that we are currently providing approximately 8,900 telehealth contacts for psychiatric and mental health services each month, with more growth expected.



Successes we have achieved at the GDC and other state correctional systems through use of

telepsychiatry include:

- **Increased access to care.** We have found that overall access to psychiatric providers is improved by making *on-demand* services available through telepsychiatry.
- **Reduced transfers for behavioral healthcare services.** By expanding telepsychiatry and telehealth capabilities for behavioral health staff, patient transfers for behavioral health services may be avoided. When urgent or routine referral situations arise, psychiatric and/or behavioral health staff can provide assessments/interventions without the need to transport the patient to another facility.
- **Increased behavioral health staff collaboration.** Through telepsychiatry, psychiatric staff can provide consultations, participate in behavioral health treatment team meetings, and collaborate as needed with behavioral health staff. Particularly at remote sites with part-time psychiatric providers, telepsychiatry connectivity has increased psychiatric participation and communication without time wasted by travel.
- **Enhanced psychiatric productivity.** Use of telepsychiatry has reliably increased the number of patients seen in a given clinic. The advance preparation and organization required to provide telepsychiatry clinics combined with an improved patient focus on treatment-related issues appear to contribute to the increased productivity.
- **Decreased wait times.** When telehealth connectivity is networked in an effective manner, our telepsychiatry providers can switch the provision of services between two facilities during the same clinic. While waiting for a patient to be escorted to the telepsychiatry office at one facility, the psychiatric provider can be providing services to another patient at the second facility. By switching back and forth between facilities, the telepsychiatry provider can avoid spending time waiting for patients to be brought to the clinic. This is another factor contributing to enhanced psychiatric productivity.
- **Increased psychiatric staff flexibility.** Our psychiatric staff have been able to use telepsychiatry to respond to changes in behavioral health caseloads of individual facilities. The technology has allowed us to direct psychiatric services to where they are needed most, regardless of the location of our psychiatric staff, effectively eliminating psychiatric backlogs.
- **Ease of recruitment.** Our telepsychiatry program has greatly enhanced our recruiting efforts, reducing our psychiatric vacancy rates as the national shortage of psychiatrists is resulting in more and more psychiatrists demanding that a portion of their workload be delivered via telepsychiatry.

- **Enhanced staff satisfaction.** We have found that psychiatric providers prefer the scheduling flexibility and organization of telepsychiatry clinics and the ability to respond in a timely manner. This has helped us to maintain very low psychiatric turnover rates in our contracts.
- **Reduction in use of temporary (i.e., locum tenens) psychiatrists.** Our telehealth programs have allowed our psychiatric staff to provide coverage for one another during absences (i.e., vacations, illness, family leave, etc.) and to provide coverage for any vacancies. Because we can rely on internal psychiatric resources delivered through telehealth for coverage, we are better able to manage the care provided to ensure it is consistent with evidence-based guidelines and the patient's existing treatment plan, as opposed to using outside, temporary psychiatrists who are not familiar with the GDC system, and may not have any experience working in a correctional setting. At the GDC, MHM has only utilized one temporary, *locum tenens* provider over the past 10 years!
- **Improved Appointment Completion Rates.** This is particularly true in our GDC contract where our scheduled tele-mental health appointment completion rate is consistently above 90%, compared to lower appointment completion rates for face-to-face scheduled appointments. Often, patients simply are not available to attend their clinic appointments when the psychiatrist is on site. Telehealth allows the psychiatrist to 'circle back' to the facility and see any patients who missed their scheduled appointment, thus ensuring follow-up care is delivered within required timeframes.

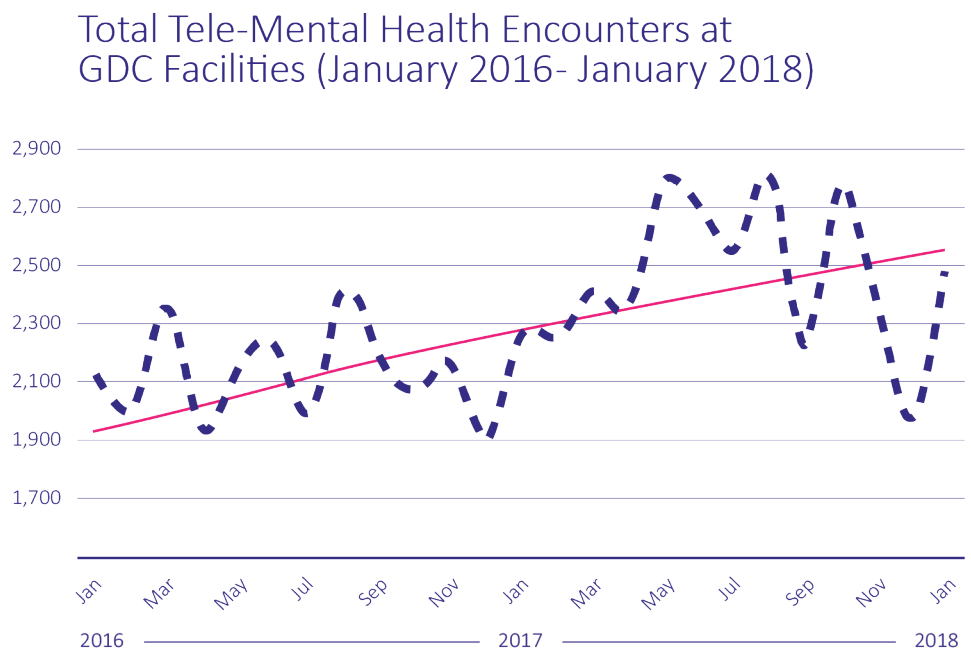
Telehealth Experience at GDC

MHM first began providing telepsychiatry services in the early years of the GDC contract. Through collaborative efforts between MHM's and GDC's IT departments, we helped maintain the use of existing telepsychiatry services and equipment at the GDC beginning in the late 1990's. Expansion in telepsychiatry and then in telepsychology occurred gradually at first, but then seemed to grow exponentially over time. In January 2018, we provided 2,354 telepsychiatry encounters across 27 GDC facilities. We provided 126 telepsychology encounters at 10 GDC facilities the same month. The GDC facilities served by our tele-mental health program are listed below.

- Appling ITF
- Augusta State Medical Prison
- Autry SP
- Johnson SP
- Lee Arrendale SP
- Metro TC

- Baldwin SP
- Bleckley PDC
- Burruss CTC
- Central SP
- Coastal SP
- Emanuel PDC
- Emanuel Women's Facility
- GDCP
- Georgia SP
- Hays SP
- Helms Facility
- Patten PDC
- Phillips SP
- Pulaski SP
- Rogers SP
- Rutledge SP
- Valdosta SP
- Washington SP
- West Central ITF
- Whitworth Women's Facility
- Women's PDC

The following graph shows the monthly volume of tele-mental health encounters with the GDC from January 2016 through January 2018. The trend line shows that the volume of monthly encounters over this time period continues to grow. The volume of monthly encounters in January, 2016 was 2,117. In January 2018, monthly volume increased to 2,529.



At the GDC, MHM now provides, monitors, repairs, and replaces tele-mental health hardware, software, and bandwidth devices. We are able to deploy staff to any of the GDC facilities that may be having technological issues such that service delivery is minimally

disrupted. Tele-mental health has allowed MHM to provide seamless care at facilities that do not have onsite psychiatry staff due to remote location recruiting challenges, or staff illness, vacations, or other leaves of absence.

While tele-mental health has many clinical applications, the purposes of tele-mental health in the GDC, include, but are not limited to:

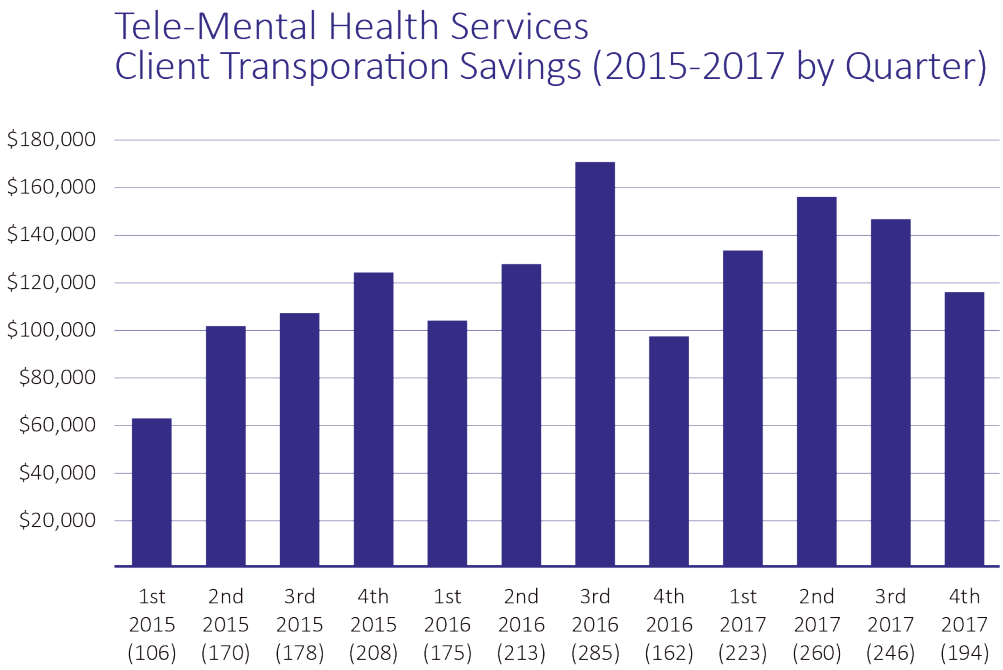
- Emergent or urgent evaluation
- Routine follow-up interviews
- Pharmacological management
- Consultation
- Involuntary Medication administrative review
- Clinical supervision and consultation
- Continuing education and training
- Routine Initial evaluation
- Multidisciplinary collaboration
- Daytime evaluations at non-mental health facilities

The last category, day evaluations at non-mental health facilities, has provided the opportunity for the GDC to avoid paying significant transportation costs. MHM is able to provide mental health screenings for offenders who are seen for a day evaluation at their mental health catchment site through tele-mental health. We collect data on those offenders who are assessed to not need further mental health support and therefore do not need to be transported to their mental health catchment area for further mental health assessment or services. Prior to utilizing tele-mental health for day evaluations, these offenders were transported to their catchment area for the initial mental health screenings.

As a result of the flexibility tele-mental health allows for seeing more patients at their home facilities, rather than requiring inter-facility transport, we have calculated the monthly transportation cost savings for the GDC to be approximately $40,000 each month.

The following graph shows the quarterly transportation costs for the GDC for the last two years through the 2017. The average quarterly transportation cost savings in 2017 as a result of providing tele-mental health services for day evaluations was $138,450. MHM anticipates continued expansion to non-mental health facilities in 2018. This will allow us to complete more day evaluations, resulting in further transportation cost savings for the GDC.

The number in parentheses at the bottom of each quarter reflects the volume of day encounters for that time period.



Tele-Mental Health Program Manual

In July 2017, MHM completed our first GDC-specific *Tele-Mental Health Program Manual.* This manual is based upon the GDC's SOP 507.04.12 (VH17-0003), *Telemedicine*, as well as the **American Telemedicine Association (ATA)** standards as sources of information, step action plans, and standardization to the program. Upon completion, the manual was used as the foundational resource for training telepsychiatry and telepsychology providers, nursing, and mental health counseling staff.

The Tele-Mental Health Program Manual includes detailed information on all aspects of tele-mental health service delivery at the GDC, including the job duties of the two primary staff who coordinate these services, the Tele-Mental Health Onsite Coordinator, and the Statewide Tele-Mental Health Coordinator. An important part of the duties for these two tele-mental health dedicated staff, along with the tele-mental health providers, is to ensure that required healthcare records are properly administered and stored in their appropriate locations, including those that are included in the patient's medical record.

Maintaining Documentation for the Medical Record

MHM's Tele-Mental Health Program Manual explains in detail the types of information and documentation that are to be included in the Patient's Shadow Files, as required by the GDC. This file is established to assist in ensuring that relevant medical information and documents are available to the tele-mental health providers for each encounter. The list of information/documents that are included in the Patient's Shadow File include the following:

- Medication Administration Record (MAR)
- Lab orders and results
- Physician orders (to include the ordering provider's signature)
- Initial Psychiatric/Psychological evaluation
- Transfer evaluations
- Physician progress notes (to include Crisis Stabilization and Acute Care Unit Suicide Precaution Notes)
- Abnormal Involuntary Movement Scales (AIMS)
- Medication consent forms
- Involuntary medication hearing documentation
- Diagnosis lists
- Therapeutic progress notes

The documents in the Patient's Shadow File are not original records, only copies. The manual explains the role of the tele-mental health provider in faxing/emailing, or scanning the following documents back to MHM's regional office and the patient's facility:

- Physician Order Sheets (PI-3003)
- Discipline Specific Progress Notes (document encounter was via Tele-MH)
- AIMS Testing Forms (M60-01-02)
- Mental Health Referral Forms (M35-01-01)
- Antipsychotic Monitoring Log/Weight and Waist Forms (M60-01-07)
- Informed Consents for Mental Health treatment (M20-02-01)
- Informed Consents for Medication (M60-01-01)
- Initial Psychiatric/Psychological Evaluation (M60-01-06)
- Formulary Exception Request Form (P-75-0002-01)
- Progress Notes
- Call-Out Lists

The Statewide Tele-Mental Health Coordinator receives the documentation at the Regional Office, organizes by date of the session and stores the information on a shared web-site that is password protected in cloud storage. The Tele-Mental Health Onsite Coordinator receives the documentation and ensures that relevant medical information is submitted to the patient's medical record in the appropriate location and format. The provider is required to submit the required documentation by the end of the day, or no later than 24 business hours from the completion of the session.

CQI Support for Tele-Mental Health at GDC

As overviewed in the Tele-Mental Health Program Manual, our CQI program supports telehealth services through data gathering, reporting, and quality assurance auditing. Some of the ways that our CQI program assists and supports the quality and integrity of provided tele-mental health services at the GDC are noted below.

MHM collects ongoing information concerning aspects of the tele-mental health program. Appropriate logs are maintained to document tele-mental health contacts, no shows, and reasons for rescheduling. As the program develops, additional CQI support for analyzing tele-mental health program performance and processes will be considered.

MHM plans to distribute satisfaction surveys to tele-mental health providers, on-site facilitators, and onsite personnel and analyze such data for purposes of quality improvement. These surveys will be distributed at least bi-annually by the CQI department via email.

MHM will provide an alternate version of this survey to patients which will be administered by tele-mental health providers during a randomly chosen session with the patient.
Types of information to consider when developing these surveys may include:

- Numbers of mental health emergency visits and outcomes via tele-mental health
- Numbers of no shows
- Placement in safe cells after tele-mental health evaluation
- Patient satisfaction
- Psychiatric staff satisfaction
- Provider satisfaction
- Client satisfaction

Attached at the end of this section is a copy of MHM's *Tele-Mental Health Program Manual.*

MHM's Telehealth Plan for GDC

Compliance with Standards. Throughout the contact, MHM will continue to deliver tele-mental health services in a manner that complies with GDC policies for telehealth and the delivery of mental health services. Mental health services and care coordination delivered through our tele-mental health program will be compliant with NCCHC and ACA standards and will meet the same evidence-based practice guidelines that guide in-person provision of healthcare.

Informed Consent. We will continue to ensure that patients are fully informed regarding telehealth processes, consent to receive care through telehealth, and are provided telehealth services in a confidential manner consistent with community standards.

Program Strengths. The goal of MHM's telehealth plan is to optimize the use of telehealth technology to create efficiencies in the provision of healthcare services while minimizing the costs and safety risks related to transporting patients off-site. Both MHM and Centurion have demonstrated success in developing strong telehealth programs in our current contracts. We have implemented telehealth systems throughout our organization for specialist visits, consultations, follow-up clinics, and back-up coverage during provider vacations or unexpected absences.

"In-House" Services and High Custody Facilities

MHM's use of tele-mental health services has been driven by the need to provide access to these services when onsite psychiatric or psychology staff are not available. In both cases, tele-mental health services are typically provided from a location outside the facility. However, we have experience using telehealth systems to provide services when the patient and provider are located in different areas of the same correctional facility.

The use of "in-house" telehealth systems to connect on-site providers with patients located elsewhere in the facility has been focused on ensuring access to care for high security and certain special needs patients, such as juveniles housed in a special unit within a facility for adult offenders. We recognize that security and facility operations issues can impede access to healthcare in large correctional facilities with mixed or high security offender populations.

For example, when high security offenders must be escorted long distances within the facility to reach the healthcare unit, other offender movement may need to be halted. High security offenders require extensive security measures before, during, and after being brought to the healthcare unit for services, slowing the delivery of services and reducing productivity. Facility healthcare leadership and administrators may need to balance provision of services to a small number of high security offenders against permitting movement and ensuring access to care for the majority of offenders.

Similarly, facility lock-downs can prevent chronic care clinics from taking place as scheduled. In some high security units, providers and other healthcare staff can only be accommodated on the unit for short periods of time each day. As these examples illustrate, security and operational needs can preempt or limit the delivery of healthcare. MHM appreciates that safety and security are the primary goals at each facility.

In these circumstances, our onsite staff have used in-house telehealth systems to provide services to patients located in high security, restrictive, or other special housing units. Services provided through in-house telehealth can include provider sick call and chronic care clinics, behavioral health encounters, and psychiatry follow-up appointments. Although our preference is to provide in-person services when feasible, we appreciate the benefits that in-house telehealth can bring, including improved access to high security patients and improved provider productivity due to decreased wait times.

Following contract award, MHMs Telehealth Management Team will explore the need for in-house telehealth services in facilities housing high custody offenders. If the GDC and MHM agree that such services are needed, MHM will develop and submit a plan to the Department for in-house telehealth services.

MHM will ensure in-house telehealth services are provided with the same level of care, according to the same practice guidelines, and at the same high quality as in-person services. If the in-house telehealth appointment indicates a more thorough or face-to-face exam is needed, MHM staff will collaborate with security staff to provide the in-person, face-to-face contact. Implementation of in-house telehealth services will not be used to substitute for in-person examinations or services when in-person contact is medically necessary.

Mental Health Staff Use of Telehealth Systems

As our experience in the GDC has shown, provision of mental health services through telehealth can be effective for:

- Joint treatment team meetings when the patient is being transferred between sites to facilitate consistency in therapeutic approach
- Provision of "bridge" contacts by a known mental health staff member when a patient is transferred between sites or levels of care
- Provision of specialized behavioral health consultations, e.g., when behavioral management interventions need to be provided
- Provision of second opinions in treatment planning
- Provision of behavioral health evaluations when the patient may need a higher level of care
- Provision of regularly scheduled services when inclement weather or other unforeseen circumstances prevent staff from reaching the facility

We have found that telehealth services are a highly effective method for providing clinical supervision, second opinions, peer consultation, and other relevant staff communications when behavioral health treatment teams are separated by significant distances.

In addition, we have used telehealth to support continuity of care for patients with serious mental illness who are being released to the community and require ongoing, multidisciplinary, behavioral health services. During re-entry planning, our behavior health staff have been able to introduce the patient to the community behavioral health agencies.

The "face-to-face" visual contact afforded by telehealth contact has helped to put both the patient and the community treatment team at greater ease. We believe that these contacts support future treatment compliance and may serve to decrease recidivism. If desired by the GDC, MHM will assist in developing telehealth linkages with behavioral health agencies in the community to support re-entry planning and continuity of care at release.

The use of telehealth services reduces personal patient barriers associated with access to off-site specialty care. Patient barriers may include disliking the time commitment required for off-site appointments and not wanting to travel off-site for fear of losing housing or job

assignments. Patient compliance with needed medical consultations improves with the utilization of telehealth.

Equipment

When MHM first began providing tele-psychiatry services at the GDC in the late 1990's, we utilized the Department's existing GSAMS equipment. The GSAMS system was replaced over time by MHM with improved, smaller, more portable technology. By 2008, MHM was using the following three technologies:

- **Tandberg** videoconferencing systems connected via T1 network lines
- **Perfect Meeting** – an online platform allowing providers using laptop and desktop computers to connect with Tandberg videoconferencing systems
- Additional videoconferencing software allowing mobile to mobile teleconferencing

Currently, MHM utilizes the internet based platform called **VSEE** for each of the 27 GDC facilities where we currently provide tele-mental health services. We utilize the following equipment, which includes four non-mental health facilities where we provide day evaluations:

- 36 telehealth enabled laptop computers
- 14 telehealth enabled desktop computers
- 6 Wi-Fi range extenders
- 11 printers
- 2 computer tablets

MHM will continue to work with the GDC to identify opportunities to strengthen our telehealth program. While our telehealth program is well established at the GDC, we seek to continuously refine it to meet both our client and patient requirements. One refinement, requiring a small investment, is to offer headsets for use in tele-mental health consultations. This will offer additional privacy in our encounters and increase patient satisfaction. With advances in technology and communication standards, we are able to increase the audio and video quality of our tele-mental health consultations, as well as increase the reliability of our clinics.

According to the RFP requirement in Attachment B, *Scope of Services, Mental Health*, we recognize that it is our responsibility to continue procuring tele-mental health equipment, as needed. MHM will continue to

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meet this requirement in the new contract. We appreciate that the GDC has a connection with the **Augusta University, Department of Correctional Healthcare (AU)** should MHM require their support with expanding or enhancing the tele-mental health program at the GDC. MHM will ensure that we have the ability to interface with this resource, when or if needed, to facilitate utilization of their assistance.

As we have in the past, our onsite tele-mental health team, with support from our corporate IT and Telehealth Departments, will work closely with the GDC's IT program staff as we plan and implement any anticipated equipment or software changes. Sidney Moore, who serves as our primary onsite tele-mental health resource, has ongoing access to a team of telehealth professionals at our corporate office, led by our Telehealth Systems Manager, Ethan Pinkert.

1. U.S. Department of Health and Human Services. Agency for Healthcare Research and Quality. Telehealth – Mapping the Evidence for Patient Outcomes From Systematic Reviews. By A. M. Totten, D. M. Womack, K. B. Eden, M. S. McDonagh, J. C. Griffin, S. Grusing, and W. R. Hersh. Portland: Pacific Northwest Evidence-based Practice Center, 2016. June 2016. Web. <http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2254>.
2. Zollo, Susan, Michael Kienzle, Paul Loeffelholz, and Susan Sebille. "Telemedicine to Iowa's Correctional Facilities: Initial Clinical Experience and Assessment of Program Costs." Telemedicine Journal 5.3 (1999): 291-301.
3. MHealthIntelligence. "71% of Healthcare Providers Use Telehealth, Telemedicine Tools." MHealthIntelligence. Xtelligent Media, 28 Apr. 2017. Web. 11 May 2017. <http://mhealthintelligence.com/news/71-of-healthcare-providers-use-telehealth-telemedicine-tools>.
4. Ollove, Michael. "State Prisons Turn to Telemedicine to Improve Health and Save Money." The Pew Charitable Trusts. Stateline, an Initiative of The Pew Charitable Trusts, 1 Jan. 2016. Web. 25 May 2017. <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/01/21/state-prisons-turn-to-telemedicine-to-improve>.

Tele-Mental Health Program Manual

MHM Services, Inc.



Georgia Department of Corrections

Updated: July 2017

__Inez Tann, RN, CCHP/Yeavis Knight, LPC___

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Attachments:

#1 MHM Tele-Mental Health Timekeeping Log – Provider

Standard Operating Procedure (SOP) References:

GDOC SOP *VH17-0003 - Telemedicine*

Introduction:

MHM Correctional Services, Inc. (MHM) is the contract provider that manages and oversees the provision of tele-mental health services for patients housed in the Georgia Department of Corrections (DOC). MHM provides tele-mental health services at the following DOC State Correctional Institutions:

- Appling ITF
- Augusta State Medical Prison
- Autry SP
- Baldwin SP
- Bleckley PDC
- Burruss CTC
- Central SP
- Coastal SP
- Emanuel PDC
- Emanuel Womens Facility
- GDCP
- Georgia SP
- Hays SP
- Helms Facility
- Johnson SP
- Lee Arrendale SP
- Metro TC
- Patten PDC
- Phillips SP
- Pulaski SP
- Rogers SP
- Rutledge SP
- Valdosta SP
- Washington SP
- West Central ITF
- Whitworth Womens
- Womens PDC

MHM partners with the Georgia DOC Office of Health Services to staff, manage, and oversee mental health services provided to the 27 State Correctional Facilities. MHM also provides staffing to manage and coordinate the psychiatric component of mental health services at 26 of the State Correctional Facilities (Augusta State Medical Prison's psychiatric services are contracted through Augusta University).

Responsibility for overall provision of psychiatric services rests with the MHM Statewide Psychiatry Director (SPD).

Responsibility for overall provision of psychological services rests with the MHM Senior Clinical Director (SCD).

Responsibility for overall provision of all MHM services rests with the MHM Program Manager for the contract.

The MHM Corporate and Georgia Regional office addresses and phone numbers are listed below:

Corporate Office
MHM Correctional Services, Inc.
1593 Spring Hill Road Suite 610
Vienna, VA 22182
(703) 749-4600
(800) 416-3649
Fax: (703) 749-4604 or (800) 356-3378

Georgia Regional Office
MHM Correctional Services, Inc.
1745 Phoenix Blvd., Suite 240
College Park, GA 30349
(404) 507-7100
(800) 729-0671
Fax: (404) 507-7109 or (800) 858-6305

Scope of Manual:

This policy and procedure manual is applicable to all MHM employees working in the Georgia DOC.

Program Structure:

MHM's Tele-Mental Health Program is developed and implemented under the supervisory and/or oversight of the Georgia DOC Office of Health Services. All MHM Mental Health Staff will participate in this Program as required.

Within MHM, the Tele-Mental Health Program is under the immediate direction of the Statewide Psychiatry Director (SPD).

The SPD provides direction and oversight for all aspects of the MHM Tele-Mental Health Program in Georgia.

MHM TELE-MENTAL HEALTH SERVICES PROGRAM

Background:

Telemedicine is defined as the use of audio, video, or data communications for health care delivery, diagnosis, consultation, treatment, or transfer of medical data used or obtained during a medical visit with a patient. Standard telephone, facsimile transmissions, unsecured e-mail, or a combination thereof are excluded. - O.C.G.A. § 33-24-56.4 -- Georgia Telemedicine Act

Tele-mental health, a subset of telemedicine, specializes in the same types of services however the focus is upon the patient's mental health, not physical health. Tele-mental health is defined as "the provision of behavioral and/or mental health care services using technological modalities in lieu of, or in addition to, traditional face-to-face methods" (e.g., provision of therapy using the phone, diagnostic interviewing via video teleconferencing, use of applications to track mood states, consultations via email) (American Psychological Association, 2017).Tele-Mental Health is intended to enhance accessibility to psychiatric and psychological services for individuals, where direct, in-person service is difficult to access or additional services are required to meet the needs of the population due to distance, location, time of day, and/or availability of resources. This has historically been the case within the Georgia DOC's more rural facilities.

Tele-Mental Health Services, as defined by these guidelines, are services provided by a Psychiatrist, Psychiatric Nurse Practitioner, Psychologist, and/or Mental Health Counselor within his/her scope of practice using real-time, two-way interactive audio-video transmission.

Purpose:

MHM is committed to providing quality mental health services to individuals incarcerated in the Georgia DOC in accordance with psychiatric and psychological standards of care in the community.

While Tele-Mental Health has many clinical applications, for the purposes of Tele-Mental Health in the Georgia DOC, it may include but is not limited to:

- Emergent or Urgent Evaluation
- Routine Follow-Up Interviews
- Pharmacological Management
- Consultation
- Involuntary Medication Administrative Review
- Clinical Supervision and Consultation
- Continuing Education and Training
- Routine Initial Evaluation
- Multidisciplinary collaboration

Requirements:

1. Tele-Mental Health may be used to deliver services when the Psychiatrist/Psychologist is not physically available to provide service in-person or is not available due to location (the clinic is at an unreasonable distance from available providers), after-hour emergencies (evenings, nights, weekends, or holidays), shortage of professionals, or transportation barriers for individual(s). In general, Tele-Mental Health should be used for those situations where service would otherwise be prevented or delayed.

2. The individual receiving services must provide informed consent to participate in any services utilizing Tele-Mental Health. Inmates/probationers will not have the option to choose the method of consultation. Inmates/probationers who refuse Tele-Mental Health services will be followed in accordance with SOP VH82-0002, “Right to Refuse Treatment”. The individual will continue to be followed by the other available mental health services at their assigned facility.

3. Confidentiality must be maintained as required by the laws of the State and Health Insurance Portability and Accountability Act (HIPAA) without jeopardizing individual access to other available services. All existing confidentiality requirements and protections that apply to written medical records shall apply to services delivered by telecommunications, including the actual transmission of the service, any recordings made during the time of transmission, and any other electronic records.

4. The technology utilized to provide the service must conform to the industry-wide compressed audio-video communication standards for real-time, two-way interactive audio-video transmission.

5. All Tele-Mental Health transmissions must be performed on a dedicated secure line and/or must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the information being transmitted. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.

6. The individual receiving services must be informed and fully aware of the role of the Tele-mental health provider and staff who are going to be responsible for follow-up or on-going care.

7. The individual receiving services must be informed and aware of the location of the Tele-mental health provider providing the care and all questions regarding the equipment, the technology, etc., must be addressed.

8. The individual receiving services has the right to be informed of all parties who will be present at each end of the Tele-Mental Health transmission.

9. The individual receiving services has the right to have appropriately trained mental health staff immediately available to him/her while receiving the Tele-Mental Health service, to attend to emergencies or other needs. While the presence of another person raises the issue of confidentiality, certain mental health emergencies may require the presence of others if, for instance, it is determined that the individual is experiencing a mental health emergency.

10. When services are provided from a location in another state, the Tele-mental health provider must be licensed in the State of Georgia or maintain a reciprocal licensure as an extraterritorial. The Tele-mental health provider must be credentialed, when appropriate, at the facilities where the individual is receiving the services and should be viewed as members of said facility's Mental Health Treatment Team. Ideally, the Tele-mental health provider should be acquainted with the facility and staff involved, either by site visits or other means. Credentials of each clinician providing Tele-Mental Health services will be maintained by the MHM Regional Office.

11. The Tele-mental health provider must abide by the laws, regulations and policies of the State of Georgia and any other law, regulation, or SOPs that guides the service being provided. Any out-of-state Tele-mental health provider providing Tele-Mental Health services to Georgia residents must meet the State's licensing and other credentialing requirements and must also abide by all applicable laws, regulations, and SOPs.

Continuous Quality Improvement:

MHM expects all staff to deliver high quality mental health care to patients under their care, and to participate in Continuous Quality Improvement (CQI) initiatives on an ongoing basis. The CQI Program is such an integral element of performance, and so highly valued by MHM, that we make it a part of all job descriptions. Regardless of the employee's position, MHM's job descriptions indicate that each employee:

> "Will be proactive in performance improvement activities as demonstrated by participating in the MHM Continuous Quality Improvement (CQI) program (peer review; chart reviews; membership on the CQI committee) as requested and modifying clinical practices based on CQI recommendations."

MHM's Continuous Quality Improvement Program is accomplished through multiple modalities. The program includes a detailed peer review process, systematic quality assurance (QA) monitoring, Utilization Review procedures and ongoing Continuous Quality Improvement (CQI) studies and initiatives. The program is designed to be dynamic and flexible, shifting focus when new areas for monitoring and improvement are identified; it is also designed to be persistent and consistent, setting expectations and treatment standards that meet or exceed those found in the community.

MHM will collect ongoing information concerning aspects of the Tele-Mental Health Program. Appropriate logs will be maintained which will document Tele-Mental Health contacts, no shows and reasons for rescheduling. As the program develops, additional CQI studies will be considered.

MHM will distribute Satisfaction Surveys to Tele-mental health providers, on-site facilitators, and onsite personnel and analyze such data for purposes of quality improvement. These surveys will be distributed at least bi-annually by the CQI department via email.

MHM will also provide an alternate version of this survey to patients which will be administered by Tele-mental health providers during a randomly chosen session with the patient.

Types of information to consider when developing these surveys may include:

- Numbers of mental health emergency visits and outcomes via Tele-Mental Health
- Numbers of no shows
- Placement in safe cells after Tele-Mental Health evaluation
- Patient satisfaction
- Psychiatric staff satisfaction
- Provider satisfaction
- Client satisfaction

Tele-Mental Health Clinic Sessions

Scheduling:

The Tele-Mental Health Coordinator will complete a monthly schedule, containing the site name, start and stop times of session, assigned Tele-mental health provider, and assigned Patient Facilitator. Continuity of care is strived for in the consistency of provider assignments to sites as well as Patient Facilitator assignments with providers.

Frequent changes may occur to the schedule and will be communicated via email or phone by the Tele-Mental Health Coordinator.

Clinic Session Workflow:

1. Tele-Mental Health Clinic Sessions will vary based on site preferences and needs; however, the following is a general outline for session:
    - The morning clinic will begin at a predetermined, site-specific time based on the nature of the clinic.
    - Sessions will begin thirty (30) minutes prior to the start of first scheduled encounter to allow for with preparation time for the On-site Coordinator and Tele-mental health provider.
    - The On-site Coordinator will connect on camera with the Tele-mental health provider thirty (30) minutes prior to the start of first scheduled encounter to begin reviewing charts of the patients scheduled for the day.
    - Normal clinic hours typically occur between 7 AM and 5 PM. The Tele-mental health provider will complete and submit documentation preferably the same day but no later than within 24 business hours from completion of clinic.

2. At least one day prior to the Tele-Mental Health sessions, the On-Site Coordinator will ensure the Tele-Mental Health room and equipment is available for use for the scheduled appointments.

3. At least one day prior to the scheduled appointments, the Scheduler will provide the Patient Call-Out List to the scheduled On-site Coordinator and Tele-mental health provider. Included on the Patient Call-Out List will be the type of appointment for each patient (e.g., initial evaluation, routine follow-up, involuntary medication opinion, etc.)

Tele-Mental Health On-site Coordinator

Duties the Day You Arrive On-Site:

1. Arrive at the facility thirty (30) minutes prior to the start of clinic. Please reference the monthly Tele-Mental Health calendar/schedule for the clinic times.

2. A facility representative will unlock the room/cabinet area and/or set-up the Tele-Mental Health equipment. There may be a facility logbook or Tele-Mental Health usage form located near the equipment; the Patient Facilitator will fill in the required information.

3. Ensure receipt of all required patient charts from the Medical Record and/or Mental Health Departments.

4. At least thirty (30) minutes prior to the first scheduled encounter, connect with the Tele-mental health provider to ensure proper operation of the system.

5. Ensure that the Tele-mental health provider has the facility FAX number/email address at the beginning of the session so that any necessary documentation can be faxed/scanned/emailed.

6. Ensure the Tele-mental health provider has a supply of all needed forms, access to the patient's updated MAR (if psychiatric session) and copy of the call-out of patients scheduled to be seen.

7. Ensure the presence of Tele-Mental Health Patient Information Forms and copies of the call-out provided by the MHM scheduler for that particular institution listing all patients to be seen for the Tele-Mental Health session.

8. Prior to seeing each patient, review the call-out regarding the patient information. In addition to reviewing the call-out, provide the following information to the Tele-mental health provider:

    - Patient Name and Number
    - Date of Birth
    - Allergies, if any
    - Current diagnosis/diagnoses
    - Current medications
    - Any other pertinent information required by the Tele-mental health provider; for example, lab results, drug levels, EKG results, etc.
    - Patient requiring AIMS testing during the session will have this testing form completed by the psychiatric provider or nurse.

9. The Tele-Mental Health On-site Coordinator will coordinate with the Statewide Tele-Mental Health Coordinator to insure that the following information/documentation is included in the Patient's Shadow Files:

    - Medication Administration Record (MAR)
    - Lab orders and results
    - All orders (to include the ordering provider's signature)
    - Initial Psychiatric/Psychological Evaluation
    - All Transfer Evaluations
    - Physician progress notes (to include Crisis Stabilization and Acute Care Unit Suicide Precaution Notes)
    - All Abnormal Involuntary Movement Scales (AIMS)
    - All Medication Consent Forms
    - Any Involuntary Medication Hearing documentation
    - All Diagnosis Lists
    - All therapeutic progress notes

10. Upon start of encounter, confirm the identity of the patient, facilitate his/her arrival into the session, and introduce the patient to the Tele-mental health provider. If this is the patient's first tele-mental health encounter, briefly explain the Tele-Mental Health process to the patient and obtain informed consent. Assure the patient that the Tele-Mental Health equipment used provides the highest level of confidentiality.

11. Provide the Tele-mental health provider with any requested information during the clinic session. It is the Tele-mental health provider's responsibility to request additional information if more information is required to conduct the encounter.

12. If the patient refuses the Tele-Mental Health session, the Tele-mental health provider will consult with on-site staff regarding the ability of the patient to understand and comprehend the risks and benefits associated with refusing the encounter. The On-site Coordinator should then make sure the patient signs a Refusal of Mental Health Treatment Form (M20-02-04). The Tele-mental health provider will sign a copy sent via electronic means and send the signed copy back to the facility; the completed form then being placed in the patient's records. A progress note entry shall be made by the Tele-mental health provider regarding the patient's refusal of care and the recommended reschedule date.

13. The On-site Coordinator will make sure the patient signs the Informed Consent for Medication forms for all medications ordered by psychiatric providers.

14. Once the session has been completed, instruct the patient on any pertinent information given by the Tele-mental health provider to the patient and coordinate the patient's departure from session.

15. At the end of the Tele-Mental Health clinic, the Tele-mental health provider shall fax/e-mail/scan the following forms to the MHM Regional Office: the patient call-out list (to include next recommended scheduling date), all clinical documentation, and the daily MHM timesheet.

Reports to be FAXED/E-MAILED/SCANNED to MHM Regional Office:

The completed Patient Call-Out list to include the below information:

- Patients seen
- No Shows with reason for no show
- Total number of patients seen
- Problems/delays in session
- Next scheduled follow-up recommendations

All submitted documentation will be identified by site and date in the subject heading of the fax/email/scan (*Ex. 04-12-17, LASP*)

Once received at the MHM Regional Office, this documentation is organized by the date of session and stored on a shared drive and a password protected cloud storage.

Wrapping Up:

Let the onsite staff know you are leaving and confirm that any information the Tele-mental health provider is going to fax/e-mail/scan to the facility is received before you leave. This material will include the call-out sheet with the next appointments' information as well as all clinical documentation that has been produced by the Tele-mental health provider for the clinic/session.

Call-Off Procedure:

1. Please notify the Regional Office within 2 hours of the start of clinic. Notification should be made via email and phone to ensure receipt of the message.

2. If you do not receive acknowledgement of your call-off from Regional Office staff, please notify an Assistant Program Manager.

MHM Correctional Services
Suite 240
1745 Phoenix Blvd.
College Park, GA 30349
Main number: (404)507-7100/(800)729-1601
Main Fax Number: (404)507-7109/(800)858-6305

Tele-Mental Health Services Coordinator
Main: 404-507-7100

Assistant Program Manager
Main: 404-507-7100

Tele-Mental Health Provider

Duties:

1. Prior to provision of services, ensure your working environment is free from noise and distractions, has adequate lighting, and if located in your home environment, provides a professional visual atmosphere. Dress code is business attire. Providers should be sure to project their voice and be sure to introduce anyone present to the patient.

2. Ensure receipt of the patient call-out list from your Scheduler and review the patients to be seen at least twenty-four (24) hours in advance. Access electronic files to review patient medications as well as assess medication non-compliance issues.

3. Turn on equipment at least thirty (30) minutes prior to the scheduled start time of clinic to assess if there are any technical difficulties with the equipment. If the difficulty is such that the Tele-Mental Health session cannot be conducted, notify the MHM Tele-Mental Health Coordinator at the MHM Regional Office as soon as possible at 404-507-7100. Maintain connection until the end of your clinic session, which will be thirty (30) minutes prior to the end of your work day in order to complete necessary documentation and paperwork.

4. Insure the presence of all necessary paperwork needed to complete the session to assure proper documentation procedures are followed, including but not limited to:

    - Physician Order Sheets (PI-3003)
    - Discipline Specific Progress Notes (document encounter was via Tele-MH)
    - AIMS Testing Forms (M60-01-02)
    - Mental Health Referral Forms (M35-01-01)
    - Antipsychotic Monitoring Log/Weight and Waist Forms (M60-01-07)
    - Informed Consents for Mental Health treatment (M20-02-01)
    - Informed Consents for Medication (M60-01-01)
    - Initial Psychiatric/Psychological Evaluation (M60-01-06)
    - Formulary Exception Request Form (P-75-0002-01)

5. Tele-mental health providers will be sure to order any needed labs and renew all existing medications as clinically indicated. When clinically appropriate, please renew for 120 days to prevent expiration prior to patient's return to clinic date. For Non-Formulary requests, the provider will complete the Formulary Exception Request Form (P-75-0002-01).
6. If referral is needed for the patient to see an additional provider, please make note of this on the patient call-out list and patient progress note. The Tele-mental Health Coordinator will then schedule the patient for the next available time with an on-site provider. Additionally, please indicate reason for this referral and any pertinent information on the Patient's Progress Note.

7. The Tele-mental health provider will provide necessary documentation and record the contact on the patient's progress note (M-20-02-03 for Psychiatry/M-20-02-02 for Psychology).

8. Psychiatric providers will record all orders on the Physician's Order Form (PI-3003).

9. At the conclusion of session, fax/email/scan any necessary completed documentation to the facility and Georgia Regional Office at the completion of the Tele-Mental Health session, to include Progress Notes, Patient Call-Out List, Physician Orders, etc., preferably on the same day but no later than 24 business hours from the completion of the session.

10. The Tele-mental health provider shall fax/e-mail/scan all session documentation to the MHM Tele-Mental Health Coordinator for inclusion in the patient's electronic file.

WHAT TO DO WHEN…..

What to do when the site institutes a lockdown:

1. The On-site Coordinator will speak with onsite staff regarding the availability of patient movement within the facility.
2. If the onsite staff indicates movement of patients will be prohibited, session can conclude.
3. If the onsite staff indicates patient movement may be possible, the clinic session will be suspended (Provider and On-site Coordinator remain available and on stand-by) until the final determination can be made.
4. If the onsite staff indicates patient movement is possible, the clinic session begins/resumes as planned.
5. Provider may be asked to assist with other clinics at other sites as needed.

What to do if your patient is a No Show/Refusal:

1. After the first no show/refusal, the Tele-mental health provider shall consult with on-site staff to determine the mental status of the scheduled patient. If the mental status of the patient is within normal limits, the Tele-mental health provider will document the no show/refusal and have the patient rescheduled for the next available session.
2. After the second no show/refusal, the Tele-mental health provider will follow the same procedure, however the Tele-mental health provider shall complete a referral to Psychology for follow up on missed appointments.
3. After the third no show/refusal, the Tele-mental health provider will follow the same procedure, however they will also refer the patient to Mental Health Treatment Team to determine what treatment options will be pursued.

Note: Even if the patient refused to attend Treatment Team, it can be a good time to discuss the patient's Comprehensive Treatment Plan (CTP) and explore options for achieving compliance.

What to do if your patient presents an urgent/emergent medical event or concern:

1. Patient Facilitator and Tele-mental health provider will be familiar with and follow the medical emergency processes at the facility where service is being provided.
2. If the situation requires emergent care, the Patient Facilitator will alert DOC personnel.
3. Document the patient's need on the patient's Progress Note (M-20-02-03 for psychiatry/M-20-02-02 for psychology), that it is an emergency referral, and what has triggered the referral.
4. Complete the Physicians Order Form (PI-3003) with the specific referral being requested and document the nature of the emergency referral and your clinical opinion that medical event was urgent; this will be reviewed by the Site Medical Director/designee as part of the onsite medical triage.

What to do if you want to refer the patient for routine on-site medical care or on-site psychological treatment/therapy:

1. On your Patient Call-Out List, write a note to the onsite tele-mental health clinic coordinator regarding the need for a routine referral
2. Document the patient's need on the patient's Progress Note (M-20-02-03 for psychiatry/M-20-02-02 for psychology), that it is a routine referral, and what has triggered the referral.
3. Complete the Physicians Order Form (PI-3003) with the specific referral being requested and document the nature of the referral and your clinical opinion that need is not urgent; this will be reviewed by the Site Medical Director/designee during the medical triage and when the order is removed by nursing.
4. Providers with clinical concerns should first consult with the Clinical Director of the facility. When appropriate, the provider should also consult with the Statewide Medical Director.

What to do when you have equipment problems:

1. If you experience issues with your Tele-Mental Health equipment that lasts for more than one minute, turn everything off and reboot the system.
2. If rebooting the equipment is unsuccessful in fixing the issue, alert the Tele-Mental Health Coordinator at the MHM Regional Office (404-507-7100).
3. When resolution is reached, notify the Tele-Mental Health Coordinator at the MHM Regional Office (404-507-7100) and proceed with session.
4. If resolution cannot be reached within one hour, notify the Tele-Mental Health Coordinator at the MHM Regional Office (404-507-7100). MHM Regional Office staff will proceed with cancelling the session and notifying the necessary parties.
5. Should the Tele-Mental Health Coordinator at the MHM Regional Office (404-507-7100) not be available, please contact the Staff & Program Development Coordinator (404-507-7100).
6. Should all Georgia-based support be unavailable, you can reach MHM/Centurion Telehealth Support (844-474-5953) based in the Corporate Office

What to do in an emergent/urgent situation or in the event of a needed Crisis Stabilization Unit placement:

1. A counselor or nurse may need to refer a patient to the psychiatric provider for additional evaluation and determination of an appropriate plan of action due to suicidality, homicidality, or a significant decline in functioning.
2. If an on-site psychiatric provider is absent, the on-site mental health staff may contact the MHM Regional Office to identify if a Tele-Mental Health Psychiatric Provider is available for an emergency consultation. If a Tele-Mental Health Psychiatric Provider is not available, the site will be instructed to utilize the on-call system,
3. When a Tele-Mental Health Psychiatric Provider is available, the MHM Regional Office will provide the site and the Tele-Mental Health Psychiatric provider with all required contact information.
4. The onsite mental health staff will ensure that a clinician [nurse/counselor] is available for the visit and will remain present with the patient during the tele-mental health encounter.
5. The Tele-Mental Health Psychiatric provider will record the event on his/her Timekeeping Log.

GLOSSARY

JOB DESCRIPTIONS

Tele-mental health provider: Remote services provider including psychiatrists, psychologists and mental health counselors

Statewide tele-mental health coordinator: Coordinates and manages provider and clinic communication, coordinates provider assignments and oversees the production and maintenance of electronic medical files

On-site Tele-mental health clinic coordinator: Facilitates tele-mental health contacts at the facility, facilitates communication between the patient and provider, provides supplemental clinical information to the tele-mental health provider as needed, this individual may be a nurse, mental health counselor or a specially trained clerk

Site Medical Director: Physical health clinician responsible for medical treatment at the facility

GENERAL FACILITY ABBREVIATIONS

ACU	Acute Care Unit
ADM	Administrative
BMU	Behavioral Management Unit
CD	Clinical Director
CQI	Continuous Quality Improvement
CSU	Crisis Stabilization Unit
DR	Disciplinary report
GDC or GDOC	Georgia Department of Corrections
ID#	Patient Personal ID Number
ISO	Isolation
MHUM	Mental Health Unit Manager
OBS	Observation Status
RES	Restraints
SEG	Segregation
SLU	Supportive Living Unit
SMU	Special Management Unit
SP1	Suicide Precautions Level 1
SP2	Suicide Precautions Level 2
UR	Utilization Review

PROFESSIONAL TITLE ABBREVIATIONS

APRN	Advanced Practice Registered Nurse
BSW	Bachelor of Social Work
CC	Corrections Counselor
HSA	Health Services Administrator
CNA	Certified Nursing Assistant

CNS	Clinical Nurse Specialist
CO	Correctional Officer
CRNP	Certified Registered Nurse Practitioner
DON	Director of Nursing
LCSW	Licensed Clinical Social Worker
LPC	Licensed Professional Counselor
LPN	Licensed Practical Nurse
LSW	Licensed Social Worker
MD	Medical Doctor
MHW	Mental Health Worker
PA-C	Physician Assistant – Certified
PhD	Doctor of Philosophy
PsyD	Doctor of Psychology
RN	Registered Nurse
RNS	Registered Nurse Supervisor

MENTAL HEALTH ABBREVIATIONS

AOD	Alcohol and Other Drugs
AA	Alcoholics Anonymous
ADHD	Attention Deficit Hyperactivity Disorder
AH	Auditory hallucinations
AIMS	Abnormal Involuntary Movement Scale
ASPD	Antisocial Personality Disorder
BIF	Borderline Intellectual Function
BPD	Borderline Personality Disorder
DID	Dissociative Identity Disorder
D/O	Disorder
DSM IV-TR	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision
DSM 5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
Dx	Diagnosis/Diagnoses
ECT	Electroconvulsive therapy
EPS	Extrapyramidal Symptoms
FGA	First Generation Antipsychotic
Hx	History
IPE	Initial Psychiatric Evaluation
GAD	Generalized Anxiety Disorder
GAF	Global Assessment of Functioning Scale (Axis V)
GBMI	Guilty But Mentally Ill
GID	Gender Identity Disorder
GD	Gender Dysphoria
HI	Homicidal Ideation
ID	Intellectual Disability
ICD-9	International Classification of Diseases, Ninth Revision
IRP	Individualized Recovery Plan
ITP	Individual Treatment Plan
MDD	Major Depressive Disorder

MH/ID	Mental Health/Intellectual Disability
NA	Narcotics Anonymous
NMS	Neuroleptic Malignant Syndrome
NOS	Not Otherwise Specified
OCD	Obsessive Compulsive Disorder
OCPD	Obsessive Compulsive Personality Disorder
PTSD	Posttraumatic Stress Disorder
RTU	Residential Treatment Unit
SGA	Second Generation Antipsychotic
SI	Suicidal Ideation
SIB	Self-Injurious Behavior
SSRI	Selective Serotonin Reuptake Inhibitor
TCA	Tricyclic Antidepressant
Tx	Treatment
TxT	Treatment Team
TD	Tardive Dyskinesia
UR	Utilization Review

11. Managing CSU Rounds

Psychiatrist will make rounds in the CSU within 24 hours of an offender being admitted on weekends and holidays and within 24 hours of a restraint order. Provide a sample schedule. How will the company ensure that visits are made within the timeframe identified? What is the system of verification/validation of this requirement?

MHM agrees to meet and comply with the requirements in RFP Attachment F, Item 11, *Managing CSU Rounds.*

Summary of Crisis Stabilization Unit Requirements

As the long-standing incumbent provider of mental health services, we are familiar with GDC SOP VG70-0002, *MH Crisis Stabilization Units (CSUs).* This SOP identifies all the requirements for CSUs, including psychiatric rounds. We appreciate that the CSUs are a mental health Level V service of care category that provide intensive mental health services for patients experiencing acute mental health needs and immediate stabilization. These patients are in crisis and therefore require 24-hour healthcare presence in a safe, therapeutic environment. The psychiatrist serves as the attending physician for CSU patients and is responsible for both admission and discharge orders into and out of these service areas. The frequent monitoring and assessment by a psychiatrist is therefore essential to the level of mental health care required by this acute, high-risk population.

MHM currently supports the GDC in providing CSU services at seven facilities throughout the State that have infirmaries. The Department also provides two CSUs for juveniles: one for male juveniles at the Augusta State Medical Prison (ASMP) and the other for female juveniles at the Metro State Prison.

Staffing in the CSUs involves a team of healthcare professionals, as well as correctional officers, who together comprise the stabilization team. The healthcare professionals who comprise this team include psychiatrists, mental health nurses, and CSU or ASU Unit counselors.

Admissions Process

Patients referred for admission to a CSU may refuse mental health treatment, but they are not allowed to refuse crisis stabilization placement. Once a decision is made that a referred patient may need CSU services, the CSU nurse is notified. The CSU nurse, in turn, contacts the psychiatrist within an hour of placement in the infirmary to discuss the case and obtain

admissions orders. The level of CSU property restriction is determined jointly by the CSU treatment team and is documented as part of the CSU treatment plan.

As part of the intake admissions process, the psychiatrist evaluates the patient and completes the Psychiatric Admissions Form (form M70-02-02). According to SOP VG70-0002, this evaluation is required to take place within 24 hours or the next business day, unless an emergency condition exists. MHM will continue to ensure that this requirement is met in the new contract. The mechanisms used to monitor compliance with this requirement are noted later in this section.

In addition to the psychiatrist's role in the admissions process, the CSU nurse performs an intake Nursing Assessment and the CSU mental health counselor completes a *Suicide Precaution Treatment Plan* for patients on SPII status.

Crisis Stabilization Unit Treatment

Ongoing treatment in the CSUs requires daily rounds. All members of the crisis team are required to participate in the rounds, including psychiatrists. During the day, the onsite psychiatrist participates in these daily rounds in person. On Saturdays, Sundays, and holidays, the on-call psychiatrist has phone contact with the CSU mental health nurse in order to obtain a status report on each patient in the units. Included in these weekend and holiday on-call rounds are status reviews for newly admitted patients and those with a recent restraint order. The on-call psychiatrist makes treatment recommendations and provides verbal orders, if needed, for any of the patients in the CSUs. This call-in process for psychiatrists is referred to as conducting weekend CSU "rounds" and is consistent with the GDC SOP.

New Admissions and Patient Restraints

Current practice for new admissions and restraints requires that the MH nurse see and evaluate these patients within 24 hours. The onsite physician sees all new patients within 24 hours for the history and physical exam. Psychiatry typically sees these patients face-to-face on weekdays within 24 hours of admission, or by the next work day if admitted on a Friday evening, Saturday, or holiday. If there are any concerns with new patients and those with restraint orders, the MH nurse contacts the on-call psychiatrist.

Meeting CSU Psychiatric Rounds and Evaluation Requirements

MHM has developed an effective system for maintaining daily in-person and weekend on-call psychiatric rounds at the CSU units that is consistent with the SOP requirements in

VG70-0002. Our Statewide Psychiatry Director, Dr. Dauda Griffin, will continue to submit a monthly on-call psychiatry schedule that is distributed and posted at each CSU/ACU. Included at the end of this section are recent sample on-call psychiatry schedules for male and female patients. These schedules are posted at each CSU.

The weekend and holiday rounds by the on-call psychiatrist are initiated by a phone call from the onsite CSU nurse, and sometimes the CSU mental health counselor. Prior to the phone call, the nurse and counselor complete their own rounds of CSU patients and are therefore ready to present their findings to the on-call psychiatrist. The CSU nurse or counselor will then record their discussion, along with any recommendations from the psychiatrist, into their respective sections of the patient's health record.

For CSU nurses, their documentation is currently recorded in the medical record and for the CSU counselors, their documentation is currently recorded in the mental health record. The on-call psychiatrist does not complete separate documentation of these rounds for the patient's record as their involvement and recommendations are recorded by the CSU nurse and/or CSU counselor. With implementation of the **Cerner EHR**, documentation practices will be consolidated into a single record available to all staff.

To assist the CSU nurses and counselor in reaching the on-call psychiatrists, MHM has introduced an answering service. Onsite CSU staff can call the psychiatrist directly or through the on-call system. MHM has also instituted a back-up on-call psychiatrist 365 days a year, if needed, to ensure that the onsite CSU staff can reach a psychiatrist in a timely manner.

Monitoring of the weekend and holiday CSU rounds by the on-call psychiatrists is completed on a routine basis by a MHM CQI staff and annually through the facility audit process. The annual facility audits are completed jointly by the GDC and MHM staff.

Face-to-face evaluation by a psychiatrist for new admissions and restraints is documented directly by the psychiatrist on approved GDC forms. MHM also monitors our compliance with providing the face-to-face evaluation by a psychiatrist for all new CSU admissions and restraint orders within 24 hours or the next business day, as required by GDC's SOP VG70-0002. The same audit mechanisms noted for the weekend on-call rounds apply to the required timeframes for face-to-face evaluations for new admissions and restraint orders.

To support meeting GDC requirements for psychiatric assessments on the CSUs, MHM suggests that the current monitoring and reporting system be enhanced. Specifically, **MHM recommends an expanded role for the CSU Mental Health Unit Manager** to support timely accountability and monitoring for psychiatry visits. To ensure that all psychiatry evaluation contacts take place as required for new admissions and patient restraints, the CSU MH Unit Manager or designee would be responsible for reviewing relevant CSU documentation daily and providing immediate feedback to Dr. Griffin or his designee for individual provider follow up.

In addition to daily monitoring and follow-up, MHM recommends collaboration between the CSU Mental Health Unit Manager and MHM's CQI staff who could assist with aggregating the psychiatry timeliness compliance results and submitting a report to the GDC on a monthly basis, or another timeframe preferred by the Department. Audit results would be shared with MHM's Psychiatry Director for review at his monthly psychiatric provider's conference call meetings and completion of any required corrective action plans.

Psychiatry On-Call Monthly Calendar - Female Patients

Call runs from 8:00am Monday until the same time on the following Monday. The start dates for each Doctor is noted below.
Please contact Sidney Moore (404) 661-5784 with any problems or questions.
If you do not receive a response from the Doctor on call within 30mins, please call Sidney Moore.
If you do not receive a response from Sidney Moore within 10 minutes, please call Dauda Griffin at (404) 338-0658.

Week	Psychiatrist (Female Services)	Office	Cell or Home Number	Week
2/5	Robert Hanowell rhanowell@mhm-services.com	706-776-0684 (office)	828 -781-3615	6/18
2/12	Robert Hanowell rhanowell@mhm-services.com	706-776-0684 (office)	828 -781-3615	6/25
2/19	Jordan Howard jhoward@mhm-srvices.com	706-776-0684 (office)	559-250-9365 874-722-8525	7/2
2/26	Robert Hanowell rhanowell@mhm-services.com	706-776-0684 (office)	828 -781-3615	7/9
3/5	Jordan Howard jhoward@mhm-srvices.com	706-776-0684 (office)	559-250-9365 874-722-8525	7/16
3/12	Robert Hanowell rhanowell@mhm-services.com	706-776-0684 (office)	828 -781-3615	7/23
3/19	Jordan Howard jhoward@mhm-srvices.com	706-776-0684 (office)	559-250-9365 874-722-8525	7/30
3/26	Robert Hanowell rhanowell@mhm-services.com	706-776-0684 (office)	828 -781-3615	8/6
4/2	Jordan Howard jhoward@mhm-srvices.com	706-776-0684 (office)	559-250-9365 874-722-8525	8/13
4/9	Robert Hanowell rhanowell@mhm-services.com	706-776-0684 (office)	828 -781-3615	8/20
4/16	Jordan Howard jhoward@mhm-srvices.com	706-776-0684 (office)	559-250-9365 874-722-8525	8/27
4/23	Robert Hanowell rhanowell@mhm-services.com	706-776-0684 (office)	828 -781-3615	9/3
4/30	Robert Hanowell rhanowell@mhm-services.com	706-776-0684 (office)	828 -781-3615	9/10
5/7	Jordan Howard jhoward@mhm-srvices.com	706-776-0684 (office)	559-250-9365 874-722-8525	9/17
5/14	Robert Hanowell rhanowell@mhm-services.com	706-776-0684 (office)	828 -781-3615	9/24
5/21	Jordan Howard jhoward@mhm-srvices.com	706-776-0684 (office)	559-250-9365 874-722-8525	10/1
5/28	Robert Hanowell rhanowell@mhm-services.com	706-776-0684 (office)	828 -781-3615	10/8

Psychiatry On-Call Monthly Calendar - Male Patients

Call runs from 8:00am Monday until the same time on the following Monday. The start dates for each Doctor is noted below.
Please contact Sidney Moore (404) 661-5784 with any problems or questions.
If you do not receive a response from the Doctor on call within 30mins, please call Sidney Moore.
If you do not receive a response from Sidney Moore within 10 minutes, please call Dauda Griffin at (404) 338-0658.

Week	Psychiatrist (Male Services)	Office	Cell or Home Number	Week
2/5	Angel Perez aperez@mhm-services.com	404-510-1699 o	404 510-1699 c	6/18
2/12	Dr Artadi jatardi@mhm-services.com	678-953-0551 c		6/25
2/19	William Carter wcarter@mhm-services.com	770-504-2018	404-274-6266 770.254.8713	7/2
2/26	Dr Alexis calexis@mhm-services.com	914-714-4334 c	2294694706h	7/9
3/5	Doug Bess dbess@mhm-services.com	770-932-4549	678 427-2905 c 770 457-7697 h	7/16
3/12	Kamau Moyenda Kmoyenda@mhm-services.com	478-445-5501	478 361-8053	7/23
3/19	Randy Capocasale rcapocasale@mhm-services.com	229-294-6231	912.509.4949 912.884.7433	7/30
3/26	Angel Perez aperez@mhm-services.com	404-510-1699 o	404 510-1699 c	8/6
4/2	Dr Artadi jatardi@mhm-services.com	678-953-0551 c		8/13
4/9	William Carter wcarter@mhm-services.com	770-504-2018	404-274-6266 770.254.8713	8/20
4/16	Dr Alexis calexis@mhm-services.com	914-714-4334 c	2294694706h	8/27
4/23	Doug Bess dbess@mhm-services.com	770 932-4549	678 427-2905 c 770 457-7697 h	9/3
4/30	Kamau Moyenda Kmoyenda@mhm-services.com	478-445-5501	478 361-8053	9/10
5/7	Randy Capocasale rcapocasale@mhm-services.com	229-294-6231	912.509.4949 912.884.7433	9/17
5/14	Angel Perez aperez@mhm-services.com	404-510-1699 o	404 510-1699 c	9/24
5/21	Dr. Artadi jatardi@mhm-services.com	678-953-0551 c		10/1
5/28	William Carter wcarter@mhm-services.com	770-504-2018	404-274-6266 770.254.8713	10/8
6/4	Dr. Alexis calexis@mhm-services.com	914-714-4334 c	2294694706 h	10/15

12. Managing Clinician Meeting

When an offender returns from CSU or ACU back to ITF, or any facility without a CSU or ACU they must be seen by a masters level clinician within 24 hrs. of arrival. A financial penalty of $1000 will be assessed for each occurrence of non-compliance. How will the company ensure that visits are made within the timeframe identified? What is the system of verification/validation of this requirement?

MHM agrees to meet and comply with the requirements of RFP Attachment F, Item 12, *Managing Clinician Meetings.*

We appreciate the importance of ensuring that high-risk patients returning from a Crisis Stabilization Unit (CSU) or an Acute Care Unit (ACU) receive timely assessment from a masters level (or higher) mental health clinician no later than 24 hours after arrival. Based on our experience delivering services in the current contract, we recognize that the requirement for a follow-up encounter within 24 hours of arrival is new. MHM is confident that we will meet or exceed this requirement in the new contract. Our proposed staffing matrix was developed taking into account the need to meet this requirement.

To our knowledge, there is currently no system in place to ensure that this requirement is met or monitored for compliance. MHM proposes that the following system be established to facilitate compliance with this RFP requirement. We recommend that:

- The Mental Health Unit Manager from the facility with the CSU will be responsible for notifying the Mental Health Unit Manager at the receiving facility each time a patient has been approved for release to an identified facility without a CSU or ACU. Notification will be by telephone.
- The date and time of this contact will be documented in the patient's *Discharge Summary Form (M70-02—06)* to minimize unnecessary additional paperwork.
- The telephone contact from the Mental Health Unit Manager at the CSU facility will be in addition to the faxed information to the receiving Mental Health Unit Manager regarding the patient's status, as required in SOP VG70-0002, *MH Crisis Stabilization Unit.*
- Upon notification, the Mental Health Unit Manager at the receiving facility will be responsible for ensuring that a masters level (or higher) mental health professional is scheduled and available to see the arriving patient the same day, whenever possible, but no more than 24 hours after the patient's arrival.

To ensure that compliance with this clinician encounter takes place timely and is monitored while we are still using paper mental health records, we recommend that the Mental Health Unit Manager at the receiving facility fax back to the CSU Mental Health Unit Manager a copy of the clinician's progress note that indicates, at a minimum, the following information:

- The patient's date and time of arrival at the receiving facility
- The printed name and signature of the mental health clinician, including credentials
- The date and time the patient was seen and assessed by the mental health clinician
- Acknowledged review of the patient's CSU discharge summary which indicates recommended treatment

Receipt of this faxed information from the receiving facility ensures continuity of care, allowing the CSU facility to close the case. The advantage of our proposed system is that monitoring for timely mental health clinician assessment within 24 hours of arrival can be completed at both facilities. Each CSU and receiving facility would be responsible for having the same receiving clinician progress note. This process requirement could be part of the monitoring and quality assurance process, in addition to contact timeliness.

To ensure that this monitoring process is followed, MHM recommends that the CSU Mental Health Unit Manager, or designee, be responsible for maintaining a log for each patient released from the CSU to another facility. We recognize that SOP VG70-0002, *Crisis Stabilization Unit*, already requires an admission log. The information for a discharge log could be added to the admission log, or serve as a stand-alone log, if easier to maintain. The log would contain, at a minimum, the following information:

- Patient's name
- Patient's GDC ID number
- Date and time of release from the CSU
- Date and time of arrival at the receiving facility
- Date and time of the MH clinician encounter at the receiving facility

The log could be aggregated, analyzed, and submitted monthly to the GDC for purposes of demonstrating compliance with the process and timeliness of each CSU release to another facility. The information from this log could also be summarized and included in MHM's *CSU Management Project Monthly Summary Report*.

Alternatively, or in addition to the above compliance monitoring mechanism, MHM CQI staff could conduct routine audits of this process and timeliness compliance by reviewing the receiving mental health clinician progress notes at the CSU. MHM also recommends that the GDC incorporate this mental health clinician encounter requirement into their annual facility audit process.

Once the Cerner EHR is implemented, we will explore the ability of the system to provide automated reporting assessing timeliness of CSU discharge follow-up encounters with the mental health clinician. If automated reporting can be configured, there will be no need for the paper-based tracking systems proposed here.

In the new contract, MHM understands that a financial penalty of $1,000 will be assessed for each occurrence of non-compliance.

MHM recognizes that one of the goals for ensuring that mental health clinicians and providers see released CSU or ACU patients in a timely manner at the receiving facilities is to reduce the risk for self-harm and suicide. Our approach to suicide and self-harm prevention is described in our response to RFP Attachment F, Item 15, *Statement of Work*.

13. Managing Crisis Stabilization

When an offender is released from a Crisis Stabilization Unit, offenders must be seen by a Mental Health provider within no more than 48 hours. If the meeting occurs more than 72 hours, a financial penalty of $1000 per day will be assessed. Describe how this requirement will be managed and validated.

MHM agrees to meet and comply with the requirements of RFP Attachment F, Item 13, *Managing Crisis Stabilization.*

We appreciate the importance of ensuring that high-risk patients released from a CSU are seen within 48 hours by a mental health provider at the receiving facility. Based on our experience delivering services in the current contract, we recognize that the requirement for a follow-up provider encounter within 48 hours of arrival is new. MHM is confident that we will meet or exceed this requirement in the new contract. Our proposed staffing plan has been planned to meet the requirement.

To our knowledge, there is currently no system in place to ensure that this requirement is met or monitored for compliance. MHM proposes that the following system be established to facilitate compliance with this RFP requirement. We recommend that:

- The Mental Health Unit Manager from the facility with the CSU will be responsible for notifying the Mental Health Unit Manager at the receiving facility each time a patient has been approved for release to an identified facility without a CSU or ACU. Notification will be by telephone.
- The date and time of this contact will be documented in the *patient's Discharge Summary Form (M70-02—06)* to minimize unnecessary additional paperwork.
- The telephone contact from the Mental Health Unit Manager at the CSU facility will be in addition to the faxed information to the receiving Mental Health Unit Manager regarding the patient's status, as required in SOP VG70-0002, *MH Crisis Stabilization Unit.*
- Upon notification, the MH Unit Manager at the receiving facility would be responsible for ensuring that a mental health provider is scheduled and available to see the arriving patient within 48 hours of the patient's arrival.

To ensure that compliance with this mental health provider encounter takes place timely and is monitored while we are still using paper mental health records, we recommend that the Mental Health Unit Manager at the receiving facility fax back to the CSU MH Unit

Manager a copy of the provider's progress note that indicates, at a minimum, the following information:

- The patient's date and time of arrival at the receiving facility
- The printed name and signature of the mental health provider, including credentials
- The date and time the patient was seen and assessed by the mental health provider
- Acknowledged review of the patient's CSU discharge summary which indicates recommended treatment

Receipt of this faxed information from the receiving facility ensures continuity of care, allowing the CSU facility to close the case. The advantage of our proposed system is that monitoring for timely mental health provider assessment within 48 hours of arrival can be completed at both facilities. Each CSU and receiving facility would be responsible for having the same receiving provider progress note. This process requirement could be part of the monitoring and quality assurance process, in addition to contact timeliness.

To ensure that this monitoring process is followed, MHM recommends that the CSU Mental Health Unit Manager, or designee, be responsible for maintaining a log for each patient released from the CSU to another facility. We recognize that SOP VG70-0002, *Crisis Stabilization Unit*, already requires an admission log. The required information to monitor the timely mental health provider encounter could be added to the admission log, or could be included in a stand-alone log, if easier to maintain. The log would contain, at a minimum, the following information:

- Patient's name
- Patient's GDC ID number
- Date and time of release from the CSU
- Date and time of arrival at the receiving facility
- Date and time of the MH provider encounter at the receiving facility

MHM recommended a similar log for monitoring compliance with the mental health clinician encounter at the receiving facility within 24 hours of arrival in our response to RFP Attachment F, Item 12, *Managing Clinician Meeting.* The required mental health provider contact within 48 hours could be added to the same log on which the mental health clinician encounters are maintained.

The log could be aggregated, analyzed, and submitted monthly to the GDC for purposes of demonstrating compliance with the process and timeliness of each CSU release to another

facility. The information from this log could also be summarized in *MHM's CSU Management Project Monthly Summary Report.*

Alternatively, or in addition to the above compliance monitoring mechanism, MHM CQI staff could conduct routine audits of this process and provider contact timeliness by reviewing the receiving mental health provider progress notes at the CSU. MHM also recommends that the GDC incorporate this mental health provider encounter requirement into their annual facility audit process.

Once the **Cerner EHR** is implemented, we will explore the ability of the system to provide automated reporting assessing timeliness of CSU discharge follow-up encounters with the mental health provider. If automated reporting can be configured, there will be no need for the paper-based tracking systems proposed here.

In the new contract, MHM understands that a financial penalty of $1,000 will be assessed for each receiving facility provider encounter that is more than 72 hours from the time of the patient's arrival at the facility.

MHM recognizes that one of the goals for ensuring that mental health clinicians and providers see released CSU or ACU patients in a timely manner at the receiving facilities is to reduce the risk for self-harm and suicide. Our approach to suicide and self-harm prevention is described in our response to RFP Attachment F, Item 15, *Statement of Work*.

14. Managing Releases from Stabilization Units

When an offender is released from a Crisis Stabilization Unit (CSU) or Acute Care Unit (ACU), and it is a clinically relevant admission, the offender must be added to the mental health caseload (if not on the MH caseload prior to admission into the CSU or ACU). Once on the caseload, the offender must reside at a facility with MH services. If the offender is not added to the caseload within 24 hours, a financial penalty of $1000 per day will be assessed. Describe how this requirement will be managed and validated."

MHM agrees to meet and comply with the requirements of RFP Attachment F, Item 14, *Managing Releases from Stabilization Units.*

Summary of CSU Release Management Requirements in SOPs

As the current mental health vendor, MHM understands the importance of ensuring that patients are quickly added to the mental health caseload at the appropriate service level, particularly high-risk patients being stepped down from a Crisis Stabilization Unit (CSU) or Acute Care Unit (ACU). We recognize that patients released from a CSU or ACU are in need of timely follow-up and treatment consistent with their discharge plan. MHM is also aware that timely and accurate entry of mental health service levels is essential for GDC's Inmate Classification system. Accurate mental health service levels ensure that patients stepping down from a CSU or ACU are transferred by custody to the appropriate facility and unit that is equipped to meet all their recommended mental health service needs.

As articulated in the GDC's responses to bidders' questions and confirmed in our current practice, we appreciate that the requirement to ensure patients released from CSUs receive recommended mental health services following release means that Level I offenders who are admitted to and then released from a CSU may not be returned to a Level I facility. We also recognize that ITF participants who are admitted to a CSU may be returned to the ITF upon release, although in some cases mental health evaluation and clinical presentation may dictate that the patient remain on the CSU for a longer period, including up to 60 days, to ensure clinical stability prior to return to the ITF.

GDC's SOP VG80-0001, *Transfer of Seriously Mentally Ill Inmates/Probationers,* provides direction on this process. It describes the transfer process for all seriously mental ill (SMI) patients, including SMI patients being discharged from a CSU or ACU unit. In accordance with this SOP, the CSU or ACU Mental Health Unit Manager or designee is responsible for

entering the appropriate mental health level into the appropriate information management systems, including the GDC's Scribe offender tracking system. The mental health caseload level is also recorded in the patient's mental health record. By protocol, this process should be completed *prior* to the patient leaving the CSU or ACU.

GDC SOP VG70-0002, *Crisis Stabilization Unit*, also addresses the importance of ensuring that patients transferred from a CSU or ACU have their mental service levels documented and recorded in all the appropriate systems. This SOP notes that the "stabilization team" is responsible for determining the appropriate level of mental health services needed upon discharge, and the CSU Mental Health Unit Manager is then responsible to ensure that the patient is placed at a GDC facility with the level of mental health care that matches the patient's needs.

The SOP notes that patients being released from a CSU or ACU require further communication between the CSU and the receiving facility to ensure continuity of care. In addition to requiring timely entry of the mental health caseload level in all the appropriate systems, SOP VG70-0002 requires that careful documentation of the patient's status needs to be faxed to the Mental Health Unit Manager at the receiving institution. Also required is completion of the *CSU Discharge Summary Form (M70—02-06)*, which is made available in the patient's medical and mental health record to ensure that the receiving facility is aware of the patient's mental health needs.

MHM's Plan to Meet RFP Requirements

The GDC requirement that all patients with a clinically relevant CSU admission must be added to the mental health caseload is relatively new, but understandably important. Also new is the requirement to enter the mental health caseload level in the appropriate computer systems and medical record within 24 hours of the patient's release from the CSU or ACU.

MHM is aware of these recent CSU discharge requirement modifications and we agree with its goal of ensuring that high-risk patients released from a CSU or ACU are not inadvertently missed from being assigned to the mental health caseload at the appropriate service level. We appreciate the importance of ensuring that all released patients from the CSU or ACU are transferred to the appropriate facilities that provide the mental health services required by the released patient.

To ensure that this RFP requirement is consistently met and monitored for compliance we suggest several tracking and auditing mechanisms.

First, we recommend that the CSU Mental Health Unit Manager or designee be responsible for maintaining a log of each patient released from the CSU to another facility. We recognize that SOP VG70-0002, *Crisis Stabilization Unit*, already requires an admission log. The information for a discharge log could be added to the admission log, or serve as a stand-alone log, if easier to maintain. The discharge information relevant to this requirement would include, at a minimum, the following information:

- Patient's name
- Patient's GDC ID number
- Date and time of release from the CSU
- Date and time when patient was added to the mental health caseload at the appropriate service level
- Name and credentials of the staff person who added or confirmed that the released patient was added to the MH caseload at the appropriate level

MHM recommends a similar discharge log in our response to RFP Attachment F, Item 12, *Managing Clinician Meeting*, and Item 13, *Managing Crisis Stabilization*. The discharge information suggested in this requirement could be added to the discharge information suggested in our response to these related RFP sections. The information from this log could also be summarized in MHM's *CSU Management Project Monthly Summary Report.*

The log could be aggregated, analyzed, and submitted monthly to the GDC for purposes of demonstrating compliance with the process and timeliness of entering the mental health caseload for each CSU release to another facility.

Alternatively, or in addition to the above compliance monitoring mechanism, MHM CQI staff could conduct routine audits of caseload entry timeliness by reviewing the date that the caseload was entered into the GDC Scribe system and the patient's medical record. MHM also recommends that the GDC incorporate this mental health caseload entry requirement into their annual facility audit process.

Once the **Cerner EHR** is implemented, we will explore the ability of the system to provide automated reporting assessing caseload entry timeliness at CSU/ACU discharge. If automated

reporting can be configured, there will be no need for the paper-based tracking systems proposed here.

In the new contract, MHM understands that a financial penalty of $1,000 will be assessed for each day after 24 hours that a CSU/ACU released patient is not added to the mental health caseload in the appropriate computer system (Scribe) and medical record.

15. Statement of Work

The Vendor must provide a Statement of Work that details the work to be performed consistent with the requested SOW and requirements detailed in the RFP for the System. The narrative for the Statement of Work must include a detailed description of each Project deliverable. The Statement of Work must also clearly define the scope of the Project and provide assumptions on which the Work Plan and Statement of Work were developed. The Vendor must NOT include any pricing or pricing assumptions in this section.

For each Deliverable, the Vendor must provide the following information:

- Deliverable Description – Provide an overview of the Deliverable
- Vendor Responsibilities – Provide a clear and concise narrative of Vendor responsibilities to perform the work for this Deliverable
- GDC Responsibilities – Provide a clear and concise narrative of what the Vendor expects from GDC to perform the work for this Deliverable
- Reference – Indicate the policy, section, page and /or paragraph where referenced

MHM agrees to meet and comply with the requirements of RFP Attachment F, Item 15, *Statement of Work.*

Deliverables Description for Mental Health Services

The Need for Mental Health Services in Correctional Facilities and GDC

MHM is aware of the growing need for effective mental health and substance use disorder treatment services in correctional facilities, including at the GDC. Deinstitutionalization of state psychiatric facilities in the 1960s and 1970s resulted in our nation's jails and prisons becoming the primary institutions for treating seriously mentally ill (SMI) populations, particularly those from underserved, lower income communities.

At the same time, substance use disorder rates, most recently for opioids, have plagued our communities. Persistently high rates of substance use in the community have resulted in high percentages of correctional populations with substance use disorders. The combination of these trends has exacerbated efforts to curb recidivism rates, particularly among these high-risk, vulnerable populations with few effective community resources to meet their needs. Methamphetamine and amphetamine-like substances, such as *spice, bath salts*, or *K-2*, are used with increasing frequency, including by incarcerated

populations. Both the opioid epidemic and the rise of synthetic drugs have had dire consequences that need no elaboration here.

Not surprisingly, increased rates of offenders with SMI and/or substance use disorders have also been evident at the GDC for many years. Fortunately, Georgia's legislature, together with other public agencies and offender advocacy groups, have responded to these trends with an increased focus on the provision of specialized residential and day-treatment programs in local communities, including within or alongside correctional facilities. The goal of these planned programs and initiatives was and is to more effectively treat and serve these high risk populations, improve public safety, and reduce recidivism.

In 2011, Georgia's legislature created the **Special Council on Criminal Justice Reform** for Georgians. One of the Council's recommendations was to expand access to effective treatment and programming options in communities across the state. As a result, the number of residential substance abuse treatment programs (RSATs), Day Reporting Centers (DRCs), and Accountability Courts are in the process of being increased. Additionally, integrated treatment facilities (ITFs) have been created for male and female probationers who have co-occurring mental illness and substance use disorders.

To better meet the growing special needs of GDC patients with SMI and/or behavioral management problems, the GDC and MHM collaborated on the establishment of Specialty Mental Health Treatment Units (SMHTUs). SMHTU missions were identified and preliminary planning was completed in 2016, and the first units were established in 2017. Additional SMHTUs are scheduled to open in the near future as appropriate space and other operational considerations are addressed.

As noted in RFP Attachment L, *Utilization Data – Mental Health*, and the GDC's *Overview of Georgia's Correctional Mental Health Service Delivery* contained therein, the expansion of the GDC's mental health delivery system is expected to continue well into the future. We anticipate that the expansion will include but not be limited to specialized programs for patients with SMI, behavior management, and/or substance use disorders.

MHM is excited to continue our partnership with the GDC to meet the growing and complex treatment needs of the GDC population. We do not believe the Department will find a healthcare partner that is more dedicated, more effective, or more expert than MHM. What follows is an overview of the scope of MHM's mental health service program and our understanding of the deliverables required by the GDC.

Scope of Comprehensive Mental Health Services at GDC

MHM has maintained a successful partnership with the GDC in the provision of mental health services for two decades. Our contract with the Department was established in 1997 and has not faltered since. We are very proud of this longevity and the services we have delivered in collaboration with the Department during this time.

The comprehensive mental health services that MHM provides to GDC patients through our psychiatrists, psychologists, mental health counselors, and activity therapists include but are not limited to the following:

- Initial mental health screenings
- Comprehensive mental health evaluations
- Initial psychiatric evaluations
- Initial psychological evaluations
- Day evaluations
- Disciplinary evaluations
- Probation evaluations
- PREA evaluations
- Suicide risk assessments
- Treatment plans
- Medication management
- Individual therapy/counseling
- Group therapy/counseling
- Activity therapy
- Crisis treatment plans
- Behavior management plans
- Restraint evaluations and orders

As the GDC is aware, some of our mental health services are met through our tele-mental health program. We have been an industry leader in this area and achieved remarkable success in ensuring patient access to evidence-based mental health services through telehealth service delivery.

Our success has been particularly pronounced in Georgia. The remote locations of GDC facilities, combined with the large number of facilities and offenders encompassed by the system, have made telehealth an ideal service delivery solution, ensuring access to care and improving the quality and efficiency of the care provided. We provide more information on the requirements and scope of our tele-mental health program later in this section and in greater detail in our response to RFP Attachment F, Item 10, *Approach to Telepsychiatry*.

In addition to these direct clinical services, MHM also participates in related activities at the

GDC which support the provision of comprehensive mental health services, including the following:

- Multidisciplinary treatment team meetings
- Case consultations
- Facility staff meetings
- Statewide and facility CQI meetings
- Utilization Review process, particularly for psychotropic medications
- Psychological autopsies
- Peer reviews and committee meetings
- In-service and other onsite or offsite trainings
- Annual statewide trainings
- Participation in multiple committee meetings
- Annual facility audits
- Collaborative development and refinement of clinical infrastructure (e.g., revision of SOPs in partnership with the Department)
- Collaborative planning and configuration of the electronic health record

The range of special needs populations and programs where MHM provides comprehensive mental health services at the GDC has grown significantly over the last 20 years. In addition to providing psychiatry and psychology services to general population patients, MHM also serves the mental health caseload and high-risk patients in various special needs housing units, including but not limited to the following:

- Crisis Stabilization Units (CSUs)
- Acute Care Units (ACUs)
- Integrated Treatment Facilities (ITFs)
- Residential Substance Abuse Treatment (RSAT) programs
- Segregation/Isolation units
- Supportive Living Units (SLUs)
- Probation Detention Centers (PDCs)
- Transition Centers (TCs)
- Metro Re-entry Center
- Tier I and II program units

- Specialized Mental Health Treatment Units (SMHTUs)

In the new contract, we understand that staffing and administrative oversight at the ITFs will be our responsibility. MHM is fully prepared to take on these additional responsibilities. We also acknowledge and accept the increased auditing, reporting, and staffing expectations that are referenced in RFP Attachment B, *Scope of Services, Mental Health.*

A review of our history as the mental health contractor at the GDC demonstrates why we are uniquely qualified to continue our partnership with the GDC in the new contract. After 20 years of experience, we have the requisite knowledge base, expertise, resources, and earned trust to remain GDC's partner in the provision of mental health services at its facilities. MHM has extensive experience and insight regarding the accomplishments, strengths, and challenges facing GDC's mental health services programs. We are actively collaborating with the GDC to support strategic planning and innovative solutions currently being directed toward addressing these needs.

History of Mental Health Services at GDC

The Department, in collaboration with MHM, originally developed the structure of GDC's mental health program over 20 years ago, during a class action civil complaint against the Department (*Cason v. Seckinger*).

Twenty years ago, the statewide MHM Clinical Director, Dr. DeGroot, worked with the GDC, making significant changes in the mental health policies and procedures. Some of the administrative changes included new staffing levels, credentialing procedures, privileging procedures for clinical staff, revisions to the mental health records, establishment of in-service training and clinical supervision requirements, and required oversight procedures. Oversight procedures that have been established include:

- Annual self-audits
- Annual comprehensive audits
- Corrective action plans
- Annual peer review
- Quarterly CQI reports
- Annual external audits
- Psychological autopsies for offenders who committed suicide

Procedures were also developed to help identify incarcerated patients in need of mental health services. These procedures focused on referrals, rounds, and psychological evaluations. Assessment procedures now include an initial mental health screen, a

comprehensive mental health evaluation, an initial psychiatric evaluation, an initial psychological evaluation, disciplinary evaluations, probation evaluations, PREA evaluations, and suicide risk assessments. Finally, procedures were written to facilitate mental health treatment. These procedures included requirements for a multidisciplinary treatment team, treatment plans, levels of care, non-pharmacological interventions, and pharmacological interventions.

Today, MHM's statewide Senior Clinical Director, **Dr. James DeGroot**, Statewide Psychiatry Director, **Dr. Dauda Griffin,** site-based Clinical Directors, and site-based Mental Health Unit Managers from the facilities work with the GDC to update mental health policies and procedures annually through participation on the GDC Standard Operating Procedures Committee.



James DeGroot, PhD
Senior Clinical Director



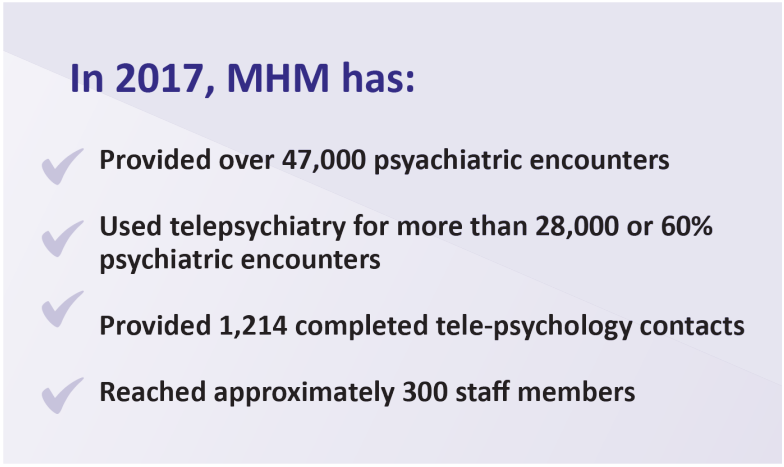
Dauda Griffin, MD, CCHP
Statewide Psychiatry Director

MHM Clinical Directors are responsible for the implementation of these policies and procedures. Our Clinical Directors support the coordination among security, programs, and medical staff that is required to ensure successful implementation of SOPs. Our Clinical Directors are also responsible for ongoing process and outcome evaluations to assess compliance with Department SOPs. Currently, there are 13 Clinical Directors working in male facilities. Seven of the Clinical Directors are assigned to a medium security state prison, responsible for the clinical services delivered to a total of 2,876 incarcerated patients, and six are assigned to a close security prison, responsible for the clinical services delivered to a total population of 3,556 patients.

For female correctional patients, there are two Clinical Directors, each assigned to a close security prison, responsible for the clinical services delivered to 2,154 patients. Our psychologists, psychiatrists, and mental health counselors are delivering services to an additional 413 male patients located at three PDCs and one ITF, and to 286 female patients located at one PDC, one ITF, and two TCs. In December 2017, 18.8% of the total offender population was receiving mental health services in 26 facilities.

As mentioned in a previous section, in 2017, MHM provided over 47,000 psychiatric encounters. More than 28,000 of the encounters, or approximately 60%, were provided through telepsychiatry. The number of unique patients receiving psychotropic medications

over the past 10 years has increased from 5,673 in January 2008 to 5,866 in January 2018. The number of completed tele-psychology continues to grow as completed encounters in 2017 reached 1,214. Even as the scope, complexity and volume of patients served at the GDC has grown over the years, the majority of facilities where we provide services consistently pass their annual mental health audit.



Recent Accomplishments

The 2017 mental health program audit results revealed relatively high compliance with the mental health policies and procedures. Mental health professionals are in place and appropriately credentialed and privileged. They are also receiving in-service training and clinical supervision. Patients in need of mental health services are being identified through evaluations and placed in an appropriate level of care. A multidisciplinary treatment team, chaired by the facility Clinical Director, develops the treatment plan with the patient. The treatment plan is regularly updated and treatment plan reviews are regularly performed to ensure that the patient is receiving appropriate services in the least restrictive environment.

Along with in-service training, mental health staff are provided opportunities to attend annual training, where they can receive continuing education credits, on correctional mental health ethics, suicide risk assessment, and both the assessment and treatment of sexual assault victims. This training is provided by various MHM Clinical Operations team members, and has consistently received excellent evaluations from the attendees.

The Clinical Operations team continues to function as a consultant for MHM and the GDC on challenging issues dealing with restrictive housing, special mental health treatment units, and both suicidal and non-suicidal self-injurious behavior. We overview the support Clinical Operations has provided in our response to RFP Attachment F, Item 1, *Approach to Mental Health Services.*

Psychiatry

MHM has been able to provide quality mental health services to GDC patients without litigation. In addition, patient grievances related to psychiatric services that have been reviewed by our Psychiatry Director, Dr. Griffin, have often not been substantiated.

Beginning in 2018, psychiatric providers have been more efficiently assigned to facilities such that each provider is working in fewer facilities and facilities work with fewer providers. This will result in providers feeling more ownership of their patient caseloads, facilities feeling more of a connection with the psychiatric provider, and patients having improved continuity of care.

Our psychiatry practice consistently demonstrates prescribing patterns that maintain GDC psychotropic medication cost within budget. We are able to accomplish this through the following initiatives:

Psychiatry Initiatives Accomplish Results!

- **Medical Director participation on the Pharmacy and Therapeutics Committee**
- **Quarterly monitoring of practice prescribing trends with individual feedback given to each psychiatric provider**
- **Tight management of the formulary exception request process such that 96% of all psychotropic medication orders in December 2017 were formulary**
- **Communication about pharmacological issues on the monthly psychiatry call**
- **Individual provider feedback given for any medication management issues identified in the annual mental health facility audits**
- **New in 2018, psychiatric provider access to UpToDate, an on-line resource that provides evidence-based pharmacologic and other clinical information, in addition to providing continuing medical education credits**

Telepsychiatry

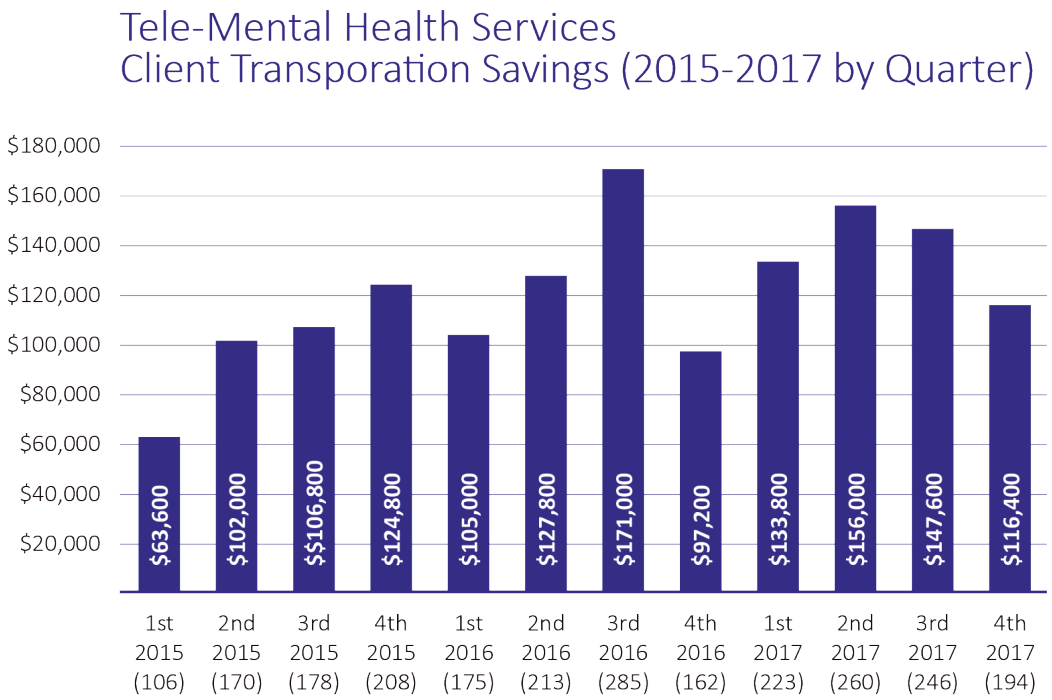
Over the past several years, GDC's telepsychiatry program has grown to become one of the largest providers of these services across all MHM contracts. We now provide approximately 2,100 to 3,000 telepsychiatry encounters each month to GDC patients across 27 facilities. Telepsychiatry services have allowed us to provide seamless care at facilities that do not have onsite psychiatry staff due to their remote location, or due to prescriber illness, vacations, or other prolonged absences.

Telepsychiatry has also helped prevent or minimize appointment backlogs and more efficiently allocate limited psychiatry resources quickly and where needed most. Due in part to the use of telepsychiatry, we have only had to utilize one locum tenens in the past 10 years and that one is now recently contracted with the expectation that the position will soon be filled with permanent psychiatric staff.

As part of our monthly reporting on telepsychiatry data, we routinely include data on the transportation cost savings that the GDC experiences each month as a result of MHM providing tele-mental health services. These savings result from day evaluations conducted via tele-mental health for patients located in facilities where we do not provide mental health services, thus avoiding their transportation to a facility where we do provide these services. As a result of these tele-mental health encounters, the GDC experiences a transportation cost savings of approximately $40,000 each month.

In 2017, MHM created a *Tele-Mental Health Manual* based on standards of the American Telemedicine Association and GDC's SOP VH17-0003, *Telemedicine.* We also developed a tele-mental health training, based on this manual, and provided it to nursing, counseling, and psychiatry staff.

Today, the GDC telepsychiatry and tele-mental health program is the largest within MHM. As noted in the chart that follows, with approximately 2,100 to 3,000 encounters per month we save GDC approximately $40,000 per month in transportation costs. **Since tracking this information, we have helped GDC avoid $1,430,400 in transport costs for psychiatric services.**



*Monthly client transport cost avoidance measured since February 2015.

Recent Challenges

Within the past year, there has been an increase in the number of offenders who have committed suicide, which is consistent with a national trend. Over the past five previous years, from 2012 through 2016, the average annual number of suicides was six, with five in 2012, four in 2013, five in 2014, eight in 2016, and six in 2016. Reviews and psychological autopsies have been performed to better understand the dynamics underlying these suicides. MHM and the GDC are currently analyzing the findings from these investigations.

The concept of specialized mental health treatment units (SMHTU) was developed in 2016. In 2017, the GDC and MHM operationalized the concept, developing programs and hiring staff. The implementation phase started in the second half of 2017 and continues in 2018 along with process evaluations and eventually outcome evaluations. Of the seven proposed SMHTU specialties, four are already operational and three are still in various stages of implementation.

GDC patients receiving mental health services are disproportionately represented in the Tier Program (Tiers I, II, and III). They account for approximately 35% of the offenders in Tier

units, while only 19% of the total offender population is receiving mental health services. While the implementation of the SMHTUs will help divert some mental health patients from the Tier Program, we appreciate the challenges of providing mental health services to patients on the Tier units. Delivery of mental health services to many of these patients is difficult due to staff shortages, safety concerns, and limited space resulting in problems with access and privacy.

Access to mental healthcare has been an ongoing challenge at other close security facilities with offenders in restrictive housing. When patients cannot be transported to the clinic or other private office areas, mental health staff members have limited flexibility to provide services within the dorms while maintaining patient confidentiality.

MHM is committed to assisting the Department in achieving sustainable solutions to each of these challenges.

Proposed Solutions and Improvements



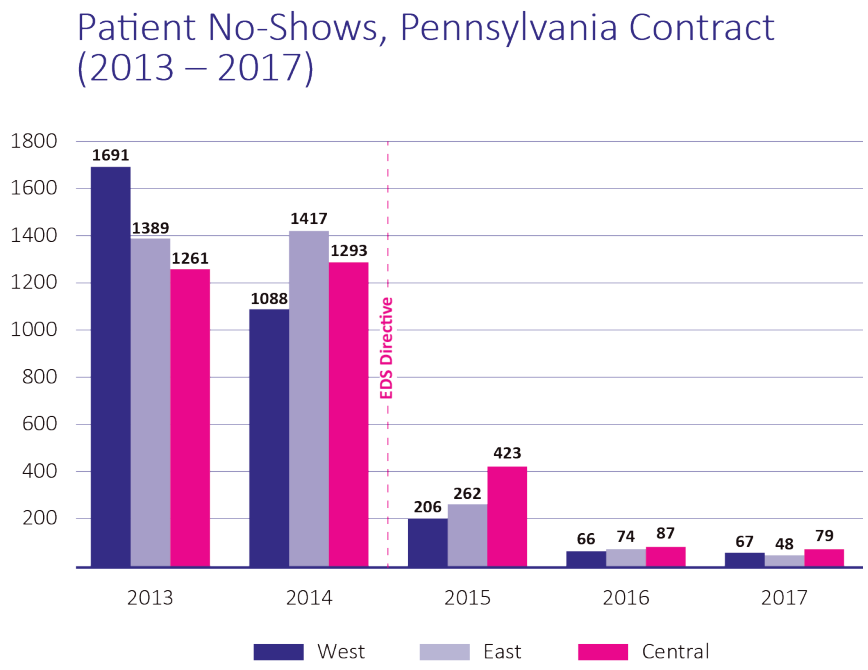
Joel Andrade, LICSW, PhD, CCHP-MH
Director of Clinical Operations - MH

In February 2018, one of our corporate experts on mental health, **Dr. Joel Andrade**, **LICSW, PhD, CCHP-MH**, Director of Clinical Operations – Mental Health, met with the GDC Assistant Commissioner Sauls to review suicides in GDC facilities over the past 10 years. The goal of the meeting was to develop targeted suicide prevention and intervention training for MHM and GDC staff. More specifically, the training is to incorporate offender risk factors and facility conditions that may be unique to GDC's offender population. MHM has also been collecting data across all our contracts on suicides and serious suicide attempts for years. Based on analyses from this database, and by incorporating recent research findings in peer-reviewed scientific publications, MHM is able to assist mental health and custody staff in developing effective prevention and intervention strategies.

With regard to patient access, our Statewide Psychiatry Director, Dr. Griffin, has collaborated recently with the GDC to establish *transport teams* for facilities experiencing significant barriers to patient access. The wardens at Hays and Phillips state prisons have been receptive to identifying custody staff who are dedicated to providing patient escorts or transportation to mental health appointments. This collaborative effort has helped reduce the number of missed appointments at these facilities. Similar collaborative efforts between MHM and GDC custody staff would likely lead to improved patient access at other facilities where this is a concern.

Challenges in accessing care are not unique to the GDC. As we have done in Georgia, in other contracts we have worked closely with leadership from our client agencies to address these challenges. For example, we collaborated with our client in the Pennsylvania Department of Corrections to initiate a missing appointment reporting process in 2013. We found the reports to be especially useful to facility administrators in effecting changes that decrease the missed appointment rates. In 2013 and 2014, we reported on all no-shows and provided the Pennsylvania Department of Corrections with information on the monetary impact of no-shows on the overall program budget.

In 2014, we further detailed the report to distinguish between those patients who signed a refusal for and those who did not, thus differentiating between true no-shows and those who refused services. We implemented a statewide reporting program that enabled each facility to benchmark against every other facility. Immediate and dramatic reductions in no-shows were achieved as a result. The graph below shows the decrease in missed appointment rates following the implementation of this process.



We are eager to explore the Department's willingness to engage in a similar initiative for mental health appointments in the new contract. Our experience is that the "competition" among facilities to see which facility could most reduce patient no-shows became a self-

sustaining process. With prior approval from the GDC, we can implement a similar missed appointment reporting plan in Georgia.

One of the exciting recent developments to which MHM has been an active partner with the GDC was the selection, development, and impending implementation of an electronic health record system. Funding for this system was finalized in 2016 and the ground work was laid for subject matter experts, including MHM's Statewide Psychiatry Director, Dr. Griffin, to work with Cerner and the GDC to develop the appropriate workflows that meet the needs of mental health patients at the GDC.

We look forward to ensuring the success of the Cerner system as we begin implementation in 2018. We are confident that this solution will support improved efficiency in the delivery of mental health services, enhanced auditing and reporting capabilities, and opportunities for integration with the tele-mental health system.

In anticipation of increased auditing and reporting requirements, particularly for patient outcome audits and reports for the SMHTUs and ITFs, Dr. Griffin and Dr. DeGroot have been collaborating with our CQI team and facility Clinical Directors to identify and collect data that focuses on patient outcomes. Our Clinical Operations Department has assisted with this effort by providing access to evidence-based clinical outcome measures instruments, such as the *Brief Psychiatric Rating Scale* or *DSM-5 Cross Cutting Symptoms Measure*.

The *Level 1 Cross Cutting Symptoms Measure – Adult (CCSM)* is available through the American Psychiatric Association's *Diagnostic and Statistical Manual – Version 5 (DSM-5)*. The CCSM is comprised of 23 items, rated on a five-point scale, which measure 13 domains of symptoms and behavior.

In order to capture CCSM data, Centurion developed a secure on-line data entry system that can be accessed by any clinician. We have begun implementing the CCSM and on-line data entry process in our programs in other contracts. We look forward to reviewing this tool and similar recommended resources with the GDC to support patient outcome and reporting requirements.

We believe our dedication to developing and validating our internal treatment and assessment processes demonstrates our internally-driven sense of responsibility to provide exceptional mental health services. We pride ourselves on being the best in the industry

when it comes to providing services to patients compromised by mental disorders. And we do not rest on words alone. We collect and analyze the data to confirm our claims.

Contractor Responsibilities

MHM is prepared to continue providing mental health care services for GDC patients that meet or exceed GDC expectations referred to in RFP Attachment B, *Scope of Services, Mental Health.* We recognize that the requirements in the RFP have been expanded compared with current mental health provider expectations. For example, we acknowledge that the new contract places staffing and administrative oversight of the Integrated Treatment Facilities (ITFs) with the mental health vendor. We are also aware that the SMHTU program will continue to grow and expand as the additional planned units are fully implemented in the near future.

MHM also acknowledges and accepts the new auditing, reporting, and staffing requirements in the RFP. We have provided our proposed mental health staffing plan in our response to RFP Attachment F, Item 4, *Approach to Staffing at Facilities*. While many of the deliverables noted in Attachment B, *Scope of Services, Mental Health,* have already been addressed in more detail in other sections of our response, we provide here a summary of the mental health requirements and deliverables that we will be responsible for in the new contract.

GDC Policies and Standard Operating Procedures (SOPs)

MHM acknowledges that it is our responsibility to abide by all applicable regulations and directives of the GDC, including SOPs. Additionally, we will continue to collaborate with the GDC in the ongoing process of updating the mental health SOPs to ensure that they remain current with operational and technological changes, such as the anticipated implementation of the EHR in 2018. We will assist the GDC in ensuring that mental health SOPs remain current with best practices and NCCHC and ACA standards.

Mental Health Services Required

Psychiatry Services

In the new contract, MHM will continue to be responsible for providing comprehensive psychiatry services that include, but are not limited to, the following functions:

- Psychiatric medication management
- Routine and emergency evaluations

- Psychiatric rounds in Level V CSUs/ACUs and observation cells
- Meeting attendance and participation (treatment team, CQI, hospital planning, etc.)
- Consultation
- Charting/documentation
- Twenty-four-hour availability
- Clinical recommendations
- Clinical supervision
- Staff In-service/training
- Participation in CQI and Utilization Review (UR) programs
- Clinical services that are unique to the mission of the facilities and programs served

The provision for all of these services and administrative functions is overseen by our Statewide Psychiatry Director, Dr. Griffin. If there is concern regarding any of these services or duties not being completed, Dr. Griffin is notified by the facility Clinical Director for any needed corrective actions or follow-up. Compliance with service requirements are accomplished through the facility annual mental health service audits, as well as through self-audits conducted jointly by facility staff and our regional CQI team. MHM has addressed psychiatric service requirements in detail in our responses to Attachment F, Item 8, *Medication Management*, and in Item 9, *Psychologist Diagnostics/Evaluation/Emergency Evaluation.*

Psychology Services

MHM will also be responsible for continuing to provide, at a minimum, the following psychology services:

- Individual and group psychotherapy
- Clinical program oversight and program development
- Psychological evaluative and diagnostic services
- Clinical consultation and training
- Supervision to all unlicensed mental health counselors and consultation to licensed staff
- Attendance and participation in clinical and administrative meetings
- Clinical recommendations
- Staff case conferences and provision of in-service training
- Charting/documentation

- Participation in CQI and UR programs
- Clinical services that are unique to the mission of the facilities and programs served

The provision of psychology services and administrative functions is overseen by MHM's Senior Clinical Director, Dr. Jim DeGroot. If there is concern regarding any of the services or duties not being completed properly or timely, Dr. DeGroot is notified by the facility or program Clinical Director for any needed corrective actions or follow-up. In the new contract, we have proposed adding two regional Assistant Clinical Directors to assist Dr. DeGroot in providing guidance to our mental health services.

Compliance with the service requirements are accomplished through the facility annual mental health service audits, as well as through self-audits conducted jointly by facility staff and our regional CQI team. MHM has addressed many of these psychology services requirements in detail in our response to Attachment F, Item 9, *Psychologist Diagnostics/Evaluation/Emergency Evaluation*.

Specialized Mental Health Treatment Units (SMHTUs)

As noted, MHM has played a key role in collaborating with the GDC to establish specialized housing units dedicated to meeting the special needs of targeted high-risk populations. In 2017, MHM and the GDC collaborated to initiate the following seven SMHTUs:

- Seriously Mentally Ill (SMI)
- SMI with Severe Personality Disorder
- Dementia and Traumatic Brain Injury
- Severe Impulse Control
- Development Disabilities
- SMI with Violent Behavior
- Transitional Program

The plan for each of the seven units is to house populations of approximately 25 high-risk patients who meet the criteria specific to the specialized unit. At the present time, MHM has assisted the GDC in opening the first four SMHTUs noted above. Planning efforts between MHM and the GDC are ongoing to implement the remaining three units, and to clarify the program monitoring and reporting needs for those units already in place. MHM will continue to ensure that oversight and staffing of the SMHTUs conform with applicable GDC SOPs, including the following minimum requirements:

- Provision of the following services for patients with mental illness and behavioral challenges:

  - Screening assessment to determine best treatment unit based on need
  - An individual treatment plan
  - Ongoing monitoring of MH symptoms
  - Illness management
  - Cognitive Behavioral Treatment (CBT) programs
  - Trauma-informed treatment
  - Psychoeducational and therapy groups
  - Skill-building (i.e., coping strategies)
  - Problem-solving approaches
  - Psychopharmacologic interventions
  - Sleep hygiene
  - Re-entry plan, including possible placement in the SMHTU Transition Unit
- Therapeutic community approach
- Meeting GDC employment standards
- Psychiatry services that meet GDC SOP requirements
- Psychological services that meet GDC SOP requirements
- SMHTU counseling services that meet GDC SOP requirements
- SMHTU activity therapy services that meet GFC SOP requirements
- SMHTU program manual that includes program materials
- SMHTU modes of delivery to include:
  - Process group format
  - Psychoeducational group format
  - Activity therapy, both individual and groups
  - Individual therapy
  - Meaningful contacts – minimum of two a month
  - Therapeutic patient assignments, both written and experiential
  - Instructional aids
- Active roles for SMHTU program participants, particularly treatment planning
- Continuous program monitoring, including process and outcome evaluation
- Ownership, all products from this contract become the property of GDC
- SMHTU program screening and intake process, Mental Health Division of OHS makes eligibility decisions
- Program clinical files

- Develop participant form that summarizes each patient's SMHTU highlights
- Performance measures (see Performance Management section of this response)

We understand that we will be expected to deliver SMHTU services that meet the requirements of SOP 508.23. Based on our current knowledge of Department expectations for mental health services on these units, we are confident we will be able to meet the SOP requirements once the SOP is finalized. MHM has a long history of partnering with the GDC to ensure SOPs are developed and implemented in a manner that supports compliance with ACA and NCCHC standards and evidence-based care.

We appreciate that thorough GDC legal review is needed before new SOPs are finalized and implemented. As the protocols for SMHTU services mature over time, we will continue to collaborate with the Department to provide the staffing and services that are needed. When requested, we will continue to contribute to any modifications of SOP 508.23.

Integrated Treatment Units

MHM is very familiar with the Integrated Treatment Facilities (ITFs). We currently provide telepsychiatry and tele-psychology services to the male unit in Appling and telepsychiatry services at the female unit at West Central. As noted previously, we are also aware that in the new contract we will have an expanded role in these units in terms of providing all mental health staffing, including administrative supervision through the Program Unit Managers.

We are also familiar with GDC SOP VB03-0003, *Residential Substance Abuse Treatment Programs*, which includes requirements for the ITFs. In addition to the SOP requirements, MHM is also prepared to meet all the specific ITF program expectations in RFP Attachment B, *Scope of Services, Mental Health*. We provide a more detailed response to our approach and experience with ITFs and residential substance use disorder programs in our response to RFP Attachment F, Item 3, *ITF Experience.*

Tele-Mental Health and IT

As their primary driver, MHM is very familiar with tele-mental health services at the GDC. We have been actively involved in providing these services at the GDC since the inception of our contract in 1997. Initially, the GDC was using tele-mental health in only a few prisons with limited GDC tele-medicine equipment and capabilities. Since that time, MHM has updated and expanded the tele-mental health equipment, expanded the number of facilities served to 27, and added telepsychology services. As noted, we are currently

providing thousands of tele-mental health encounters each month and thereby reducing security transportation costs by approximately $40,000 each month.

We are familiar with the requirements in GDC SOP 507.04.12 (VH17-0003), *Telemedicine,* as we assisted the GDC in writing this SOP to ensure that it was consistent with best practices and NCCHC and ACA standards. We provide an in-depth review of our tele-mental health approach, experience, and commitment to meeting all GDC RFP and SOP requirements in our response to RFP Attachment F, Item 10, *Approach to Telepsychiatry.*

MHM reiterates our commitment to ensure that we continue to provide the hardware, software, and maintenance of MHM-owned software and hardware, as required on page four of Attachment B, *Scope of Services, Mental Health*.

Staffing Plan, Positions, and Management

MHM will continue to provide all of the required mental health clinical and administrative staffing positions referred to throughout RFP Attachment B, *Scope of Services, Mental Health.* As noted, we have provided our proposed mental health staffing plan in our response to RFP Attachment F, Item 4, *Approach to Staffing at Facilities*.

MHM has also reviewed and agrees with the descriptions and responsibilities noted for each of the positions in RFP Attachment B. A list of the required positions that MHM will continue to provide includes:

- Mental Health Unit Managers
- Mental Health Counselors
- Medication Clinic Coordinator
- Activity Therapists
- Mental Health Clerks
- Program Director – Regional Office (Senior Administrator)
- Psychiatrists
- Psychologists
- Program Unit Managers for ITFs

The staffing positions referred to above were specifically mentioned in RFP Attachment B. We will continue to staff the additional regional office and other support positions that we currently provide, related to mental health services, including the following:

- Program Manager
- Assistant Program Manager

- Statewide Psychiatry Director
- Statewide Senior Clinical Director
- MHM In-house Physician Recruiter
- Professional Healthcare Recruiter
- Special Projects Manager
- Quality Assurance Coordinator
- Staff and Program Development Coordinator
- Telepsychiatry Coordinators
- Administrative Coordinator
- Administrative Assistant
- Payroll Clerk
- Receptionist
- Senior Human Resources Business Partner

MHM has addressed our approach to meeting RFP staffing requirements in our responses to Attachment F, Item 4, *Approach to Staffing,* and Item 5*, Capabilities for Maintaining Staffing Levels.* We are confident that we will continue to provide qualified and capable staffing resources to meet GDC expectations and the comprehensive mental health needs of the Department's patients. MHM will also ensure that our hiring practices continue to comply with SOP 508.01 (VG01-0001), *MH Organization and Administration*.

Program Management. MHM is pleased that we have had one of the most effective and impactful Program Directors overseeing the GDC contract. **Ms. Inez Tann RN, BS, CCHP** has worked with MHM in Georgia since 2004 and has served as the Regional Director for much of that time. Ms. Tann will continue to serve as the Regional Director in Georgia during the next contract period.



Inez Tann, RN, BS, CCHP
Regional Director

Ms. Tann has a bachelor's degree and is a registered nurse. She is also a Certified Correctional Health Professional (CCHP) and a certified ACA auditor. Most recently, Ms. Tann was selected as an **ACA Commissioner**. Ms. Tann has over 30 years of experience in correctional healthcare.



Jeffrey Wells, MBA
Regional Vice President

Ms. Tann reports to **Mr. Jeffrey Wells**, MBA, Regional Vice President. In addition to meeting regularly to review job performance, program success and challenges, and problem solve any issues, Mr. Wells provides ongoing support to Ms. Tann and the GDC program and funnels additional corporate resources to the program at a local level.

Ms. Tann's responsibilities include:

- Overseeing and evaluating work activities of a multidisciplinary team including dental, mental health, substance use disorder, technical, clerical, and support services
- Reviewing and evaluating treatment and administrative procedures and outcomes
- Monitoring, assessing, and advising staff on clinical or facility related procedures and protocols, as needed
- Providing technical and administrative oversight to staff, addressing and resolving problems and conflicts
- Supporting the Dental Supervisor, statewide Psychiatric Director, Assistant Program Manager, and onsite facility leadership in hiring, orienting, training, supervising and counseling members for the healthcare team
- Coordinating the annual performance review process for staff in a timely manner
- Communicating and implementing contract-specific policies and procedures
- Ensuring that clinical practices are consistent with NCCHC/ACA medical, dental, and mental health standards
- Updating regional management on overall program progress and/or needs in staffing, performance, CQI, legal, compliance, budget/fiscal
- Serving as MHM's liaison to the client in collaboration with Jeff Wells, MBA, Regional Vice President
- Responding to inquiries and concerns of site contract and correctional administration
- Ensuring regular conduct and documentation of staff meetings
- Supervising CQI program and performance audits
- Ensuring that recommendations from CQI and performance audits are implemented, and the results of the corrective actions are monitored
- Ensuring that grievances received are reviewed promptly and provided with an appropriate clinical response
- Ensuring compliance with all facility and company policies, federal and state laws, regulations, and guidelines, including but not limited to HIPAA and PREA
- Ensuring that staff coordinate care closely with security staff while maintaining a positive and collaborative relationship

- Maintaining an ethical commitment to ensuring confidentiality within the limits of the correctional setting
- Ensuring that care is delivered in a non-judgmental and non-discriminatory manner to protect the autonomy, dignity, and rights of patients
- Understanding and adhering to safety and security regulations of the institution

The following are only a sample of Ms. Tann's accomplishments for the contract during her tenure as the Regional Director:

- Providing high quality mental health and dental care for an increasing number of offenders with mental health issues and complex dental care problems
- Successfully launching the telepsychiatry program that now allows MHM to provide access to needed services for 2,000 to 2,500 patients monthly
- Routinely meeting staffing requirements, including successfully transferring 90% of staff from a closed facility to a new GDC facility
- Achieving cost and process efficiencies through the implementation of innovative solutions, cost avoidance processes, and continuous quality improvement initiatives
- Using only one locum tenens in the past ten years, which was recently contracted
- Avoiding any substantial litigation related to the provision of services
- Effectively utilizing innovative technology such as telehealth systems and the dental software that allows MHM to deliver care accurately, document care, and track patients as they move from one facility to another

Staff Development and Training

MHM is familiar with GDC training and education requirements in RFP Attachment B, *Scope of Services, Mental Health*, as well as in SOP VG17-0001, *Staff Development and Training*. We recognize that MHM and the GDC have specific orientation and training requirements, in addition to the continuing education requirements required of all of our licensed mental health staff.

We are grateful that the GDC allows the monthly onsite, in-service training requirement of two hours a month for mental health staff to count toward the mental health statewide training requirements. MHM provided clinical trainings often meet the requirements for continuing education credits for various professional licensing boards. As a result, completion of these in-service trainings at the GDC also supports staff in meeting their

licensure training needs. A detailed description of how we will continue to meet staff development and training requirements is provided later in our response to this RFP item.

We recognize and appreciate the importance placed on training and Continuous Quality Improvement (CQI) at the GDC, as exemplified by the comprehensive SOPs that cover these topics, as well as the CQI requirements noted throughout RFP Attachment B, *Scope of Services for Mental Health Services*. MHM shares this commitment, as we demonstrate below. At a minimum, MHM will continue to meet or exceed the CQI and training requirements that are noted in the following related SOPs:

- SOP VG17-0001, *Staff Development and Training*
- SOP VH03-0002, *Continuous Quality Improvement and Peer Review*
- SOP VG25-0001, *Mental Health Continuous Quality Improvement*

MHM recognizes that the GDC has established clear orientation and training objectives and requirements for custody and contract staff. A brief summary of the major requirements in SOP VG17-0001, *Staff Development and Training*, that pertain specifically to our staff include the following:

- All full-time mental health staff receive a complete institutional orientation that includes, at a minimum, the following topics:
    - Organization structure of the facility
    - Emergency policies and procedure
    - Basic security issues
    - Basic administrative issues that may be applicable to vendor staff
- All full-time staff complete a basic orientation to mental health operations under the direction of the Mental Health Unit Manager
- All full-time staff working with the seriously mentally ill (SMI) complete GDC's 24 hours of formal instruction titled, *Basic Mental Health Training*
- All psychiatrists, psychologists and other licensed contract staff complete institutional orientation under the direction of the Mental Health Unit Manager
- All mental health staff are required to complete a minimum of two hours of onsite in-service mental health training per month
- All mental health staff are required to complete 20 hours of annual statewide training, but mental health training hours will be applied toward this requirement

- All licensed staff are required to maintain their continuing education training requirements to maintain licensure
- Mental Health Unit Managers are required to complete six hours of training each quarter
- Mental Health Counselor and Behavioral Specialist Training is required for activity therapists, nurses, psychologists, and psychiatrists twice annually

MHM's Approach to Meeting Staff Training Requirements. MHM believes that staff training begins during the orientation process and continues throughout each staff member's stay with our organization. Prior to beginning the onsite orientation and training, all new staff have already completed the credentialing verification process through our corporate office. All new staff then begin their orientation by attending a one-day MHM orientation at our regional office. These new staff orientations are typically offered every other week. Some of the basic company required orientation objectives are noted below.

Regional Office Orientation

When new staff arrive at our regional office, one of our administrative staff members facilitates the orientation process, which includes the following tasks:

- Collects I-9 documents
- Verifies credentialing documents
- Runs E-Verify to confirm ability to work in the US

The Payroll Admin reviews:

- Clocking-in/out procedures
- ADP/ I-Pay information and log-in
- Exception forms and deadlines
- PDO
- Work schedules
- Lunch deductions

The HR Business Partner reviews:

- The Employee Handbook/Policies and Procedures
- HR information
- Benefits

If the new staff member is a psychiatric provider, psychologist, or mental health counselor, the Statewide Psychiatry Director, Dr. Griffin, or Senior Clinical Director, Dr. DeGroot, also attends orientation and contributes additional discipline-specific information. New psychiatric providers are also provided at that time with a comprehensive, discipline-specific orientation manual that is reviewed and completed, in consultation with the Statewide Psychiatry Director over the next 90 days. The orientation manual for psychologists is nearing completion and will follow a similar process, and will be initiated and monitored by the statewide Senior Clinical Director.

These discipline-specific manuals serve as both orientation and training tools as they include an extensive list of company policies, procedures, and clinical guidelines. The manual includes homework assignments, post-tests, and signed checklists to ensure that important practice guidelines and documentation requirements have been reviewed carefully.

Facility Orientation. After the one-day MHM orientation at the regional office, new staff continue the orientation and training process at their primary assigned work facility. The length and structure of the institutional orientations varies depending upon the size, security level, and scope of mental health program services provided at the facility. These orientations are jointly facilitated by the Mental Health Unit Manager, or designee, and custody staff, depending upon the topic or task being reviewed and discussed.

The overall orientation process among the facilities is generally similar. However, each facility is different and therefore requires some site-specific components as well.
In general, the onsite procedure involves:

- Initially spending time with the Unit Manager/Director
- Introduction to onsite leadership and administration in other departments
- Introduction to all personnel within the mental health or dental department
- Review of relevant GDC custody-related policies and procedures
- Review of the policies and procedures for mental health department (includes on-call and documentation frequency, emergency plans, and PREA)
- Shadowing experienced personnel for a period of time (generally 2—8 weeks) to see and learn various tasks in action
- Attend a three-day basic mental health training at the GDC Training Complex

- Unit Managers complete routine *check-ins* with the new staff to assess skills learning and to answer questions

To keep track of topics covered during this process, facilities have an Orientation Checklist that new staff are required to complete.

Staff Training. Ongoing staff trainings are offered within the facilities and at the GDC Training Complex. Most are offered through the required quarterly GDC Training Calendar and are frequently facilitated by MHM clinical staff. In addition to onsite resources, MHM also makes frequent use of our corporate Clinical Operations Department to provide specialized trainings from recognized correctional healthcare experts.



Joel Andrade, PhD, LICSW, CCHP-MH
Director of Clinical Operations – Mental Health



Diane Kearns, MS, LPC, CCHP - MH
Clinical Operations Associate

For example, in June 2017, **Dr. Joel Andrade, PhD, LICSW, CCHP-MH**, and **Ms. Diane Kearns, MS, LPC, CCHP-MH**, from MHM's Clinical Operations Department, provided a five-hour training on *Ethical Issues in Correctional Mental Health.* This training was approved for continuing education credits for licensed psychologists and LPCs and was well received. Dr. Andrade returned on November 16th to provide a 2.25-hour presentation entitled*, SMI and Segregation: Recommendations for a System that Works*. Both of these trainings were available to MHM mental health and GDC staff.

Other examples ongoing provided trainings include, but are not limited to the following:

- Three-Day GDOC Basic Mental Health Training (for all new personnel--clinical and correctional). This training includes general overviews of Suicide Awareness Training, Restraints Training, Psychotropic Medications Training
- Ethics Seminar (presented yearly by MHM Clinical Operations Department)
- Suicide Awareness Seminar (larger/detailed training presented yearly by MHM Clinical Operations Department)
- Sexual Allegation Evaluation Training
- Telehealth Services Training
- Advanced Mental Health Training - Restraints

- Mental Health Director Training (4x/year) – attended by Mental Health Unit Managers and Clinical Directors for each facility with a Mental Health Mission; training covers GDC updates and information on overall Mental Health - specific duties
- Counselor Training (2x/year) covers GDOC updates and information regarding counselor-specific duties
- Psychology Training (2x/year) - Psychology specific duties
- Psychiatry Training (2x/year) - Psychiatry specific duties
- Activity Therapist (AT) Training (2x/year) - AT specific duties.



Dr. Andrade provides training and presentations throughout the year to employees and at national conferences.

- In-Service Trainings (conducted monthly in each mental health department, at each site and covers relevant on-site mental health topics)
- HIPAA Training (yearly)
- Blood Borne Pathogens (yearly)

In addition to these annually required trainings and topics, MHM's CQI team regularly provides both individual and group trainings on a broad range of relevant topics. The majority of the trainings that involve the CQI team are directed toward psychiatrists or psychologists. Sometimes the trainings are in response to specific corrective actions from recently completed GDC or MHM audits. Some recent training topics by the CQI team include the following:

- Comprehensive Treatment Plan Development
- Use of Mental Health Restraints
- GDC Involuntary Medication Process
- CQI Needs in a Specialized Mental Health Treatment Unit (SMHTU)
- Suicide Awareness
- Ethics
- Avoiding Work-related Burnout
- Treatment Team Integration for Tele-Mental Health Service Providers

Transition/Contract Renewal Plan

MHM has reviewed the requirements for a contract transition or contract renewal plan in RFP Attachment *B, Scope of Services, Mental Health*. We are well prepared to meet this requirement as the incumbent mental health provider and have provided a detailed response to this expectation in our response to RFP Attachment F, Item 6, *Implementation Plan and Timeframe.* We also provide a detailed contract close out plan in our response to RFP Attachment F, Item 7, *Close Out Plan.*

Assessing and Reducing Self-Harm and Suicide Risk

MHM recognizes that one of the goals for a quality mental health program is to reduce the risk for self-harm and suicide. We have extensive experience in suicide prevention initiatives, and we provide mental health staff with the necessary training and resources to assess and reduce these risks.

Suicide Prevention Program. We understand the importance of an effective suicide prevention program and the need for the program to be multidisciplinary and multiagency with frequent collaboration and coordination among all healthcare and custody stakeholders.

As such, MHM embraces our responsibility to continue our consultation with GDC OHS staff to maintain an effective suicide prevention program, with the mutual goal of reducing the number of completed suicides to zero. With the rising national rate of suicide in corrections and in the community, we recognize that this goal is ambitious, and experience confirms that not all suicides are predictable or preventable. The GDC can be confident we will be a dedicated partner in reducing and preventing suicide and self-injury.

MHM's suicide prevention program is designed to exceed ACA and NCCHC standards. We are confident that our processes and documentation requirements are consistent with GDC standards. We appreciate the suicide risks prevalent in the offender population. MHM treats the issues of suicide and suicide risk in offenders with the utmost concern. We are prepared to provide comprehensive suicide and self-injury prevention services for GDC patients.

We provide extensive staff training in issues of suicide prevention and support a multi-faceted suicide and self-injury prevention strategy. This strategy focuses on collaboration of mental health, medical, security, and administrative staff to ensure a multidisciplinary team approach to preventing self-injurious and suicidal behavior and effectively addressing completed suicides.

Our strategy includes:

- Identification and minimization of environmental safety risks
- Initial and ongoing assessment of suicide risk as clinically indicated
- Suicide precaution procedures and crisis treatment planning
- Integration of suicide risk assessment results into patient's comprehensive treatment plan and provision of individualized treatment that targets risk factors for suicide
- Forums to facilitate effective communication among mental health, medical and security staff
- Critical incident debriefings after suicide or serious suicide attempt
- Mental health, medical, and security staff training
- Suicide reviews, including mortality reviews and psychological autopsies

We support the GDC's dedication to a multidisciplinary approach to suicide prevention that indicates all staff having responsibility in the identification, referral and management of suicidal and self-injurious behavior. Upon contract award, we will collaborate with the Department to ensure that our approach to suicide prevention meets all requirements. MHM is also prepared to continue providing suicide prevention training for security and treatment staff throughout the GDC. We will support the Department in providing this training and our staff will participate in training as required.

Staff Training. Suicide prevention training is mandatory for MHM employees and essential for staff working at facilities accredited by ACA or NCCHC. MHM supports initial and annual suicide prevention training for all staff, including staff of the GDC. We have developed extensive staff training on suicide and self-injury prevention and will continue to make this training available to the GDC. We recommend that the annual training include the following topics:

- How to identify offenders who may be at risk for suicide or self-injury
- Identification of high risk times, locations and methods for suicide or self-injury
- Identification of incidents and situations that may trigger suicidal or self-injurious behavior
- How to identify possible signs of suicidal or self-injurious intent
- Role of staff in preventing offender suicide and self-injury

- GDC policy on offender suicide and self-injury prevention
- Expected staff response in event of suicidal or self-injurious behavior
- Expected staff response after offender suicide
- Discussion of experiences learned from recent suicides and/or suicide attempts

We recognize that suicide prevention is a shared responsibility of all correctional team members, including security staff, medical staff, mental health staff, and administrators. We are prepared to train security and medical staff to identify and refer to mental health staff patients who are potentially at-risk for suicidal and self-injurious behavior.

We will support training in suicide and self-injury prevention for all processes in which healthcare services are provided, including the arrival health screening, transfer screenings, restrictive status housing placement screenings, annual screenings, referrals to mental health, and other critical points where medical staff must be aware of screening criteria and provide access to mental health services. Upon contract award and request, we will coordinate with the GDC to ensure that our approach to staff training continues to meet expectations.

Suicide Risk Assessment. In the area of assessment, MHM has created an evidence-based suicide risk assessment process supported by the research, the clinical expertise of our psychological leadership across the country, and our knowledge of the correctional population. Based on the literature, we know that suicide risk is determined by:

- Static Risk Factors
- Clinical Risk Factors
- Situational Risk Factors
- Institutional Risk Factors

At MHM, we examined these factors and how they manifest among the offender population. We coupled these factors with the evidence that supports the efficacy of structured clinical judgment over non-structured clinical assessment and created a structured clinical risk tool to assist clinicians in weighing relevant risk information when making a determination of individual suicide risk. Our *Suicide/Self-Injury Risk Assessment* tool is included on the following pages to demonstrate the comprehensiveness of this approach.

Suicide/Self-Injury Risk Assessment Tool

Patient Name:	Patient #:	Patient DOB:
Institution:	Date of Assessment:	

Reason for Suicide Risk Assessment

☐ Initial Intake Screening	☐ Emergent Referral	☐ Initiation of Precautions	☐ Admission to Mental Health Unit
☐ Other Encounter	☐ Urgent Referral	☐ Discontinuation of Precautions	☐ Discharge from Mental Health Unit

Health Record Reviewed	☐ Yes ☐ Not Available	Prior Suicide Risk Assessment Reviewed	☐ Yes ☐ Not Available

Historical (Static) Risk Factors				*Review all items. Provide description, details and dates:*
Family/close friends history of	☐ Y	☐ N	☐ ?	
Prior suicidal/self-injurious behavior	☐ Y	☐ N	☐ ?	
Prior suicidal/self-injurious ideation	☐ Y	☐ N	☐ ?	
History of substance abuse	☐ Y	☐ N	☐ ?	
History of physical or sexual abuse	☐ Y	☐ N	☐ ?	
History of severe impulsivity	☐ Y	☐ N	☐ ?	
History of mental illness/psychiatric	☐ Y	☐ N	☐ ?	
Cluster B Personality Traits	☐ Y	☐ N	☐ ?	

Other/Additional Narrative:

Clinical (Current, Dynamic) Risk Factors				*Review each item and check all that apply.*			
Recent suicidal/self-injurious	☐ Y	☐ N	☐ ?	Auditory command hallucinations	☐ Y	☐ N	☐ ?
Recent/current impulsivity	☐ Y	☐ N	☐ ?	Hopelessness and/or helplessness	☐ Y	☐ N	☐ ?
Recent assaultive/violent behavior	☐ Y	☐ N	☐ ?	Feelings of worthlessness	☐ Y	☐ N	☐ ?
Recent suicidal/self-injurious	☐ Y	☐ N	☐ ?	Current insomnia with poor appetite	☐ Y	☐ N	☐ ?
Premeditated, lethal plan/behavior	☐ Y	☐ N	☐ ?	Social withdrawal atypical for patient	☐ Y	☐ N	☐ ?
Lack of future orientation or plans	☐ Y	☐ N	☐ ?	Shame, threat to self-esteem, or guilt	☐ Y	☐ N	☐ ?
Rigid, all-or-nothing thinking	☐ Y	☐ N	☐ ?	Intense turmoil, agitation, anxiety, anguish or despair	☐ Y	☐ N	☐ ?
Fatalistic delusions or fantasies	☐ Y	☐ N	☐ ?				
Belief that death will bring relief	☐ Y	☐ N	☐ ?	Elevated anger, hostility or alienation	☐ Y	☐ N	☐ ?
Fixed determination to harm/kill self	☐ Y	☐ N	☐ ?	Sudden calm following suicide	☐ Y	☐ N	☐ ?
Treatment noncompliance	☐ Y	☐ N	☐ ?	Affective instability or lability	☐ Y	☐ N	☐ ?
Suicide notes/giving belongings	☐ Y	☐ N	☐ ?	Fearfulness regarding safety	☐ Y	☐ N	☐ ?

Other/Additional Narrative:

Suicide Risk/Self Injury Assessment Tool

Patient Name:	Patient #:	Patient DOB:

Situational (Current, Dynamic) Risk Factors			*Review all items. Provide description, details and dates:*
Signs of withdrawal/detoxification	☐ Yes	☐ No	
Chronic, serious or terminal illness	☐ Yes	☐ No	
New disciplinary charge or sanctions	☐ Yes	☐ No	
Single cell placement	☐ Yes	☐ No	
Administrative/disciplinary segregation	☐ Yes	☐ No	
High profile/heinous/shocking crime	☐ Yes	☐ No	
Potential for long/life sentence	☐ Yes	☐ No	
Recent parole violation/new charge	☐ Yes	☐ No	
First jail/prison sentence	☐ Yes	☐ No	
Recent loss, rejection or separation	☐ Yes	☐ No	
Other recent bad news	☐ Yes	☐ No	
Trauma or sexual/physical abuse in	☐ Yes	☐ No	
Conflicts with peers/officers	☐ Yes	☐ No	

Other/Additional Narrative:

Protective Factors			*Review each item and check all that apply.*		
Family support	☐ Yes	☐ No	Realistic future orientation and plans	☐ Yes	☐ No
Support from spouse/significant other	☐ Yes	☐ No	Positive goal orientation	☐ Yes	☐ No
Role in caring for children or	☐ Yes	☐ No	High school or greater level of education	☐ Yes	☐ No
Positive, supportive peer relations	☐ Yes	☐ No	Treatment compliance	☐ Yes	☐ No
Strong protective spiritual/religious	☐ Yes	☐ No	Positive coping skills *(describe below)*	☐ Yes	☐ No

Other/Additional Narrative:

Assessment of Current Risk:	☐ **Low**	☐ **Moderate**	☐ **High**

Comments/Discussion of Rationale:

Recommendations:	☐ Initiate/change/maintain watch status as follows:	
☐ No acute interventions needed	☐ Refer for psychiatric evaluation	☐ Refer for specialized housing
☐ Develop/modify treatment plan to address risks	☐ Refer for behavioral planning	☐ Increase programming/contacts
☐ Develop/modify crisis treatment plan	☐ Provide debriefing to patient	☐ *Other:*

Staff Name (printed) with Credentials	Staff Signature	Date and Time

The Suicide/Self-Injury Risk Assessment tool provides clinicians with a means to systematically assess those risk factors which we know to impact suicide among individuals and specifically offenders. It allows clinicians to weigh each of these factors when making a determination about the level of risk and the need for appropriate clinical intervention.

We are in the process of expanding our suicide risk evaluation process and are considering adopting a standardized screening tool to assist staff in assessing signs of suicide risk routinely, prior to the emergence of a crisis.

A group of clinical professionals, including **Dana Neitlich**, our Statewide Executive Director in Massachusetts, and **Dr. Sharen Barboza**, our Vice President of Clinical Operations – Mental Health, are working with the **NCCHC** on a **Suicide Prevention Task Force** aimed at developing national standards for suicide risk assessment and intervention. The Task Force is currently reviewing the MHM Suicide Self-Injury/Suicide Risk Assessment Tool for consideration as a national standard for suicide risk assessment.



Continuous Quality Improvement

MHM has played an important role in supporting GDC's Continuous Quality Improvement (CQI) program for the past 20 years. MHM's Quality Management program for the GDC has been in place since 1997 when we first began providing mental health services for the Department. We acknowledge and accept responsibility for each of the program

management and CQI related duties outlined throughout RFP Attachment B, in SOP VH03-0002, *Continuous Quality Improvement and Peer Review*, and in SOP VG25-0001*, Mental Health Continuous Quality Improvement.*

MHM agrees with and actively supports the purpose and importance that the Department places on CQI at all the GDC facilities. We appreciate that the goal of the Mental Health CQI program, as noted in SOP VG25-0001, *MH Continuous Quality Improvement*, is to monitor the accessibility, timeliness, effectiveness, continuity and efficiency of mental health services. MHM will continue to partner with the GDC to ensure that the following CQI program structures are maintained and supported:

- Central Office Mental Health Services will coordinate the development and implementation of a CQI program for mental health services and will staff and oversee the Statewide Mental Health CQI Committee
- Each mental health facility's CQI program will be monitored under the auspices of the Statewide Mental Health CQI Committee
- Each facility will send an annual CQI plan to the Central Office in January of each new year that includes the following quarterly CQI topics:
    - Restraints
    - Crisis Stabilization/Acute Care Unit admissions
    - Hospitalization
    - Emergency forced medications
    - Psychotropic medication non-adherence statistics
    - Self-injurious and assaultive behavior
    - Suicide reviews
    - Involuntary medication
    - Offender Medical File Problem List (an upper level provider has documented the primary mental health diagnosis and class(es) of psychotropic medications patient currently receives)
- CQI committees at each facility will choose additional CQI studies as needed and send completed CQI study results to the GDC Central Office on a quarterly basis using the approved GDC form
- The Mental Health Unit Manager will coordinate or delegate coordination of CQI processes at each facility

- The facility CQI committees will meet at least quarterly to discuss CQI plans, present data, problem solve and plan actions with clear accountability
- Facility CQI committees will be responsible for meeting to review clinical investigations for suicides and other critical events, as needed
- A peer review process will take place annually and include doctoral level providers, including specifically psychiatrists and psychologists

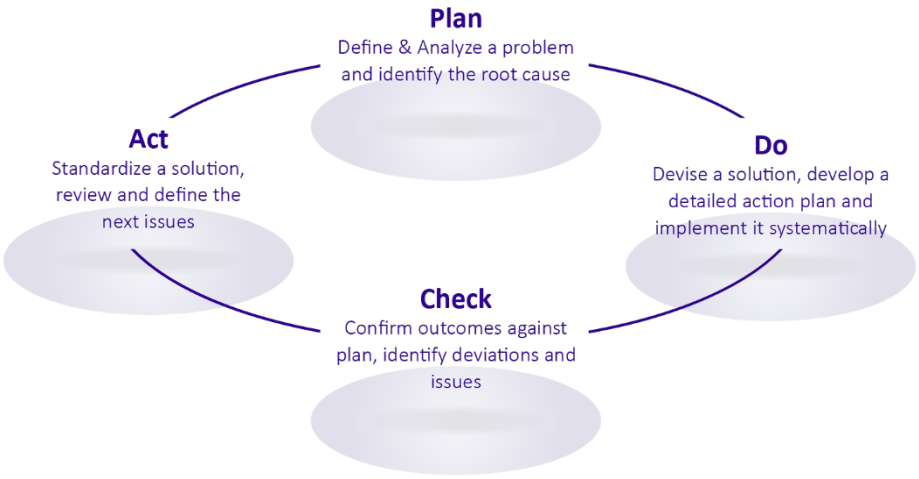
MHM understands CQI is a dynamic process that involves a multidisciplinary/multi-vendor team at various levels of the organization as well as other agencies. CQI team members consistently work to develop strategies designed to improve the quality of healthcare services. MHM's CQI program for the GDC will continue to ensure a forum in which issues related to our provision of mental health and dental services are the primary focus. We are familiar with the GDC's SOPs related to CQI and will ensure that our CQI program continues to meet or exceed these requirements.



MHM's Approach to Continuous Quality Improvement. We believe our CQI program is unmatched in the industry and that no other company can offer the level of integrity, transparency, inclusiveness, and responsiveness embodied in our CQI program. Unlike many companies in the industry that use standardized, universal audit tools and generic process reviews for every contract, MHM's CQI program provides each contract with its own *specific and individualized CQI program*. Our CQI program includes training, auditing

tools, process assessments tools, and corrective action plans that are collaborative and fully integrated with GDC's identified needs, initiatives, policies, and goals.

MHM uses the *PDCA* model in the CQI program for changing processes and enhancing outcomes:



The MHM CQI program includes the following elements:

- Quality and performance improvement structure to include multidisciplinary committees with defined roles and responsibilities
- Heightened focus on quality of care and multidisciplinary/multi-vendor collaboration to meet the specific needs of GDC special needs populations, including medical patients with serious mental illness, and/or co-occurring substance use disorders, female patients, geriatric patients, and patients requiring end-of-life care



- Monitoring to identify opportunities for improving care, including utilization of emergency, acute, and specialty care services, and chronic disease management
- Management of credentialing, peer review, morbidity and mortality review trends for self-injurious/suicidal behaviors, utilization reviews for inpatient level of mental health services, risk management, accreditation activities, regular audits/reviews of clinical services, and annual reporting processes to maintain compliance
- Transparency and responsiveness in reporting CQI activities to both the GDC and our mental health staff

MHM CQI initiatives focus on the following **quality performance measures of healthcare** ensuring particular focus and attention are given to high-volume, high-risk, problem-prone issues. In the GDC, these include but are not limited to:

- **Accessibility**
  - Mental health screening
  - Suicide risk evaluations and mental status examinations
  - Sick call services
  - Pharmacy services
  - Emergency care and inpatient mental health services
  - Specialty consultations
  - Gender-responsive, trauma-informed interventions
- **Timeliness**
  - Medication administration
  - Review of diagnostic study results and specialty consultants' reports
  - Routine medication renewal appointments
- **Effectiveness**
  - Treatment plans
  - Chronic care plans
  - Medication monitoring
- **Appropriateness**
  - Referrals from nurse sick call clinics to psychiatric providers
  - CSU/ADU admissions and discharges
  - Medication management
- **Continuity of care**
  - Intake psychotropic medications
  - Continuity of psychotropic medications for intra-facility transfers and patients requiring infirmary care for medical reasons
  - Follow-up for patients released from CSU/ACUs
  - Coordination of mental health services for patients returning from community hospitalization when comorbid medical and mental health conditions are present
  - Services for patients in special confinement housing units, including disciplinary segregation, administrative segregation, protective custody, and

maximum security level 2 structured housing

- Services for patients who require crisis management
- Intra-facility transfers
- Re-entry/discharge planning

- **Patient-centered care**
  - Engagement of patients in healthcare decisions and treatment planning
  - Provision of respect and sensitivity to individual patient-centered treatment needs and treatment expectations
- **Safety**
  - Medication administration
  - Suicide prevention, in collaboration with medical contractor and GDC mental health staff
  - Self-injurious patients, in collaboration with medical contractor and GDC mental health staff
  - Special needs populations
  - Environmental inspection reports, in collaboration with medical provider

Another key component of MHM's CQI philosophy is the importance of broad-based collaboration with all stakeholders who inform or impact health care service delivery in a correctional environment. This includes custody, department administrators, direct service and support staff, as well as all healthcare vendors and sub-contractors. As a result, MHM appreciates the efforts made by the GDC, and reflected in the SOPs, to ensure that Statewide and facility-level CQI committees intentionally include representation from other disciplines and agencies.

MHM Staffing for CQI Program. MHM's Special Projects Manager, **Bankston Dozier, PhD, CCHP** and CQI On-Site Coordinator **Betty Moore, RN, MSN, CCHP**, will continue to ensure that we are able to provide a CQI program of the highest quality. At the facility level, our Mental Health Unit Managers and Clinical Directors assume responsibility for coordinating the Mental Health CQI committee and assigning mental



Bankston Dozier, PhD, CCHP
Special Projects Manager



Betty Moore, RN, MSN, CCHP
CQI On-Site Coordinator

health staff to assist with conducting facility-level audits. As noted, all MHM staff are expected to participate in CQI activities as needed, and this requirement is included in job descriptions for each staff position involving clinical care.

A summary of the type of activities our CQI team participates in includes, but is not limited to the following:

- Evaluate mental health programming to ensure that best practices and services are delivered in accordance with GDC policies and procedures
- Orient staff to our CQI program requirements to ensure compliance with monitoring, specialized studies, reports, and other key processes
- Collaborate with GDC, Spectrum, and GCHC in support of joint CQI initiatives
- Assist with direction and coordination of the GDC Statewide CQI Committee
- Consult with mental health clinicians to assist with development of corrective action plans
- Complete audits with the Statewide GDC Audit Team
- Conduct targeted, specialized self-audits and studies
- Actively participate with the Statewide Medical CQI Committee
- Develop and present the Tier Program Statistics Dashboard
- Maintain the Formulary Exception Review Database
- Process and distribute the mental health offender count by facility and MH level
- Maintain the MHM Prescriber Spreadsheet
- Maintain the Self-Injurious Behavior Database
- Participate in monthly OHS/MHM staff Meetings
- Generate the Quarterly and Annual MHM Operations Report



Examples of CQI activities include the following:

Formulary Compliance. An ongoing focus for our CQI efforts since the inception of our

contract in 1997 has been monitoring the use of non-formulary medications. To help manage this effort, MHM employs the use of two Excel spreadsheets and one Access database. Data from this system is organized by facility, provider, medication, and medication class. The result of this ongoing vigilant effort is a formulary adherence rate of approximately 96%, as of December 2017. As discussed in our response to RFP Attachment F, Item 8, *Medication Management*, all formulary exceptions are properly vetted and approved by Dr. Griffin, our Statewide Psychiatry Director, through our Formulary Exception Request process.

Annual Peer Reviews. Peer reviews take place annually for our psychiatrists, nurse practitioners, psychologists, and dentists. The CQI team helps coordinate this effort and ensure timely completion of all reviews and documentation, in accordance with GDC requirements and NCCHC and ACA standards. Peer review assignments are made in early December and the reviewers have until the end of February to complete their assignments.

Copies of the completed peer reviews are sent to the MHM regional office where they are maintained in each practitioner's personnel file. In addition, a copy of the peer review verification page, containing only the names of the clinician being reviewed and the reviewer, the date of the review, and the ID numbers of the offender charts reviewed, is placed in the reviewed staff member's onsite file.

Mental Health Audits. Audits for mental health services are completed through a combination of GDC driven annual facility audits and quarterly CQI studies. The regular audits are required in the GDC's CQI SOPs and, once completed, may result in facility level corrective action planning for any areas that fall below mandated compliance levels. Our regional office CQI team often assists the GDC with conducting these facility audits and also assists the facility staff with developing the CAPs. Copies of the audit results and any CAPs are sent to the GDC Mental Health CQI Committee for review.

Once a facility audit is completed, detailed reports are generated and provided to each site that has been visited for an on-site chart review. Copies of the report are provided to the facility's Clinical Director and the Mental Health Unit Manager. Corrective action plans are then developed in conjunction with any onsite staff that were involved. Follow-up reviews are scheduled at that time in order to determine whether the corrective action plan was successful or requires additional follow-up.

The CQI program develops and submits our Clinical Operations Reports to GDC leadership each quarter, along with an annual, comprehensive report. Other reports that MHM

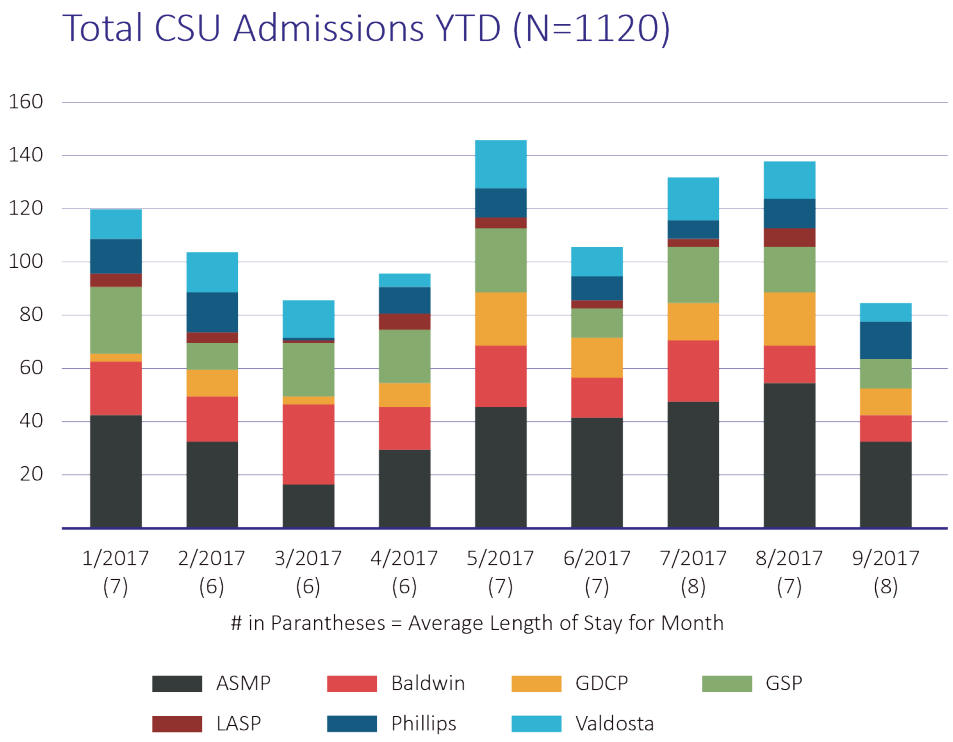
submits to the GDC include, but are not limited to the following:

- GDC Tier Program Report, monthly
- Crisis Stabilization Unit Report, monthly
- Staffing and Vacancy Reports, weekly
- Tele-Mental Health Report, monthly
- Prescriber Profile Reports, bi-annually

Below begins a summary of a recent CQI audit conducted by the MHM CQI team related to Crisis Stabilization Unit admissions. The time period covered is from January 1, 2017 through September 2017. This report was included in MHM's 2017 Year-to-Date Operations Report provided to the GDC in December, 2017.

CQI - Crisis Stabilization Unit Coordination. MHM provides CSU coordination services on-call 24/7. Included in these services are the tracking and monitoring of available CSU beds and the number of offenders awaiting CSU placement. MHM produces a monthly CSU report which includes the number of admissions, location of admissions, average length of stay, readmissions within 7 and 30 days, as well as a list of offenders who have had more than 4 CSU admissions within the previous 12 months. MHM also maintains a historical database of all CSU admissions that have been reported since 2001, should there ever be a need for longitudinal data.

A recent CQI analysis was completed on the number of CSU admissions that occurred between January and September 2017. The analysis established the number of admissions each month for each CSU facility as well as the average length of stay on active CSU status. The graph on the following page provides the complete monthly breakdown of admissions for each CSU facility.



As can be seen on the above chart, there were approximately 1,120 CSU admissions from January 2017 through September 2017. Of these 1,120 admissions, the CQI team did find it unusual that Augusta State Medical Prison (ASMP) accounted for only 30% of the admissions given it has 35 of the 67 available Male CSU cells in the GDC. If further reviews continue to exhibit this type of finding, additional analyses will be needed in order to determine the root cause.

Communicating and Reporting CQI Results. Communication between MHM and the GDC about CQI activities is essential. While it is understood that CQI activities and meeting minutes are confidential, we will incorporate a collaborative approach with the GDC to ensure that all CQI information is transparently shared with appropriate stakeholders according to the standards outlined in the RFP and GDC's SOPs.

We actively engage our direct care healthcare staff in our CQI activities, committees and process assessments to promote buy-in and success. CQI information and/or program results are communicated to MHM staff during regularly scheduled staff meetings, facility-specific CQI committee meetings, and annual training. Staff are encouraged to communicate any clinical issues or concerns to their institutional leaders for possible review

and/or implementation of an improvement study.

Upon contract award, we will collaborate with the GDC to establish or maintain any forms, templates, or reporting tools required for CQI reporting and summaries. If protected health information (PHI) is included in our CQI reports, we will ensure that the reports are transmitted according to GDC standards and in a manner that is **HIPAA** compliant. Following contract award, we look forward to confirming the forms and format of these reports, due dates of reports, and frequency of peer reviews with the GDC following contract award.

Institutional CQI Committee agenda and minutes will be completed for each meeting, utilizing the GDC provided meeting templates. The minutes will describe achievements and updates related to CQI projects. The minutes will also include Corrective Action Plan (CAP) documents, re-audit results, and the Master CAP log, as appropriate.

Additionally, if there are challenges or opportunities for improvement identified that require action beyond the scope of MHM mental health staff's authority, we will collaborate with the GDC to discuss our findings and recommendations.

Corporate Support for CQI Programs. Part of MHM's CQI philosophy that emphasizes collaboration with all stakeholders includes our commitment to ensure that our own staff are adequately trained in the CQI process, including their specific roles and responsibilities. MHM's CQI program for the GDC will receive the support of our Corporate Director of CQI, **Karen Riley, RN, BSN, MBA**.



Karen Riley, RN, BSN, MBA
Corporate Director of CQI

The expectation that all MHM staff will actively participate in the CQI program is included in all clinical job descriptions.

- As part of the MHM New Employee Orientation Program, new staff are introduced to the goals and methodology used in ongoing quality improvement efforts.
- Further training is provided to regional and institutional leaders (administrators, DONs, providers, CQI leaders) during monthly CQI leadership meetings conducted by the Corporate CQI Director.
- Designated CQI staff who are new to the program will receive specialized training and mentoring during monthly calls with the Corporate CQI Director and Clinical

Operations staff to ensure they fully understand MHM's CQI program and contract/client needs.

- Our Statewide CQI Manager will work closely with institutional MHM providers, leadership and facility-based CQI leaders to ensure that they understand and are able to fulfill their roles and responsibilities in supporting CQI activities.

Additionally, the CQI leadership meetings allow MHM staff to share best practices, discuss quality initiatives/outcomes, and review specially designed guidelines that have been successfully used to improve healthcare outcomes and processes.

CQI Reference Manual. MHM has developed a CQI Reference Manual to provide guidelines and tools to support staff in implementing CQI programs. Our CQI Special Projects Manager, Quality Assurance Coordinator, Statewide Psychiatry Director, Clinical Directors, Mental Health Unit Managers, and facility staff designated to perform CQI responsibilities will receive MHM's CQI Reference Manual for guidance, information, and education related to MHM's CQI program.

The CQI Reference Manual includes:

- Design and structure of the CQI system
- Monitoring guidelines for service delivery and high risk interventions
- Risk management
- Utilization review/management tracking
- Monitoring tools, logs and calendars
- CQI process/outcome study examples
- Corrective Action plan templates
- CQI meeting agenda template
- CQI report writing and instruction on the creation of graphs, charts, and tables

Following contract award and request, MHM will provide a copy of our CQI Reference Manual to the GDC OHS Medical and Mental Health Directors and other designated GDC staff for your review.

Annual Review of Effectiveness of CQI Program. The effectiveness of MHM's CQI activities is assessed on an ongoing basis and is formally reviewed on an annual basis. Annual assessment of our CQI program includes review of our compliance with our annual CQI

calendar and, more importantly, the effectiveness of the CQI program in improving the safety and quality of our mental health delivery system. Because a major focus of our CQI program is to implement recommended quality improvement plans and monitor the effectiveness of the approach, it is critical to determine if the goals of these initiatives were achieved.

MHM's Annual Review and upcoming year's CQI Plan will be presented each year for the GDC's review. This will allow all committee members to review the current year's successes and continued challenges and provide feedback for the upcoming year's CQI plan. Once reviewed and approved by the committee, the annual review and upcoming year's CQI Plan will be forwarded to the GDC for final review and approval.

Contract Compliance Reviews. In addition to the onsite CQI team noted previously, MHM's Clinical Operations department conducts annual *contract compliance reviews.* We have provided this service throughout the current contract for mental health services and are committed to continuing to do so in the new contract. As the GDC is aware from our Clinical Operations support during the current contract, these reviews help ensure that MHM's programs are achieving the contractual requirements of the GDC contract.

MHM's Clinical Operations Department does not review delivery of services from a financial standpoint but from a clinical perspective, ensuring that MHM staff meet the requirements of contracts and the needs of the GDC patient population. This process is unique and sets MHM apart from competitors.

Mental Health Services –Reporting Requirements

MHM is committed to providing auditing and reporting services for mental health services. Our ability to audit and report has been essential to ensuring the quality and transparency of our service delivery. In the new contract, we recognize that the auditing and reporting requirements for mental health services will expand to include the Integrated Treatment Facilities (ITFs).

After carefully reviewing RFP Attachment B, *Scope of Services, Mental Health*, we found a number of GDC requirements related to the provision of various program, operational, and financial audits and reports. For general mental health services, these requirements include, at a minimum, the following expectations:

- **Annual audit** (financial and programmatic) to report contract compliance with expected levels of service and key performance indicators such as staffing, mental health service delivery, and financial accounting and reporting

- **Monthly statistical reports** overseen by the Mental Health Unit Managers
- **Self-audits** organized by Mental Health Unit Managers, who will also have oversight of the facility's quality improvement program
- **Peer reviews** that meet American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC) standards, to be completed using the MHM's peer review tools and to include all required follow-up and report filing responsibilities
- **GDC facility audits** coordinated in concert with MHM's onsite staff and that include follow-up for any identified service delivery deficiencies, using *corrective action plans*
- **Monthly activity reports:** Due the fifth of each month or upon request of the GDC, these reports provide a detailed breakdown of the monthly invoice, elaborating, at a minimum, the names and title of those working in MHM's contract, time expended, and activities performed.
- **Monthly time reports:** Reports that summarize by position the total hours worked, the total hours required by the staffing contract, and the variance between hours worked and hours required
- **Progress report:** MHM will assist in the completion of a monthly status report on all patients and send it to the Chief Probation Officer from the referring circuit
- **Monthly report:** MHM will provide the GDC with a monthly report by the 5th of each month by facility and aggregated year. The report will include, at a minimum, all the elements listed in RFP Attachment B (page 60)
- **Weekly reports:** MHM will provide the GDC with a weekly report that will include, at a minimum, all the elements listed in RFP Attachment B, pages 60 and 61

Specialized Mental Health Treatment Unit (SMHTU) Services. In addition to the general mental health program audit and reporting requirements, we recognize that there are additional auditing and reporting responsibilities associated with our oversight of SMHTU program services. These requirements, at a minimum, include the following expectations:

- Charting/documentation – Psychologists and Mental Health Directors will collect data and provide interpretation of monthly statistical reports as may be requested by the GDC

- Continuous program monitoring - continuous monitoring of the program will be performed by MHM and GDC personnel and will include both process and outcome evaluation using standardized, valid assessment tools
- Developing performance measures and regular reporting systems acceptable to the GDC that provide the Department with an assessment of the accomplishments of the SMHU program
- Management reports that demonstrate the ways in which the provided services meet established program goals
- Development of a form that summarizes SMHTU highlights for each individual participant in the program, whether they graduate or are released for other reasons

Reporting for Integrated Treatment Facilities (ITF) Program Services. MHM recognizes that our oversight of the ITF program in the new contract represents an expansion in the scope of provided services compared with the current contract requirements. Although MHM is not currently responsible for most of the reporting requirements listed in this section of RFP Attachment B, we are well prepared and experienced in taking on these additional auditing and reporting duties in the new contract. Highlights of the RFP auditing and reporting requirements, as noted in RFP Attachment B, include the following:

- Psychologist/Clinical Director participation in GDC's Continuous Quality Improvement (CQI) and Utilization Review (UR) programs including, but not limited to:
  - Reviewing all CQI studies
  - Developing any needed corrective action plans, along with the Mental Health Unit Manager
  - Conducting a second CQI review within six months to ensure corrective action address the identified problem areas adequately
- Program Unit Manager will oversee the program's quality improvement program and participate in self-audits.
- Monthly status report – reports the status of each participant in the ITF program and is sent to the Chief Probation Officer from the referring circuit. The report is completed and submitted by the Facility Unit Manager.
- Provide the GDC with a monthly report by the 5th of each month that includes, at a minimum, all the elements listed in the RFP Attachment B, pages 46 and 47

- Weekly report – Program Unit Manager to provide the GDC with a weekly report that includes, at a minimum, all the elements listed in RFP Attachment B, page 47.
- Continuous program monitoring – performed collaboratively between the GDC and MHM and will include both process and outcome evaluation using standardized, valid assessment tools.

Annual Audits. MHM is aware that the annual programmatic and financial reports required for all mental health and dental services are an additional requirement in the new contact. While we currently provide several types of quarterly, monthly, and weekly reports to the GDC that cover programmatic and financial data, these are not typically aggregated into a formal programmatic or financial report as described in this RFP. We are fully prepared to meet this new requirement and look forward to collaborating with the GDC to determine the preferred program and financial content for these reports, and preferred delivery format.

Since the beginning of our contract with the GDC, MHM has played an active role in partnering with the Department to conduct annual mental health program service audits at each of the facilities where we provide services. Our staff regularly assist GDC in the required facility-specific program services audits. Several times per month, select members of MHM's Regional Office serve on the GDC Audit Team. These teams visit selected facilities and audit mental health service performance. These audits sometimes result in Corrective Action Plans (CAPs) that are submitted to the GDC Central Office and implemented at the site level with assistance from our statewide CQI team.

In addition to these facility specific audits, our regional office CQI team, together with **Inez Tann**, our Regional Director, also provides the GDC with quarterly and annual MHM Operations Reports. These reports cover a broad range of reporting requirements, including results from MHM's internal audits. A recently submitted year-to-date report in December 2017, covering program activities from January 2017 through September 2017, included the following reporting areas:

- Administrative – recent administrative accomplishments and challenges
- Continuous Quality Improvement - review of recent and ongoing CQI activities
- Crisis Stabilization Unit Coordination
- Dental Services
- Psychiatry

- Psychology
- Staffing Patterns
- Tele-Mental Health Statistics

Corporate Clinical Operations Report. In addition to the facility-specific audits required by the GDC, MHM's Clinical Operations team conducts an annual Contract Compliance Audit and Report at targeted program services and facilities within the GDC each year. These audits are intentionally designed to provide both qualitative and quantitative analysis of provided program services and other contracted requirements, including a staff credentialing audit. Currently, these annual contract compliance audits include the full range of mental health services, but not contracted dental services. In the new contract, MHM will expand the scope of these Contract Compliance Reports to include dental services.

The qualitative portion of these audits involves structured interviews with GDC senior administrative and custody staff, medical provider staff, and MHM staff. The questions asked are designed to determine MHM's strengths and areas for improvement from the perspective of key stakeholders in our provision of contracted mental health services. The quantitative portion of these audits involves random review of mental health records to measure compliance with both contracted and best-practice service standards.

Once the audit is completed, a comprehensive written report is provided to the GDC, as well as senior program management at our GDC regional office. The report provides detailed information on our programs strengths as well as recommendations for program improvement. Our regional office is then required to complete a corrective action plan for all contract requirements that fall below compliance standards.

Monthly Audits. MHM currently compiles and reports to the GDC a number of monthly audits that involve a range of programmatic, operational, and staffing related data. Examples of some of the reports are noted below:

- Position Control Report: Spreadsheet that tracks each staff member by position and facility. The report also includes terminations, transfers, and additions
- Pharmacy Report: Data acquired from the pharmacy provider and analyzed by MHM's corporate office. Provides a broad range of pharmacy utilization and costs metrics

- Rebate Report: Sent monthly to the GDC from MHM's corporate finance department. This report tracks and reports filled positions, vacancies, tele-health usage and overages in order to calculate the rebate owed back to the GDC at the end of each month
- Tele-Mental Health Report: Tracks monthly tele-mental health services usage at each facility
- Monthly Facility Report: Provides a broad range of mental health service data including service volumes, number of referrals, scheduled versus seen appointments, etc. Content varies depending upon the services and programs available at the facility.

Weekly Reports. MHM also provides the GDC with our weekly Vacancy Report which shows the status of recruitment efforts to fill any current vacancies across all GDC facilities where we provide staff. We maintain clinical credentialing files that are available for GDC review at any time.

MHM recognizes that in the new contract there will be additional weekly and monthly reporting requirements. For example, both the SMHTU and ITF programs require weekly and monthly reporting of program and patient statistics. We are prepared to meet these reporting requirements and look forward to collaborating with the GDC to determine the best reporting format and delivery mechanisms.

Audit Integrity. To help facilitate accurate auditing and reporting, we suggest a number of safeguards, including the following:

- GDC approval, beforehand, for planned audits that include an explanation of methodology for sample sizes and random selection process
- GDC approval of auditing tools to ensure that the audit questions or statements are worded in a way that minimizes ambiguity and subjective answering
- GDC approval of reporting tools to ensure that they include GDC expectations for content, format, and delivery mechanism
- Include GDC staff in planning and conducting MHM CQI audits
- Review of audit findings and reports, before submission to the GDC, by our regional office CQI team if conducted by onsite staff, and by senior program management if conducted by the regional CQI team

- Maintain records of all charts or records reviewed in our audits in order to facilitate GDC follow-up at any point in the future to check all or part of our audit results

We are hopeful that the **Cerner EHR** will enable us to automate some of the reporting functions once the EHR is optimized.

Program Management and Oversight Documentation

Many of the audit reports that GDC requires from MHM also serve MHM's internal purpose for program management and oversight. For example, one of the foundational audit and reporting requirements that the GDC includes in this RFP for mental health services are the *Annual Audits*. These programmatic and financial audits and reports will also support MHM's internal monitoring of program effectiveness, staffing allocations, and working within our contracted budget. More specifically, as a management tool they will help focus our recruitment efforts, inform staff training topics, and assist us with efficiently scheduling limited staff resources.

Similarly, the programmatic, financial, and staffing reports that we provide more frequently to the GDC serve the same oversight purpose, but allow us to respond more quickly due to their more frequent reporting timeframe. Some of these reports include the *Position Control Reports*, which track recent staffing changes, the *Monthly Time Reports*, which track actual versus contracted staffing hours, and the *Monthly Facility Reports*, which track program service activities. All of these reports are provided to the GDC, but also serve as effective oversight resources internally. They assist MHM with providing better management of contracted services with the Department.

In addition to the documentation and reporting required by and provided to the GDC, MHM also utilizes a number of other oversight related reports internally to help manage our program and resources. Some of these additional reports were initiated for internal purposes but are also shared with the GDC. They include the following:

- **HR Business Partner Reports**, including Turnover Rate Reports, Exit Interviews, Annual Personnel Performance Reviews, 90-Day New Employee Performance Reviews
- **Corporate Clinical Operations Contract Compliance Reports**, which serve as a valuable resource internally for management to address systemic issues in service delivery and to monitor and improve staff performance
- **Tier Program Statistics Dashboard**, maintained as an ongoing monthly CQI activity

- **Non-formulary Request Database**, which is used to monitor non-formulary requests and outcomes
- **Self-Injurious Behavior Database**, which is used to track and trend all completed self-injurious behavioral incidents
- **Monthly Pharmacy Spreadsheet**, which is used to monitor provider ordering trends
- **Staff Credentialing files**, which are used to monitor staff licensing, training, and other federal, state, and local credential requirements to monitor staff compliance

All of these regular reports are helpful for ensuring that contractual and policy requirements are met, including staffing patterns and fill rates, offender/staff ratios, credentialing requirements, and best practice requirements.

The format used to maintain these broad ranging reports varies, but many are maintained in an Excel type spreadsheet or database. MHM also maintains some of our financial and recruitment reports and resources in our corporate office. In addition to spreadsheets, some of the information is directly maintained in our web-based, electronic **SharePoint** platform, described below.

MHM is aware that the new RFP requires that oversight documentation be maintained for a minimum of five years. We will comply with this requirement and look forward to clarifying with the GDC the type of information this requirement applies to and if the Department has a preference for how this documentation is stored. For those documents and reports that we share with the GDC, we are eager to explore possible use of SharePoint, whereby relevant reports can be made easily and readily available to identified GDC staff electronically.

Online Collaboration and Reporting through SharePoint

In our other contracts, we have established program-specific on-line collaborative sites using **SharePoint**. Although used extensively by MHM internally, we propose that reports from our web-based SharePoint platform be available to select GDC staff as well. The site is hosted on MHM's internal, web-based portal and will be available for GDC staff who are designated by the Department to access and retrieve a full range of MHM managed or acquired reports, in addition to other information noted below.

MHM's SharePoint collaboration site offers the GDC access to not only required reports, but

also our on-line library of logs, staff credentialing information, and policies and procedures. This reporting and document management system will allow MHM to share information securely with the GDC. This information will be available to designated GDC and MHM staff with "instant access" as well as search and retrieval capabilities.

SharePoint also supports automated triggers for required workflows and healthcare tasks. For example, when an occurrence or sentinel event occurs, the GDC Office of Health Services and other designated Department staff will receive automatic notification. Follow-up tasks such as patient follow-up or review and approval of a report can be included in the SharePoint workflow. These features of the on-line collaboration site can increase transparency into MHM's healthcare delivery and improve efficiency in MHM's reporting to the GDC.

GDC Responsibilities

MHM is aware that no mental health contractor would be able to provide timely and effective mental health services in a large, complex system, with multiple facilities, without the support and partnership provided by our clients. We are grateful that the GDC takes seriously its responsibility to ensure that the mental health contractor has the required conditions and resources needed to provide effective and efficient healthcare service delivery within its facilities. We highly value the level of partnership and collaboration that the Department has demonstrated throughout the course of the current contract.

Some of the key resources that MHM requires from the GDC in order to fulfill our contracted mission include, but are not limited to, the following

- A safe environment for staff to provide mental health services
- Sufficient space in each facility to conduct all contracted mental health services such that patient's service and privacy needs are maintained
- Equipment, such as furniture and administrative equipment, as described in Attachment B, *Scope of Services, Mental Health* (pages three and four)
- GDC standard forms for offenders and patients
- Telecommunications or telephones, including their ongoing maintenance, repair, and replacement
- Utilities and housekeeping

- Information technology, including computers, supplies and maintenance for GDC-owned equipment and existing software
- Policies and procedures that are regularly updated to ensure they are compatible with best-practices, and current with NCCHC and ACA standards
- Adherence to GDC SOPs
- Timely access to patients – We look to the GDC to ensure that patients are transported to their appointments in a timely manner and a mechanism, agreeable to the GDC, for MHM to contact the appropriate custody staff when we encounter any barriers
- Ongoing communication and dialogue with the GDC, especially as it relates to identifying and addressing any challenges or concerns related to our provision of mental health services
- Timely access to relevant offender/patient housing or other relevant custody information, including electronic systems, that may be necessary to facilitate timely patient care, generate necessary reports, or conduct relevant studies or audits

References

In the table below, we provide reference information for each of the 12 deliverable categories noted above. Each category notes which organization is responsible and the reference column refers to the location(s) of our response and any applicable SOPs. The requirements for each of the deliverables are sourced from RFP Attachment B, *Scope of Services, Mental Health.*

Deliverables	MHM/GDC Responsibility	Reference (Response location(s) and related SOPs)
1. Abide by GDC Policies and Standard Operating Procedures	MHM/GDC	Attachment F, Item 15, All GDC SOPs, including those in Attachment J
2. Psychiatry Services	MHM	Attachment F, Item 8, Item 9, and Item 15 SOP 508.24
3. Psychology Services	MHM	Attachment F, Item 9, and Item 15 SOP VG31-0001
4. Special Mental Health Treatment Unit services	MHM	Attachment F, Item 15 SOP 508.23 (when available)

Deliverables	MHM/GDC Responsibility	Reference (Response location(s) and related SOPs)
5. Integrated Treatment Facilities (ITFs)	MHM	Attachment F, Item 3 SOP VB03-0003
6. Tele-Mental Health and IT	MHM	Attachment F, Item 10 and Item 15 SOP 507.04.12 (VH17-0003)
7. Staffing Plan, Positions, and Management	MHM	Attachment F, Item 4 and Item 5 SOP 508.01
8. Staffing Development and Training	MHM	Attachment G, Item 11 SOP VG17-0001
9. Transition Plan	MHM	Attachment F, Item 6 and Item 7
10. Program Management and CQI	MHM	Attachment G, Item 11 SOP 507.01.12 (VH03-0002) SOP VG25-0001
11. Program and Operations Reporting	MHM	Attachment G, Item 9 and Item 10
12. GDC Responsibilities	GDC	Attachment F, Item 15

Mental and Dental Health Services

eRFP (Event) Number: ES-RFP-46700-415

Attachment G - Mandatory Scored Questions Dental Health Services

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Supplier must answer all questions within this document. Please use this **Mandatory Scored Response Document**, to enter your response directly beneath each question. Answers, along with any required supporting materials, will be evaluated and awarded points in accordance with eRFP, Section 6, Proposal Evaluation and Award.

1. General: Approach to Dental Services

The Supplier may provide a narrative overview of the company's capability and vision for meeting the provisions for dental services statewide for offenders in Georgia, in accordance to GDC's requirements outlined within the scope of work.

Please describe applicable accreditations received (i.e. American Correctional Association, National Conference on Correctional Healthcare, Commission on Accreditation of Rehabilitation Facilities. etc.), Describe current and proposed certification levels of the intending to support contract services.

Note to Evaluation Committee: *We have shaded the question portion of the document in gray for ease of reading and to distinguish between the RFP text and our responses throughout the proposal.*

MHM agrees to comply with and will meet the requirements of RFP Attachment G, Item 1, *General Approach to Dental Services*.

MHM's Approach to Providing Dental Services

MHM started its relationship with the Georgia Department of Corrections (GDC) in October, 1997, initially providing psychiatrist and psychologist staffing services. The relationship expanded over the years to include additional mental health positions and dental services. The size and scope of the dental services provided by MHM today is a result of the attrition of dental positions to MHM as GDC dental positions became vacant over time. Working collaboratively with the GDC we have met many challenges and enjoyed many programmatic successes in the dental program. Our focus going forward will be to continue to ensure full staffing of dental positions and the provision of timely dental health services that meet the high standards of the Department. No other company in correctional healthcare comes close to matching MHM's depth of recruiting and management resources to succeed in meeting the GDC's goals for the dental program.

We understand the connection between good oral care and various medical and mental health issues. As such, our goal has been and will continue to be to provide patients with

appropriate, evidence-based, and uninterrupted dental care that addresses acute dental issues while also proactively addressing oral health problems that can impact the patient's long-term health. Our Georgia leadership team, as well as our ranks of clinical professionals working in the institutions, have many years of experience working closely with GDC administrators, security personnel, clinical leadership, and other stakeholders throughout the GDC system.

MHM's dental services meet the accreditation standards of the **American Correctional Association** (ACA), the **Medical Association of Georgia** (MAG), and the **National Commission on Correctional Health Care** (NCCHC). Our dental practices are also consistent with the standards of the **American Dental Association** (ADA) and evidence-based clinical practice guidelines, as well as GDC requirements.

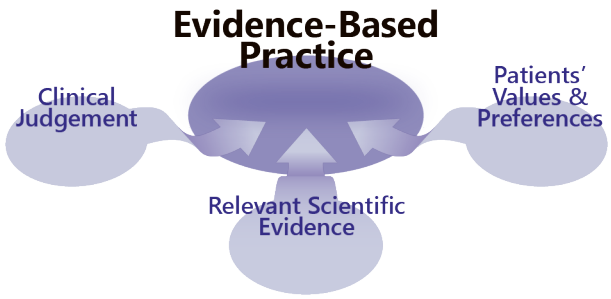
Meeting Standards of Excellence

To say delivering dental services in a correctional setting is challenging is an understatement. We know that a high percentage of offenders enter prison in poor oral health. For many offenders, prison is the first time they may have accessed dental services in many years. Among the offender population, there is limited knowledge and appreciation for the importance of oral health and hygiene and its impact on overall medical and mental health. As providers of quality dental services, our role is not limited to providing actual treatment services, but also includes proactive and ongoing education about the importance of good oral health to minimize future incidence of oral health related problems. Our model in the GDC dental program includes partnering with both medical and mental health staff to address any healthcare issues in an integrated manner.

The challenges of providing dental services in a correctional setting are compounded by the often remote, rural location of prison facilities, as is the case in Georgia, and the national shortage of dental and other healthcare professionals. We have a proven track record of success in Georgia in attracting qualified dental professionals to work in Georgia prisons. With the largest recruiting force in correctional healthcare, comprised of over 30 full-time recruiters coast to coast, including recruiters in Georgia, we succeed where others fail in being able to attract qualified dental professionals to work in prisons.

The focus of our dental services is maintaining the patient's overall health by providing proper oral hygiene, delivering evidence-based treatment for emergent, urgent, and routine dental needs, and supporting patients with information and education that enables them to maintain good oral health and hygiene while in prison and after release. Our services are based on:

- Industry-based clinical care standards, as defined by the ADA
- The clinical judgement of our dental staff, including dentists and dental hygienists
- Our patient's values and preferences



Each of these components is equally important to our ability to address *each* patient's needs in an effective manner and to impact the overall well-being of the patient on both a short- and a long-term basis.

MHM's Capability to Meet GDC Statewide Dental Needs

MHM's current dental services for offenders in GDC facilities includes the following:

- Initial routine screening upon admission to determine dental needs, including oral hygiene instruction
- Basic dental care services, such as fillings and routine and simple extractions
- X-rays
- Restoration
- Treatment of infection
- Emergency examination/triage for diagnosis, relief of pain, elimination of infection and resolution of swelling
- Management of trauma and bleeding to include up to onsite extraction
- Periodontal screening, evaluation, and early treatment
- Prosthodontic procedures such as the development or replacement of removable dental prosthetics, full or partial dentures to retain or restore adequate mastication, when policy criteria are met

- Restoration of defective and/or missing teeth as may interfere with mastication
- Denture impressions, fittings, insertions, and adjustments, when policy criteria are met
- Oral hygiene by a dentist/dental hygienist within one year of admission and annually thereafter
- Oral hygiene instruction, education, and nutritional/dietary counseling



Rhonda Lemons, DDS
Dental Supervisor

Dental care services are provided under the direction of our Dental Supervisor, **Dr. Rhonda Lemons**, who has over 20 years of experience providing dental services and has worked in the GDC dental program for over 10 years since joining MHM in 2007. Dr. Lemons is responsible for ensuring the availability and provision of dental services by licensed dentists and dental hygienists at GDC facilities. She also works closely with GDC's Statewide Dental Director, **Dr. James Barron**, to develop and routinely review and update dental policies and procedures and supporting all dental continuous quality improvement (CQI) programs.

What I have enjoyed most about my career with GDC and MHM is the relationships that I have built with the staff. The GDC Dental Director and I work closely together so that the Dental Department works cohesively as one.

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I am proud of the work that the MHM Dental team has done these past years with the GDC and I am looking forward to continuing the progress, dedication and commitment that we have shown over the years.

Rhonda Lemons, DDS
MHM Employee for 10+ Years

Dr. Lemons chairs routine meetings with the dental staff to discuss problematic cases, receive educational information, and network with other dentists throughout the system.

In addition, she is responsible for ensuring that all dental staff receive the required initial and ongoing training needed to provide exemplary dental care.

Our ability to meet the statewide dental needs is based on the following:

- *Local Management of the Dental Program*. The success of MHM's dental program in Georgia has been, in part, the result of our use of local management, under the direction of Dr. Lemons, that is responsive in real time to the needs of each facility and of the larger offender population.

  Inez Tann, RN, BS, CCHP
  Regional Director

  Unlike other correctional healthcare contractors that require operational decisions to be vetted through lengthy bureaucratic processes up through corporate channels in remote corporate offices, MHM empowers our local staff with the authority to make these decisions in real time. Local dental program management autonomy ensures that we can be responsive to local, institution-specific issues. For the GDC contract, our Georgia Regional Program Director, **Inez Tann, RN, BS, CCHP**, the Dental Supervisor, **Dr. Rhonda Lemons**, and our other in-state healthcare leaders have the authority to manage the statewide dental services program.

- *Corporate Support for Dental Services*. While MHM empowers our program leadership with the authority to make operational decisions, we also provide extensive corporate resources to support local program management. Since beginning dental services in the GDC, we have expanded to providing dental services to six other states through our Centurion correctional healthcare corporate entity. The GDC has experienced the comprehensiveness and depth of our investment of corporate resources throughout our current contract. Beyond recruiting and staffing of dental positions, we provide clinical education and support for staff. We will continue to review and provide corporate support and resources, as needed, to continuously enhance the dental services we are providing to GDC patients.

- *Communication with the GDC*. A key component of MHM's dental program is the transparent and responsive communication with the GDC. We work closely with the GDC to review and augment services, address service delivery challenges, address any quality issues, and address the complex dental needs of the patients we serve. We openly communicate and collaborate with GDC leadership at the central office and local level on coordination of resources, policies and procedures, and all other aspects of dental services.

- *Strong, Stable Workforce*. MHM appreciates that dental programs can only be effective if our workforce is strong and stable. MHM has invested heavily in filling long-standing vacancies and building the dental program staff. **Today, all MHM dental hygienist positions and all full- and part-time dentist positions are filled.**
- *Offenders as Patients Mindset*. MHM staff have been trained and understand the distinction between an offender and a patient. This distinction is made consistently by the AHCA and by professional correctional healthcare agencies including the National Commission on Correctional Healthcare (NCCHC). Centurion supports the use of the term *patient*, as it:
  - Ensures a better fit with our focus on treatment
  - Is consistent with managing and implementing a healthcare delivery system
  - Supports evidence-based approaches to decision support
  - Communicates better with traditional clinical information systems
  - Supports continuity of care with community-based services during re-entry

MHM and our staff go beyond the minimal expectations to meet the needs of inmates in GA. We do self-audits to address deficiencies and conduct quality improvement studies to address problems and find solutions for better approaches to challenges.

Jerrye Foreman
Georgia Diagnostic & Classification Prison
MHM Employee for 8 years

We fully recognize that our patients are offenders in the custody of the GDC. MHM understands the correctional workspace and the overarching primacy of security. Our staff are trained in the importance of following security regulations. However, when providing healthcare specific services, including dental services, we use the term “patients” in a manner that is consistent with the interaction that would occur in a community setting. When speaking of issues specific to correctional operations or housing, we may refer to patients as “inmates” or “offenders.” While we instruct our employees on the importance of maintaining safety and security, we believe that it is important for our staff to find the balance of working in a secure environment with ensuring that the focus of interaction with those in our care is to provide healthcare services to “patients.” This mindset assists our staff in delivering care that is professional, compassionate, and consistent with community standards. It also supports the patient’s right to dignity, respect, and autonomy throughout the delivery of healthcare services.

Accreditations Received

MHM has a long history of supporting the Department in maintaining accreditation from the **Medical Association of Georgia (MAG)**. This support has included participation from our dental program. The following table shows the recent accreditation status for each of the GDC facilities that receives accreditation from MAG.

Georgia Facilities Accredited by Medical Association of Georgia (MAG)			
Institution	Date of Initial Accreditation	Date of Last Reaccreditation	Notes
Arrendale State Prison	10/9/1984	1/25/2017	Site Survey: 3/01/2018
Augusta State Medical Prison	5/5/1986	1/29/2017	Maintenance Report
Autry State Prison	3/26/1997	3/26/2017	Maintenance Report
Baldwin State Prison	5/5/1986	10/30/2017	Site Survey: TBD
Bleckley Probation Detention Center	*Never Accredited*	N/A	*Available to schedule*
Calhoun State Prison	8/16/1996	8/16/2017	Maintenance Report
Central State Prison	2/12/1985	1/26/2017	Site Survey: TBD
Coastal State Prison	4/30/1992	9/4/2017	Site Survey: TBD
Dodge State Prison	6/17/1985	10/11/2017	Maintenance Report
Dooley State Prison	12/12/1996	12/11/2017	Maintenance Report
Emanuel Probation Detention Center	3/23/2016	3/23/2017	Maintenance Report
Georgia Diagnostic and Classification	11/15/1986	1/24/2017	Maintenance Report
Georgia State Prison	12/16/1984	11/15/2017	Site Survey: TBD
Hancock State Prison	3/9/1995	3/23/2017	Site Survey: 03/08/2018
Hays State Prison	3/4/1994	8/27/2017	Maintenance Report
Johnson State Prison	7/9/2003	7/9/2017	Maintenance Report
Lee State Prison	6/28/1988	1/29/2017	Maintenance Report
Macon State Prison	3/22/1996	3/22/2017	Maintenance Report
Phillips State Prison	6/4/1993	6/3/2017	Maintenance Report
Pulaski State Prison	6/12/1997	12/17/2017	Provisional – 1/14/2018
Rogers State Prison	11/15/1984	11/15/2017	Maintenance Report
Rutledge State Prison	9/12/1983	1/30/2018	Maintenance Report

Georgia Facilities Accredited by Medical Association of Georgia (MAG)			
Institution	Date of Initial Accreditation	Date of Last Reaccreditation	Notes
Smith State Prison	10/2/1996	10/2/2017	Maintenance Report
Telfair State Prison	7/8/1995	7/8/2017	Site Survey: 07/19/2018
Valdosta State Prison	10/25/1991	10/25/2017	Site Survey: TBD
Ware State Prison	8/30/1994	8/30/2017	Site Survey: TBD
Washington State Prison	9/20/1996	9/20/2017	Maintenance Report
West Central GA Regional Hospital	*Never Accredited*	N/A	*Available to schedule*
Whitworth PDC	4/13/2016	4/13/2017	Maintenance Report
Wilcox State Prison	12/13/1996	12/13/2017	Maintenance Report

MHM is also aware that the GDC is currently in the process of securing accreditation from the **American Correctional Association (ACA)** for its facilities and that the GDC central office has already received ACA accreditation. We have 20 years of experience working with the ACA in numerous correctional programs and are a key supporter and sponsor of ACA at the national level. Many of our staff are active with ACA in conferences and as auditors, and we are ready to assist the Department in its pursuit of ACA accreditation. We will continue to ensure dental series are provided in accordance with ACA, MAG, and NCCHC standards.

Certification Levels

MHM dentists are required to maintain board certification and licensure as a dentist in the State of Georgia and hold an active Drug Enforcement Agency (DEA) registration certificate. Dental hygienists are required to maintain licensure and certification as a Registered Dental Hygienist in the State of Georgia. All dental staff are required to have active CPR certification.

2. Experience and Capabilities in Correctional Facilities

Describe applicable experience and performance by providing a summary listing all contracts for the last 10 years with a primary scope of service required dental services within a state or public prison.

The summary for each contract must include a point of contact for the location, start and end date, summarized scope of work, population size, maximum annual contract value, key staff assignments, ratios for offenders to dental staff.

For each contract, identify ALL corrective actions, request(s) to cure, applied performance guarantees and/or liquidated damages assessed and paid, with the dates and description of occurrences and remedy. Include the disposition as either active, terminated or not renewed while contract options were available or expired. Include any contracts that have been voluntarily terminated or not renewed by the supplier while contract options remained.

The supplier's past performance may result in the proposal being deemed as "non-responsible" if an extensive history of non-performance is determined.

MHM agrees to comply with and meet the requirement of RFP Attachment G, Item 2, *Experience and Capabilities in Correctional Facilities.*

As a corporate subsidiary, MHM's primary service in the company's contracts are generally for mental health services, and as such, MHM has no contracts where the "primary scope of service required dental services" as stated in the RFP question above. Outside Georgia, MHM holds two contracts with the **New Hampshire Department of Corrections**, one of which includes the provision of dental services to New Hampshire state prisons.

Much of MHM's experience in providing dental services in correctional systems stems from our **Centurion** corporate entity. Centurion is our corporate brand that provides comprehensive healthcare services to correctional agencies, and has several contracts that require dental services to large state correctional systems. Centurion currently has contracts with seven state correctional agencies, six of which require dental services:



Florida Department of Corrections

Massachusetts Department of Correction

Mississippi Department of Corrections

Tennessee Department of Correction

Vermont Department of Corrections

New Mexico Corrections Department

A summary of each contract is included below, along with contract details and point of contact.

Centurion and MHM Contracts Within Last 10 Years	
Agency Contract Name: Florida Department of Corrections **Centurion Contract*	
Contract Term	02/01/2016 – 06/18/2018 **in current procurement re-bid process* **Announcement that the Department intends to award to Centurion was made on March 26, 2018.*
Contract Basics	Average Daily Population: 88,000 Facilities: 61 Accreditation: ACA Annual Revenue Value: $379 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President based in Florida, day-to-day clinical leadership by a Statewide Dental Director and four Regional Dental Directors.
Contact Name, Title and Contact Information	Thomas Reimers *Director Health Services Administration* A: 501 South Calhoun Street Tallahassee, FL 32399-2500 P: 850.487.8443 E: Reimers.thomas@mail.dc.state.fl.us

Centurion and MHM Contracts Within Last 10 Years	
Scope of Covered Services	Comprehensive medical, mental health, and dental services throughout all 4 regions of the FL DOC prison system
Dental Staffing Ratios	Dentist FTEs = 68; Staff to Patient Ratio: 1: 1,294 Dental Assistant FTEs = 114; Staff to Patient Ratio: 1: 772 Dental Hygienist FTEs = 26; Staff to Patient Ratio: 1: 3,385
Agency Contract Name: Georgia Department of Corrections	
Contract Term	10/01/1997– 06/30/2018
Contract Basics	Average Daily Population: 54,000 Facilities: 37 Accreditation: Medical Association of Georgia Annual Revenue Value: $29.6 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Program Manager, Assistant Program Manager, and a Statewide Medical Director.
Contact Name, Title and Contact Information	Jack Randall Sauls, MBA, FACHE *Assistant Commissioner* A: 300 Patrol Road Forsyth, GA 31209 P: 478.992.5879 (o) E: randy.sauls@gdc.ga.gov
Scope of Covered Services	Mental Health and dental services
Agency Contract Name: Massachusetts Department of Correction **Centurion Contract*	
Contract Term	07/01/2013-06/30/2018
Contract Basics	Average Daily Population: 9,000 Facilities: 15 Accreditation: ACA Annual Revenue Value: $79.5 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Statewide Executive Director and Statewide Director of Operations, and clinical leadership by a Statewide Medical Director.
Contact Name, Title and Contact Information	Carol Mici *Deputy Commissioner of Clinical Services and Re-entry* A: 50 Maple Street, Suite 3 Milford, MA 01757 P: 508.422.3301 E: carol.mici@massmail.state.ma.us
Scope of Covered Services	Comprehensive medical, mental health, and dental services in all facilities (except Bridgewater State Hospital)
Dental Staffing Ratios	Dentist FTEs = 8; Staff to Patient Ratio: 1: 1,125 Dental Assistant FTEs = 8; Staff to Patient Ratio: 1: 1,125

Centurion and MHM Contracts Within Last 10 Years	
Agency Contract Name: Mississippi Department of Corrections **Centurion contract*	
Contract Term	07/01/2015 – 06/30/2019
Contract Basics	Average Daily Population: 19,000 Facilities: 39 Accreditation: NCCHC/ACA Annual Revenue Value: $49.6 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Regional Manager and clinical leadership by a Regional Medical Director, a Regional Mental Health Director, and Regional Director of Nursing.
Contact Name, Title and Contact Information	Dr. Gloria Perry *Medical Director/Health Services Director* A: 633 North State Street Jackson, MS 39202 P: 601.359.5162 E: gperry@mdoc.state.ms.us
Scope of Covered Services	Comprehensive medical, mental health, and dental services statewide that integrates state-run institutions with privately-run institutions
Dental Staffing Ratios	Dentist FTEs = 15; Staff to Patient Ratio: 1: 1,267 Dental Assistant FTEs = 10; Staff to Patient Ratio: 1: 1,900
Agency Contract Name: New Hampshire Department of Corrections	
Contract Term	01/01/2009 – 06/30/2018
Contract Basics	Clinical Professionals: 2,800 Facilities: 6 Accreditation: n/a Annual Revenue Value: $2.7 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Program Manager and clinical leadership by a Statewide Medical Director.
Contact Name, Title and Contact Information	Helen Hanks *Commissioner* A: 105 Pleasant Street, PO Box 1806 Concord, NH 03302-1806 P: 603.271.5600 E: info@nhdoc.state.nh.us/ feedback@doc.nh.gov
Scope of Covered Services	Medical Staffing and Management; Dental Program Staffing and Management
Dental Staffing Ratios	Dentist FTEs = 2; Staff to Patient Ratio: 1; 1,400 Dental Assistant FTEs = 2; Staff to Patient Ratio: 1: 1,400 Dental Hygienist FTEs = 1; Staff to Patient Ratio: 1: 2,800
Agency Contract Name: New Mexico Corrections Department **Centurion contract*	
Contract Term	06/01/2016 – 05/31/2020

Centurion and MHM Contracts Within Last 10 Years	
Contract Basics	Average Daily Population: 7,000 Facilities: 11 Accreditation: ACA Annual Revenue Value: $47.6 M Key Staff Assignments: This contract had corporate oversight from a Regional Vice President, day-to-day contract leadership by a Regional Manager based in the regional office, and clinical leadership from a Statewide Medical Director and Statewide Director of Nursing.
Contact Name, Title and Contact Information	Jerry Roark *Director, Adult Prisons Division* A: 4337 State Road 14 Santa Fe, NM 87508 P: 505.827.7867 E: jerry.roark@state.nm.us
Scope of Covered Services	Comprehensive healthcare services including medical, psychiatry, and dental services statewide
Dental Staffing Ratios	Dentist FTEs = 6; Staff to Patient Ratio: 1: 1,167 Dental Assistant FTEs = 6; Staff to Patient Ratio: 1: 1,167
Agency Contract Name: Tennessee Department of Correction *Centurion contract	
Contract Term	09/09/2013- 06/30/2023
Contract Basics	Average Daily Population: 22,000 Facilities: 11 Accreditation: ACA Annual Revenue Value: $92 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Vice President of Operations and clinical leadership by a Statewide Medical Director.
Contact Name, Title and Contact Information	Kenneth Williams *Chief Medical Officer* A: Rachel Jackson Building, Fifth Floor 320 Sixth Avenue North Nashville, TN 37243 P: 615.979.5631 E: Kenneth.williams@tn.gov
Scope of Covered Services	Comprehensive healthcare services, including dental.
Dental Staffing Ratios	Dentist FTEs = 16; Staff to Patient Ratio: 1: 1,375 Dental Assistant FTEs = 15; Staff to Patient Ratio: 1: 1,467 Dental Hygienist FTEs = 2; Staff to Patient Ratio: 1: 11,000

Centurion and MHM Contracts Within Last 10 Years	
Agency Contract Name: Vermont Department of Corrections **Centurion contract*	
Contract Term	02/01/2015-01/31/2019
Contract Basics	Average Daily Population: 1,500 Facilities: 8 Accreditation: NCCHC Annual Revenue Value: $20.3 M Key Staff Assignments: This contract has corporate oversight from a Regional Vice President, day-to-day contract leadership based in the regional office by a Regional Administrator and clinical leadership by a Statewide Medical Director.
Contact Name, Title and Contact Information	Ben Watts *Chief of Administration Health Services Division* A: NOB 2 South 280 State Drive Waterbury, VT 05671 P: 802.503.2082 E: Benjamin.Watts@vermont.gov
Scope of Covered Services	Comprehensive medical, mental health, and dental services statewide. This is a statewide system which combines all jail and prison services.
Dental Staffing Ratios	Dentist FTEs = 2; Staff to Patient Ratio: 1: 750 Dental Assistant FTEs = 3; Staff to Patient Ratio: 1: 500

Contract Ratios

As requested, we have provided dental staffing ratios for the referenced contracts above. We should emphasize that our contracts are typically not staffed based on predetermined statewide caseload ratios. Instead, dental staffing has been developed and refined over time based on the specific needs of units, institutions, and caseloads. In determining staffing collaboratively with our clients, considerations include but are not limited to the number of facilities, location of service delivery within particular facilities, size of restrictive housing units, facility mission(s), general acuity levels, and scope of contract.

As a result, we caution against making ratio comparisons across contracts as there is a wide variation among contracts. The scope of provided services varies for each contract and some positions do not serve the entire statewide caseload. Where possible, we note some of these staff coverage qualifiers that impact staffing ratios.

Contract Corrective Actions

As stated above, MHM does not hold any contracts where the "primary scope of service required dental services" as stated in the RFP question, and therefore we have no corrective actions to report. Overall, our dental services are typically a component of a broader scope of contracted services and most often combined with other medical and mental health services.

In our Centurion corporate entity, we initiated our service to the Florida Department of Corrections using a dental program subcontractor inherited from the previous contractor (Corizon, Inc.). Since the contract was awarded to Centurion under emergency circumstances, we simply carried forward some of the previous subcontractor relationships until we could vet each subcontractor for a continued relationship. We incurred some corrective actions related to the dental program, as summarized in the table below. We have since terminated the previous dental subcontractor and re-established dental services using another subcontractor. We typically do not subcontract dental services, but Florida law prohibits private companies from directly hiring dentists, so the use of a dentist-owned subcontractor is necessary to be able to employ dentists in Florida.

Corrective Actions for Centurion's Florida Dental Services		
Date	**Description**	**Amount**
10/26/2017	Annual Performance Outcomes, Measures and Standards Monitoring	$1,500
8/17/2017	A monetary penalty for deficiencies noted in Tier II Annual Performance Outcomes, Measures, and Standards Monitoring.	$250
8/2/2017	A monetary penalty for deficiencies noted in Tier II Annual Performance Outcomes, Measures, and Standards Monitoring.	$250
7/21/2017	A monetary penalty for deficiencies noted in Tier II Annual Performance Outcomes, Measures, and Standards Monitoring.	$500
6/21/2017	A monetary penalty for deficiencies noted in Tier II Annual Performance Outcomes, Measures, and Standards Monitoring.	$1,000
6/21/2017	A monetary penalty for deficiencies noted in Tier II Annual Performance Outcomes, Measures, and Standards Monitoring.	$1,000
3/24/2017	A monetary penalty for deficiencies noted in Tier II Annual Performance Outcomes, Measures, and Standards Monitoring.	$1,000
12/15/2016	A monetary penalty for deficiencies noted in Tier II Annual Performance Outcomes, Measures, and Standards Monitoring. Facility: Union CI Deficient Area(s): Medical, Dental, Mental Health	$3,000

Corrective Actions for Centurion's Florida Dental Services		
Date	**Description**	**Amount**
12/9/2016	A monetary penalty for deficiencies noted in Tier I Semi-Annual Performance Outcomes, Measures, and Standards Monitoring. Facility: CFRC Main Unit Deficient Area(s): Mental Health, Dental	$2,000
11/15/2016	A monetary penalty for deficiencies noted in Tier II Annual Performance Outcomes, Measures, and Standards Monitoring. The Tier II Annual Performance Outcomes, Measures, and Standards Monitoring conducted on October 24 through November 2, 2016, at Jefferson CI found that the following discipline(s) did not meet the minimum of 80% compliance of the applicable standards as required by the contract: Institution: Jefferson CI Dental - 73% compliance	$4,000
11/3/2016	A monetary penalty for deficiencies noted in Tier II Annual Performance Outcomes, Measures, and Standards Monitoring. Institution: Madison CI Monitoring Type: Tier II Annual Performance Outcomes, Measures, and Standards Monitoring A total of 78 performance measures were applicable for this monitoring review. 8 performance measures reviewed did not meet the required standard in the contract. Dental and Mental Health did not achieve a minimum compliance performance standard of 80% and will result in the reduction of the next invoice by $1,000 for each discipline.	$2,000

3. Approach to Staffing at Facilities

Provide a staffing plan outlining who with what qualifications will be responsible for each job. The proposed services, staff and supplies must be fully identified. Minimum qualification requirements must be met for each position demonstrating an understanding of the scope of work based on the institution specific demographics. Describe how the level of care to the offender is impacted when staffing falls below 95%. What is the minimum level of staffing, in terms of percentage, that the Supplier deem that its staffing to offender ratio is insufficient to operate effectively?

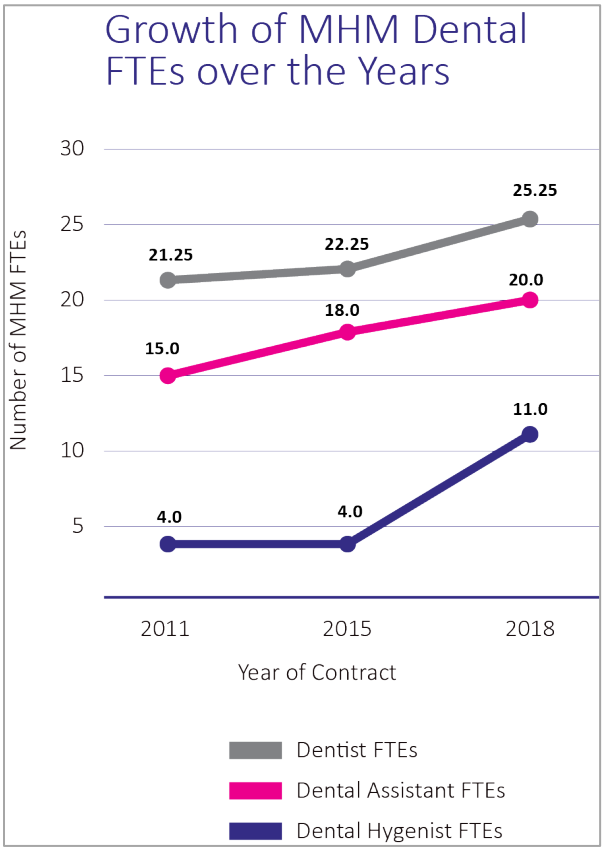
Describe any sub contractual or joint venture relationships that will be associated with the performance of the contract. Describe responsibilities proposed and the reporting structure. How will compliance with the contract be managed?

MHM agrees to comply with and meet the requirement of RFP Attachment G, Item 3, *Approach to Staffing at Facilities.*

Dental Staffing Plan

MHM's dental staffing plan for the GDC is based on our long-standing experience working within the GDC facilities, our understanding of the offender population at each facility and their dental needs, as well as our expertise in successfully managing dental staffing levels at prisons and jails throughout the nation.

MHM, as the current dental services contractor, recognizes the importance of sufficient staffing for the complete delivery of dental services. As we have done over the years, we create our staffing plan in close collaboration with the GDC, acknowledging the importance of maintaining appropriate staffing levels to manage a patient's oral health needs. ***We are proud that our dentist staffing level remains at a 100% fill rate*** and that we are close to meeting that rate for our dental hygienist and dental assistant



positions. We are committed to ensuring that our dental staffing levels do not fall under the 95% threshold required by the GDC.

Since we started providing dental services as an add-on component to our mental health contract with the GDC, we have had great success in recruiting dental staff and working with GDC in meeting the requirements for dental health services. Originally, the bulk of dental staff were GDC employees, and as the state-employed dental staff retired or through other turnover, the GDC gradually assigned more and more dental positions to MHM to fill. We were able to maintain a strong, seamless continuum of care even under the "blended" model of state-employed and MHM-employed dental staff working side by side.

We believe our success to date has been a result of our staff's commitment, our strong recruiting efforts, and the strength of our leadership team to work collaboratively with GDC staff on the day-to-day issues of the dental program. As seen in the graph on the previous page, although the number of dental FTEs does not fully address the patient volume, we have been able to maintain sufficient dental staff to address patient needs without assuming increased wait times.

MHM GDC Leadership Team

Below we provide information on the individuals who will continue to work closely with the GDC to manage our dental services:



Inez Tann, RN, BS, CCHP - Regional Director
Ms. Tann has worked with MHM in our Georgia contract since 2004. An experienced correctional manager, she brings more than 45 years of leadership in nursing, including over 20 years in correctional settings. Ms. Tann has been responsible for the GDC contract since her employment with MHM and, as a **certified ACA auditor** and recently appointed member of the **ACA Board of Commissioners**, assists with ensuring that MHM's service approach meets accreditation guidelines.

Yeavis Knight, LPC, CCHP - Assistant Program Manager
Ms. Knight is an honor graduate of Georgia Southern University with a Master's Degree in Community Counseling. Shortly after graduating, she began her career in corrections and with MHM as a Licensed Professional Counselor at Georgia State Prison (GSP). Three years later, she became the Director of the Mental Health Department at GSP. She was later promoted to her current position and assists in the administrative oversight of a 300-member team who provide mental health and dental services to thousands of patients within Georgia prisons. Ms. Knight is a P.O.S.T. Certified Guest Instructor for the GDC. She has worked in corrections for 12 years and has had a career in mental health for 19 years.

Rhonda Lemons, DDS - Dental Supervisor
Dr. Lemons has been practicing dentistry since 1996 and has been working in corrections since 2002. She has been with MHM since 2007 and became our Dental Supervisor in 2014. She provides oversight and technical guidance to a team of over 60 dentists, dental assistants, and dental hygienists. Dr. Lemons earned her Doctorate in Dentistry degree from Meharry Medical College School of Dentistry in Nashville, TN.

Facility-Specific Dental Staffing Plans

Because the RFP envisions the conversion of State-employed dental staff to privatized positions and we have assumed that this will take place as a process over the course of the contract, we provide our proposed staffing in two stages: our *initial staffing solution*, which does not include current GDC positions, and a *mature staffing solution*, which includes the conversion of GDC-employed dental positions.

Facility-Based Staffing at the Start of the Contract. MHM's proposed facility-based dental staffing for the *start* of the contract is shown in the following table. At some satellite facilities, the dental needs of the offender population are provided for by a catchment facility, and no dental staff are allocated specifically to the satellite facility (e.g., to Bleckley). In these satellite facilities, we have not provided dental staff to offender ratios. We have

assumed that dental services at ASMP will continue to be provided by Georgia Correctional Healthcare.

At the start of the contract, we have also assumed that none of the dental positions currently employed by the GDC will have transitioned to MHM employment. As a result, the staff to offender ratios shown in the second column reflect only the MHM portion of dental staff available to provide services at the facilities.

Proposed Dental Staffing Plan – Start of Contract *(excluding GDC dental position*				
Facility	**Dental Staff to Offender Ratio**	**Dentists**	**Dental Hygienists**	**Dental Assistants**
Prisons				
Arrendale	4: 2,176	1.0	1.0	2.0
ASMP	N/A	-	-	-
Autry	3 : 2,104	1.0	1.0	1.0
Baldwin	2.5 : 981	1.0	0.5	1.0
Bleckley	N/A	-	-	-
Burris	N/A	-	-	-
Central	2.5: 2,300	1.0	0.5	1.0
Coastal	3 : 2,100	1.0	1.0	1.0
Emanuel W	1: 204	0.5	-	0.5
Emanuel P	N/A	-	-	-
GDCP	2 : 3,396	1.0	-	1.0
GSP	3 : 1,537	1.0	1.0	1.0
Hays	3: 1,544	1.0	1.0	1.0
Johnson	2 : 1,612	1.0	-	1.0
Metro/Helms	N/A	-	-	-
Metro re-entry	3 : 300	1.0	1.0	1.0
Phillips	3 : 1,474	1.0	1.0	1.0
Pulaski	3 : 1,590	1.0	1.0	1.0
Rogers	3 : 1,369	1.0	1.0	1.0
Rutledge	2 : 937	0.5	1.0	0.5
Valdosta	2 : 1,591	1.0	1.0	-
Whitworth	N/A	-	-	-
Integrated Treatment Facilities				

Proposed Dental Staffing Plan – Start of Contract *(excluding GDC dental position*				
Facility	**Dental Staff to Offender Ratio**	**Dentists**	**Dental Hygienists**	**Dental Assistants**
Appling	N/A	-	-	-
West Central	N/A	-	-	-
Non-Mental Health Facilities				
Macon	2 : 1,762	1.0	1.0	-
Hancock	1 : 1,201	1.0	-	-
Telfair	3 : 1,316	1.0	1.0	1.0
Smith	2 : 1,987	1.0	1.0	-
Ware	3 : 1,970	1.0	1.0	1.0
Calhoun	3 : 1,639	1.0	1.0	1.0
Dodge	1 : 1,236	1.0	-	-
Dooley	2 : 1,679	1.0	-	1.0
Lee	1 : 917	0.5	-	0.5
Montgomery	1 : 1,082	0.5	-	0.5
Washington	2 : 1,350	1.0	1.0	-
Wilcox	3 : 2,044	1.0	1.0	1.0
Totals		**26.0**	**19.0**	**22.0**

At the start of the contract, our proposed dental staffing represents an increase of 0.25 FTE dentist, 6.25 FTE dental hygienists, and 0.25 FTE dental assistants over MHM's current contractual allocations. We believe these increases are necessary either to maintain the quality of the dental program and ensure patient access to services.

Specifically, we have proposed adding 1.0 FTE dental hygienists at Arrendale, Autry, Hays, Rogers, and Rutledge, along with an additional 1.0 FTE dental hygienist to be shared between Baldwin and Central. This position is being added to supplement the GDC's current dental hygienist position shared between Baldwin and Central, and it is anticipated that one dental hygienist will be assigned to Baldwin full-time, while the other will be assigned to Central full-time.

We have also restored the dentist, dental hygienist, and dental assistant positions at Metro to full-time positions. These three positions were originally contracted to MHM as full-time (1.0 FTE) positions. At the Department's request, we staffed them as 0.75 FTE positions while the Metro facility was coming on line. We understood the request to staff these

positions at 0.75 FTEs was temporary and that the GDC expects each of the three dental staff positions at Metro to be full-time in the new contract. This is what we show in the table above.

Facility-Based Staffing when Contract is Mature. While the preceding table for facility-based staffing represents our starting point for the new contract, we understand from GDC answers to bidders' questions that the Department requires a full staffing plan inclusive of all positions, including those positions currently employed by the State. Our understanding is that there are currently 12.0 FTE GDC dental staff located in the facilities, including 2.0 FTE dentists, 3.0 dental hygienists, and 7.0 dental assistants.

We have assumed that these staff will convert to contractual positions through attrition over time. If the Department desires a different approach to converting the dental staff positions, we commit to flexibility and collaboration in achieving the GDC's goals. During the negotiation process we hope to clarify the Department's expectations for transitioning these staff to MHM.

When all 12.0 FTEs currently employed by the State are converted to contractual positions and added into our staffing matrix, the result is shown in the following table. This table represents MHM's facility-based staffing under a fully mature contract and includes consolidated staff to offender ratios. Based on GDC answers to questions, it is our understanding that this staffing solution reflects the Department's ultimate goals for the procurement. The dental staff to offender ratios shown in the second column represent the full complement of dental staff available to provide dental services to the offender population, regardless of the stage at which GDC dental positions have been converted to MHM.

Proposed Dental Staffing Plan – Mature Contract (including GDC dental positions)				
Facility	**Dental Staff to Offender Ratio**	**Dentists**	**Dental Hygienists**	**Dental Assistants**
Prisons				
Arrendale	5 : 2,176	2.0	1.0	2.0
ASMP	N/A	-	-	-
Autry	3 : 2,104	1.0	1.0	1.0
Baldwin	3 : 981	1.0	1.0	1.0
Bleckley	N/A	-	-	-

Proposed Dental Staffing Plan – Mature Contract (including GDC dental positions)				
Facility	**Dental Staff to Offender Ratio**	**Dentists**	**Dental Hygienists**	**Dental Assistants**
Burris	N/A	-	-	-
Central	3 : 2,300	1.0	1.0	1.0
Coastal	3 : 2,100	1.0	1.0	1.0
Emanuel W	1 : 204	0.5	-	0.5
Emanuel P	N/A	-	-	-
GDCP	4 : 3,396	2.0	-	2.0
GSP	3 : 1,537	1.0	1.0	1.0
Hays	3: 1,544	1.0	1.0	1.0
Johnson	3 : 1,612	1.0	1.0	1.0
Metro/Helms	N/A	-	-	-
Metro re-entry	3 : 300	1.0	1.0	1.0
Phillips	3 : 1,474	1.0	1.0	1.0
Pulaski	3 : 1,590	1.0	1.0	1.0
Rogers	3 : 1,369	1.0	1.0	1.0
Rutledge	2 : 937	0.5	1.0	0.5
Valdosta	3 : 1,591	1.0	1.0	1.0
Whitworth	N/A	-	-	-
Integrated Treatment Facilities				
Appling	N/A	-	-	-
West Central	N/A	-	-	-
Non-Mental Health Facilities				
Macon	3 : 1,762	1.0	1.0	1.0
Hancock	2 : 1,201	1.0	-	1.0
Telfair	3 : 1,316	1.0	1.0	1.0
Smith	3 : 1,987	1.0	1.0	1.0
Ware	3 : 1,970	1.0	1.0	1.0
Calhoun	3 : 1,639	1.0	1.0	1.0
Dodge	2 : 1,236	1.0	-	1.0
Dooley	3 : 1,679	1.0	1.0	1.0
Lee	1 : 917	0.5	-	0.5
Montgomery	1 : 1,082	0.5	-	0.5
Washington	3 : 1,350	1.0	1.0	1.0

Proposed Dental Staffing Plan – Mature Contract (including GDC dental positions)				
Facility	**Dental Staff to Offender Ratio**	**Dentists**	**Dental Hygienists**	**Dental Assistants**
Wilcox	3 : 2,044	1.0	1.0	1.0
Totals		**28**	**22**	**28**

The conversion of GDC dental staff positions over the course of the contract includes the following positions:

- 1.0 FTE GDC Dentist at Arrendale
- 1.0 FTE GDC Dentist at GDCP (currently also functioning as statewide Dental Director)
- 1.0 FTE GDC Dental Hygienist currently shared between Baldwin and Central
- 1.0 FTE GDC Dental Hygienist at Dooley
- 1.0 FTE GDC Dental Hygienist at Johnson
- 7.0 FTE Dental Assistants who are assigned to Dodge, GDCP, Hancock, Macon, Smith, Valdosta, and Washington

MHM appreciates that Dr. Barron is the current GDC Dental Director with responsibility for statewide operations. If the Department intends for this position to remain with the state, we will not attempt to transition the position. We appreciate the need for oversight and partnership from the GDC, and have no intention of undermining Dr. Barron's position or supervisory authority over our dental program. However, if the Department wishes to convert the Dental Director position to the contractual matrix, we are ready to do so.

Staff Qualifications

All MHM staff will continue to meet both MHM corporate and GDC qualifications. Our staff will abide by all GDC regulations and directives, including conforming with GDC standard operating procedures. MHM and its dental staff will follow all policies and procedures listed in the GDC's Intranet, Captiva. Additionally, our dental staff will meet GDC pre-employment standards, including:

- Completing pre-employment background checks (fingerprint check, verification of personal data, etc.)
- Completing pre-employment drug testing

- Participating in random post-employment drug tests (MHM will conduct random drug testing of 5% of employees monthly and provide reports to the Office of Health Services)
- Complying with the GDC and MHM code of conduct

MHM selects candidates who can demonstrate the expertise, educational background, and knowledge required to perform their job responsibilities in an exemplary manner. To do so, we have developed detailed job descriptions that are utilized by our recruiting staff to recruit and hire staff. Formal job descriptions for the administrative and clinical positions summarized below are submitted at the end of this section response. Summary qualifications and job responsibilities are submitted in the table on the following pages.

MHM will not reassign staff who have been terminated from one facility to another without permission from the GDC Dental Director. Nor will we employ any individual who has been determined or is determined by the GDC as unacceptable due to performance or other reasons.

Dental Position Qualifications and Responsibilities

Position	Qualifications	Job Responsibilities
Dentist	▪ DDS degree from an accredited program required ▪ Board certification or board eligible for certification in Dentistry if required by assigned contract ▪ Current licensure as a Dentist in Georgia ▪ Must maintain an active Drug Enforcement Agency (DEA) registration certificate ▪ Must receive approval of Company Credentialing Review Committee if review requested ▪ Must maintain current tuberculosis screening documentation and active CPR certification ▪ Must be able to pass background investigation and obtain agency security clearance where applicable ▪ Two years' experience in providing comprehensive dental services, preferably in a correctional, mental health, or indigent environment ▪ Must be proficient in exodontia techniques	▪ Provide dental screening, dental examinations, and any required radiographs to establish a diagnosis ▪ Develop dental treatment plan ▪ Provide emergency and urgent dental care, as needed ▪ Provide medically necessary routine dental services, including periodontal treatment, operative treatments, oral surgery, and limited prosthetic treatment ▪ Make determination and refer patients for complex oral surgery to Augusta State Medical Prison (or other facility, as indicated) ▪ Document all services in the patient's medical records ▪ Provide supervision to dental hygienists and dental technicians ▪ Provide education to patients on oral care ▪ Follow all infection control procedures and assist with managing dental infections ▪ Participate in CQI and peer review process
Dental Hygienist	▪ Completion of an associate or bachelor's degree in dental hygiene from an accredited program ▪ Current licensure as a dental hygienist in practicing state ▪ Two years' experience in providing comprehensive dental hygienist services in a private or community health clinic preferred ▪ Must maintain current tuberculosis screening documentation and active CPR certification ▪ Must be able to pass a background investigation and obtain agency security clearance where applicable ▪ Experience in a correctional setting preferred	▪ Provide dental hygiene services, including routine prophylaxis, scaling and root planning, closed flap curettage ▪ Provide oral hygiene and nutrition instruction ▪ Assist in diagnostic services ▪ Support dental treatment plans ▪ Assist dentist, as needed ▪ Document all services in the patient's medical records ▪ Follow all infection control procedures and assist with managing dental infections ▪ Participate in CQI and peer review process

Mental and Dental Health Services

eRFP (Event) Number: ES-RFP-46700-415

Attachment G - Mandatory Scored Questions Dental Health Services

Position	Qualifications	Job Responsibilities
Dental Assistant	▪ High school diploma or GED required ▪ Completion of a technical school program in dental assisting or six months of experience as a dental assistant required ▪ Certification as an expanded duty dental assistant preferred ▪ Certification and/or previous experience performing dental x-rays preferred ▪ Must maintain current tuberculosis screening documentation and active CPR certification ▪ Must be able to pass a background investigation and obtain agency security clearance where applicable ▪ Experience in a correctional setting preferred	▪ Assist the dentist in all dental procedures ▪ Take, develop, and mount dental radiographs, based on dentist prescription ▪ Assist with any indicated laboratory procedures, maintain the clinic, equipment, and supplies ▪ Assist with maintaining patient records ▪ Assist with maintaining clinic schedule, under the direction of the dentist ▪ Follow all infection control procedures and assist with managing dental infections ▪ Participate in CQI and peer review process

Staffing Model



Rhonda Lemons, DDS
Dental Supervisor

Dr. Rhonda Lemons will continue to function as our Supervising Dentist, working under the direction of the Dental Director. As noted, we anticipate that the statewide Dental Director will remain with the GDC but are ready to convert that position to our matrix if this is desired.

Dr. Lemons will report to Ms. Tann, our Georgia Regional Director/Program Manager on all dental issues and programs, including audits, employee concerns, CQI efforts, and peer reviews. She will work closely with the GDC Dental Director on clinical and access issues, equipment needs and trainings. She will attend applicable staff meetings, participate in CQI, and infection control meetings. Dr. Lemons will be responsible for addressing all short- and long-term vacancy issues. She will work closely with the recruiters to assure that any vacancies are promptly reported, and applicants interviewed in a timely manner.

Impact to Offenders When Staffing Falls Under 95%

Shortage in staff levels is one of the challenges faced by many corrections systems in the country. A recent study conducted by the **Pew Charitable Trusts**[1] found that escalating prison healthcare costs were related to: spending distributions, staffing, patient characteristics, and care quality. In our experience, we have found that staff shortages can limit patient access to care, increase the use of offsite services, and contribute to an increase in overall costs related to transportation and security.

Realizing these issues, MHM has made a concerted effort to maintain dental staffing levels at the ratios required by the GDC. This has, on occasion been a challenge, due to the lack of qualified staff, the rural nature of facilities and required commute, non-commensurate offender to FTE ratios, and higher compensation rates at certain locations. However, MHM has been able to meet the dental needs of patients by implementing effective staff coverage, establishing back-up and emergency service management plans, and continuously

[1] Prison Healthcare Spending Varies Dramatically by State. Found at http://www.pewtrusts.org/en/research-and-analysis/analysis/2017/12/15/prison-health-care-spending-varies-dramatically-by-state

extending the services of our dental staff. **As a result, we are proud to note that we never failed to provide needed dental care services to GDC patients.**

Minimum Staffing Level

MHM's goal is to provide adequate staffing within each facility to ensure that offenders receive necessary mental health services in a timely manner. MHM endeavors to maintain the staff to offender ratios for dental services prescribed in the RFP as noted below:

Staff Position	Minimum number of staff (FTE) / offender ratio
Dentists	1.0 FTE per 1,500 offenders
Dental Hygienists	1.0 FTE per 2,000 offenders
Dental Assistants	1.0 FTE per 1,500 offenders

On occasions where our staffing ratio falls below the required parameter, due to emergency, illness-related, or vacation vacancies, we have developed and utilize a coverage and back-up system to meet patient needs without any interruptions in care.

Over the past seven years, we have worked diligently to maintain the above ratios, despite the increase in the number of patients receiving services. We are proud that we have never failed to provide necessary services in a timely and quality manner.

Subcontracts/Joint Ventures

MHM does not and will not be using subcontractors or joint ventures to provide staffing under this contract. All staff assigned to this contract are MHM employees. We have found that hiring dentists as employees of the company, offering salaried compensation with benefits, results in a greater level of commitment from dental staff and lower turnover than relying on independent contractors.

Responsibilities and Reporting Structure/Contract Compliance

MHM's dental services are provided under the direction of Dr. Rhonda Lemons, the Dental Supervisor. Dr. Lemons reports to Ms. Inez Tann, the Regional Director, who is responsible for the overall management of the contract as well as the quality and timeliness of mental health and dental services offered in GDC facilities. Ms. Tann reports to **Mr. Jeffrey Wells, MBA, Regional Vice President**. Mr. Wells resides in Georgia and has over 20 years of

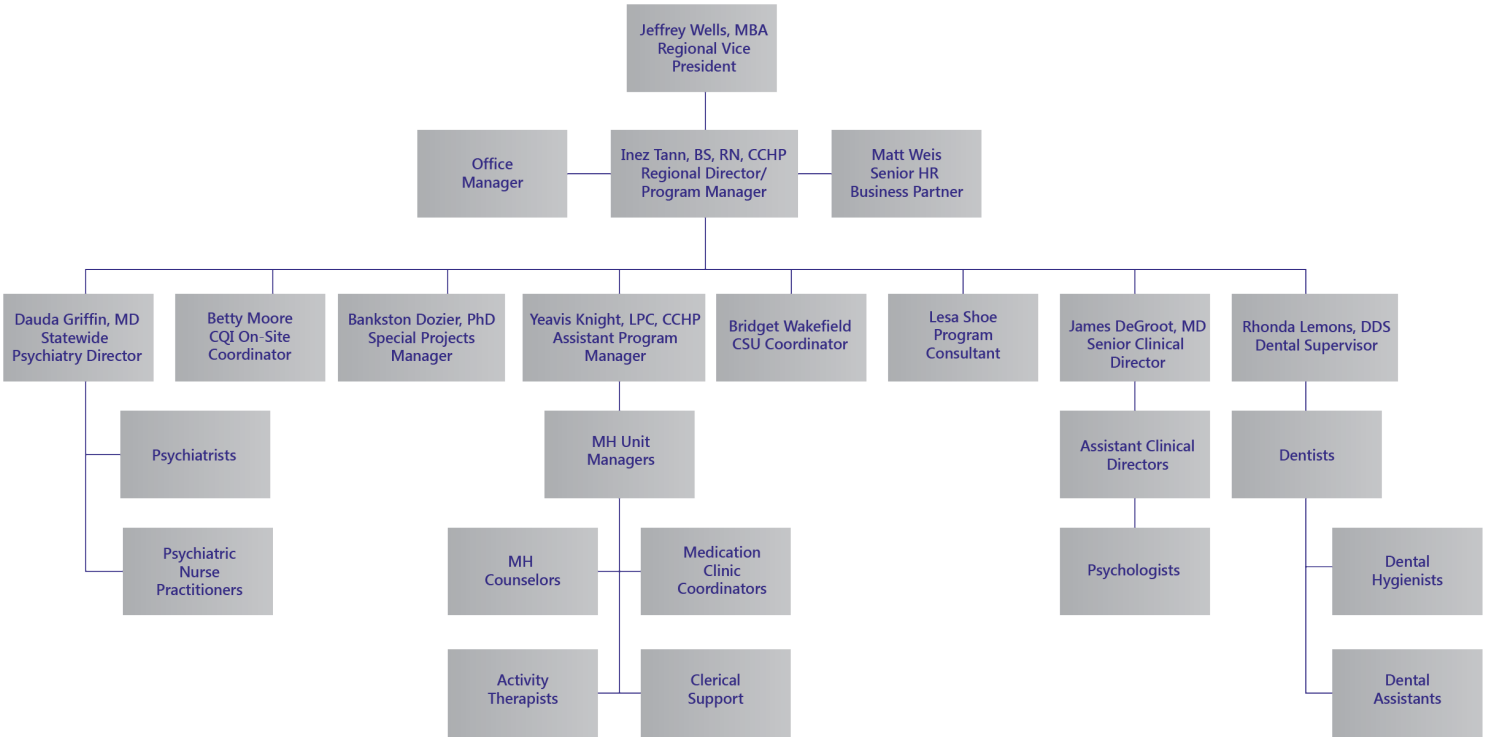
experience in correctional healthcare. He makes routine visits to the GDC program to meet with program and staff and leadership. He and Ms. Tann also work closely with MHM's corporate office to ensure that corporate resources are appropriately allocated to the program.



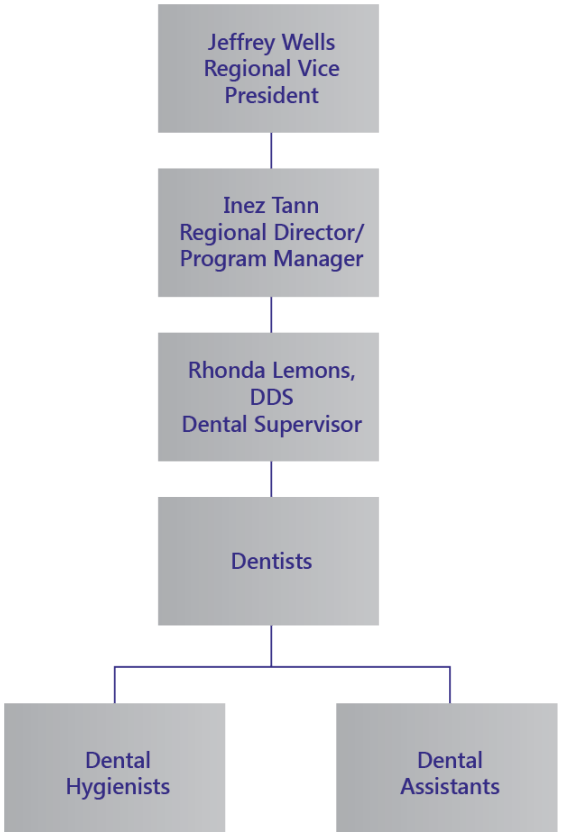
Jeffrey Wells, MBA
Regional Vice President

We have provided organizational charts depicting the reporting structure of our dental services below:

Georgia Overall Organizational Chart



Georgia Dental Services Organizational Chart



Contract Compliance

Contract compliance is the responsibility of our program management team and the GDC contract staff. **Bankston Dozier, PhD, CCHP**, our Special Projects Manager, works closely with the staff to compile, review, and report on contract-specific requirements, including any performance standards, on a monthly basis. We routinely share this information with the GDC, both through in-person meetings as well as quarterly and annual reports.



Bankston Dozier, PhD, CCHP
Special Projects Manager

In addition, our corporate Clinical Operations staff conduct an annual review of the contract.

MHM contract compliance reviews directly identify areas in which MHM performance needs improvement. We pride ourselves in sharing a comprehensive but candid self-evaluation, in developing corrective action plans as needed, and in reviewing the progress achieved through this process. In addition to MHM's annual contract compliance report, internally we perform ongoing CQI studies which are shared with the GDC.

MHM has demonstrated appropriate care to the incarcerated mentally ill members of our population within guidelines of FDC, maintaining quality as we adhere to sound principles.

Bankston Dozier, PhD, CCHP
Special Projects Manager, *MHM employee for 13+ years*

Job Title: Dentist	
FLSA: Exempt	Date: October 2015

MHM Services, Inc

Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

Provide comprehensive professional dental treatment to address the oral health needs of incarcerated offenders.

Education / Credentials / Experience

- DDS degree from an accredited program required
- Board certification or board eligible for certification in Dentistry if required by assigned contract
- Current licensure as a Dentist in applicable state
- Must have an active Drug Enforcement Agency (DEA) registration certificate
- Must receive approval of MHM Credentialing Review Committee if review requested
- Must maintain current tuberculosis documentation and active CPR certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Two (2) years of experience in providing comprehensive dental services, preferably in a correctional, mental health, or indigent environment
- Must be proficient in exodontia techniques

Essential Duties / Responsibilities

- Examine teeth, gums and related tissues using dental instruments, x-rays, and other diagnostic equipment to evaluate dental health, diagnose diseases or abnormalities.
- Develop appropriate treatment plan and provide preventive and corrective services. Review and evaluate treatment procedures and outcomes.
- Administer anesthetics as necessary to limit the amount of pain experienced by offenders during procedures.
- Advise and instruct offenders regarding preventive dental care, the causes and treatment of dental problems, and oral health care services.
- Accurately document review of medical history and physical status of offenders, and consult with physician when medical complications or indications for pre-medication exist before rendering treatment.
- Prepare and submit case reports and summaries to appropriate parties accurately and in a timely manner.
- Oversee radiographic procedures; interpret radiographs before implementing procedures
- Provide emergency treatment according to established protocols.
- Prepare required reports and complete required paperwork accurately, legibly and timely in the format authorized by the client.
- Monitor and adhere to budgetary guidelines.
- Maintain records regarding the security of all dental instruments and armamentaria.

- Set work goals, define tasks and divide work according to program needs among other dental staff members. Motivate dental staff to improve quantity and quality of work performed. Provide staff training and development opportunities as appropriate.
- Attend and actively participate in all scheduled staff meetings or other meetings as required; attend interdisciplinary conferences involving dental issues; attend all mandatory training scheduled by the facility.
- Develop and maintain an infection control program to include training dental staff on proper infection control procedures and monitor compliance. Dental infection control plan to be consistent with MHM Infection Control Program
- Follow all safety/risk management practices in performing duties
- Identify and maintain professional boundaries to preserve the integrity of the therapeutic process and relationship.
- Be proactive in performance improvement activities as demonstrated by participating in the MHM Continuous Quality Improvement (CQI) program (peer review; record reviews; membership on the CQI committee)
- Acquire and maintain current clinical knowledge and skills and professional standards.
- Ensure compliance with all facility and MHM policies, and Federal and State laws, regulations, and guidelines
- Coordinate care closely with custody staff while maintaining a positive, collaborative relationship.
- Identify and maintain professional boundaries to preserve the integrity of the therapeutic process and relationship.
- Maintain an ethical commitment to ensure confidentiality within the limits of a correctional environment.
- Deliver care to offenders in a nonjudgmental/nondiscriminatory manner
- Understand and adhere to safety and security rules and regulations of the institution.
- Other duties as assigned.

Required Skills / Abilities

- Clinical Acumen: Skilled in providing evidence-based medical services to achieve quality, cost effective and ethical outcomes in the delivery of healthcare to individual patients and the institution's population.
- Effective Collaborator: Works well with healthcare staff and institution’s administrative and security staff to help build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals’ unique characteristics.
- Quality Documentation: Able to provide healthcare documentation that is clinically comprehensive, legible, and easily understood by other healthcare staff. Documentation is provided timely and in the format required by the system.
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with patients and staff. Listens and considers the opinions of others.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitasks effectively.
- Problem Solving: Acts collaboratively in resolving problems.

Physical Demands / Working Conditions

- Work is usually performed in a clinical setting
- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity necessary to perform all duties required.
- Physical activity includes walking, climbing, standing, sitting, bending, stooping, and carrying; repetitive physical activity such as key/data entry; repetitive mental activity such as checking entries in a report, etc.
- May be required to work throughout a large facility, grouping of facilities, or travel between multiple facilities.
- Potential exposure to internal and external hazardous materials, including but not limited to: blood and bloodborne pathogens, infectious/communicable diseases, noise and physical injury from offenders.

This job description is not designed to contain a comprehensive listing of activities, duties, or responsibilities that are required, and are not site-specific.

Your signature below acknowledges your receipt of the position job description. All employees are "at-will" which means at any time during your employment, the Company may choose to terminate your employment for any reason not prohibited by law, just as you may choose to leave the Company for any reason.

_____ _____

Employee Date

_____ _____

MHM Representative Date

Job Title: Dental Assistant	
FLSA: Exempt	Date: October 2015

MHM Services, Inc

Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

Under direct supervision, assists the dentist and/or dental hygienist in chair-side dentistry in a correctional setting.

Education / Credentials / Experience

- High school diploma or GED required
- Completion of a technical school program in dental assisting or six months of experience as a dental assistant required
- Certification as an expanded duty dental assistant preferred
- Certification and/or previous experience performing dental x-rays preferred
- Must maintain current tuberculosis screening documentation and active CPR certification
- Must be able to pass a background investigation and obtain agency security clearance where applicable
- Experience in a correctional setting preferred

Essential Duties / Responsibilities

- Assists the dentist/dental hygienist by providing direct chair side technical support
- Prepares patient; sterilizes and disinfects instruments, sets-up instrument trays, prepares materials, and assists dentist/dental hygienist during dental procedures
- Gathers and records medical and dental histories and vital signs of patients
- Instructs patients in oral hygiene and plaque control programs
- Provides patients postoperative instructions prescribed by dentist
- Assists dentist in management of medical and dental emergencies
- Prepares preliminary impressions for study casts and occlusal registrations for mounting study casts
- Operates radiographic equipment to obtain dental radiographs of patients if certified
- Maintains patient dental information and records
- Performs clerical functions for the dental program including coordination of patient scheduling
- Prepares and maintains dental operatory and instruments
- Orders and monitors dental supplies and equipment inventory including accuracy of dental supply and equipment counts as required by the client
- Monitors clinic's compliance with standards for cleanliness, fire safety and OSHA regulations for caustic, flammable, sharp and bio-hazardous materials
- Proactive in performance improvement activities as demonstrated by participating in the CQI program
- Attends seminars, workshops, conferences, etc. as required by the Company, as well as staff meetings
- Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process

- Ensure compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines
- Coordinates care closely with security staff while maintaining a positive, collaborative relationship
- Maintains ethical commitment to ensure confidentiality within the limits of a correctional environment
- Understands and complies safety and security rules and regulations of the institution
- Other duties as assigned

Required Skills / Abilities

- Clinical Acumen: Skilled in providing evidence-based medical services to achieve quality, cost effective and ethical outcomes in the delivery of healthcare to individual patients and the institution's population.
- Effective Collaborator: Works well with healthcare staff and institution's administrative and security staff to help build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.
- Quality Documentation: Able to provide healthcare documentation that is clinically comprehensive, legible, and easily understood by other healthcare staff. Documentation is provided timely and in the format required
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with patients and staff. Listens and considers the opinions of others.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitasks effectively.
- Problem Solving: Acts collaboratively in resolving problems.

Physical Demands / Working Conditions

- Work is usually performed in a clinical setting
- Must possess general good health and retain sufficient stamina, agility and visual and auditory acuity
- Physical activity includes walking, climbing, standing, sitting, bending, etc; repetitive physical activity
- May be required to work throughout a large facility, grouping of facilities, or travel between facilities
- Potential exposure to internal and external hazardous materials

This job description is not designed to contain a comprehensive listing of activities, duties, or responsibilities that are required, and are not site-specific.

Your signature below acknowledges your receipt of the position job description. All employees are "at-will" which means at any time during your employment, the Company may choose to terminate your employment for any reason not prohibited by law, just as you may choose to leave the Company for any reason.

_____ _____

Employee Date

_____ _____

MHM Representative Date

Job Title: Dental Hygienist	
FLSA: Exempt	Date: October 2015

MHM Services, Inc

Essential duties and responsibilities of this position are described below and are subject to change by management, as may be necessitated by changes in business needs, contract requirements, accommodation requests or other reasons.

Position Overview

Provide professional dental hygiene services to patients under general supervision of a dentist in a correctional setting.

Education / Credentials / Experience

- Completion of an associate or bachelor's degree in dental hygiene from an accredited program
- Current licensure as a dental hygienist in practicing state
- Two years' experience in providing comprehensive dental hygienist services in a health clinic preferred
- Must maintain current tuberculosis screening documentation and active CPR certification
- Must be able to pass a background investigation and obtain agency security clearance where applicable
- Experience in a correctional setting preferred

Essential Duties / Responsibilities

- Performs oral hygiene interventions for patients to include prophylaxis, curettage and other hygienist procedures
- Ensures services provided are reviewed by dentist before releasing patient
- Operates radiographic equipment to obtain dental radiographs of patients
- Provides patient oral hygiene education and instruction individually or in a group setting
- Maintains patient dental records and completes required reports of patient interventions
- Prepares required reports and paperwork accurately, legibly, in a timely manner, and in proper format
- Performs clerical functions including completion of documentation of dental services and coordination of patient scheduling or appointments
- Maintains dental equipment, instruments and supplies
- Monitors dental clinic compliance with standards for cleanliness, fire safety and OSHA regulations for caustic, flammable, sharp and bio-hazardous materials
- Follows all safety/risk management practices in performing duties
- Uses all equipment and supplies properly to protect self and patients when operating equipment
- Collects and maintains quality improvement data for the dental department
- Reports and documents all hazardous or infectious exposures according to established guidelines
- Attends seminars, workshops, conferences, etc. as required by the Company, as well as staff meetings
- Ensures compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines
- Proactive in performance improvement activities as demonstrated by participating in the CQI program
- Improvement (CQI) program and modifying clinical practices based on CQI recommendations

- Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process
- Understands and complies with safety and security rules and regulations of the institution
- Coordinates care closely with security staff while maintaining a positive, collaborative relationship
- Maintains ethical commitment to ensure confidentiality within the limits of a correctional environment
- Other duties as assigned

Required Skills / Abilities

- Clinical Acumen: Skilled in providing evidence-based medical services to achieve quality, cost effective and ethical outcomes in the delivery of healthcare to individual patients and the institution's population.
- Effective Collaborator: Works well with healthcare staff and institution's administrative and security staff to help build a cohesive working environment. Helps others learn and shares knowledge. Respects diversity of the workplace and individuals' unique characteristics.
- Quality Documentation: Able to provide healthcare documentation that is clinically comprehensive, legible, and easily understood by other healthcare staff. Documentation is provided timely and in the format required.
- Communication: Able to appropriately express opinions in written and verbal form. Clear and articulate when speaking with patients and staff. Listens and considers the opinions of others.
- Accountability: Follows through on commitments and agreements. Demonstrates dependability. Takes responsibility for mistakes and missed deadlines. Communicates about progress on commitments.
- Stress Tolerance: Must be able to effectively handle stressful or adverse situations and work effectively under difficult conditions. Ability to remain calm while handling volatile, threatening, or emergency situations. Remains focused in spite of distractions and interruptions.
- Effective Time Management: Organizes and prioritizes work by devoting adequate time and attention to individual tasks. Effectively plans meetings/keep appointments and multitasks effectively.
- Problem Solving: Acts collaboratively in resolving problems.

Physical Demands / Working Conditions

- Work is usually performed in a clinical setting
- Must possess general good health and retain sufficient stamina, agility, visual and auditory acuity necessary
- Physical activity includes walking, climbing, standing, sitting, bending, stooping, etc.; repetitive physical activity
- May be required to work throughout a large facility, grouping of facilities, or travel between facilities
- Potential exposure to internal and external hazardous materials

This job description is not designed to contain a comprehensive listing of activities, duties, or responsibilities that are required, and are not site-specific.

Your signature below acknowledges your receipt of the position job description. All employees are "at-will" which means at any time during your employment, the Company may choose to terminate your employment for any reason not prohibited by law, just as you may choose to leave the Company for any reason.

_____ _____

Employee Date

_____ _____

MHM Representative Date

4. Capabilities for Maintaining Staffing Levels

Identify which of the references can validate the Suppliers capabilities for maintaining staffing levels of at least 95% at each facility, for more than 12 consecutive months as a prime contractor responsible for mental health services with a similar size and scope to GDC's. Describe how the Supplier will address vacancies to avoid staffing levels below 95%.

MHM agrees to comply with and meet the requirements of RFP Attachment G, Item 4, *Capabilities for Maintaining Staffing Levels.*

References

Many of our dental contracts are integrated into the comprehensive medical healthcare services that our affiliated company, Centurion, provides to departments of corrections in seven states across the country. For these contracts, the recruiting team fills close to 300 dentist positions and maintains a **dental fill rate above 98% in all contracts**. The table below summarizes the fill rates in our Centurion contracts.

Agency	FTEs	Contract Start Date	% Position Fill Rate
Florida Department of Corrections	230.6	2016	97%
Massachusetts Department of Correction	7.8	2012	96%
Mississippi Department of Corrections	8.4	2015	100%
New Hampshire Department of Corrections	4.0	2000	100%
New Mexico Corrections Department	4.7	2016	100%
Tennessee Department of Correction	20.0	2012	99%
Vermont Department of Corrections	3.0	2015	100%
Total	**278.5**	-	**98.8%**

Addressing Vacancies



MHM's recruiting resources and capabilities for staffing correctional agencies have been developed over the past 20 years, dating back to when we first started staffing for GDC in 1997. We have developed our own approach to recruiting to ensure high fill rates for the over 7,000 positions we fill in 15 states. While other companies simply post positions to the internet when they become vacant, we anticipate vacancies and maintain a steady stream of applicants across all of our contracts.

Using this approach, which we refer to as "relational recruiting", we engage in an active, ongoing dialogue with thousands of healthcare professionals across the country. Our recruiting model is far different than the more traditional *post-n-pray* approach, where companies simply post job openings when vacancies occur and pray for candidates to respond. Our model attracts candidates who are a better fit for the environments we serve and ensures a steady pipeline of qualified candidates to fill vacancies when they occur.

MHM has a corporate recruiting staff of over 30 full-time recruiters, including full-time recruiters based in Georgia, who specialize in recruitment of healthcare professionals. We continually assess staffing levels, anticipate personnel changes, and conduct recruitment activities to ensure that absences or vacancies are promptly filled. We have an excellent record of being able to recruit and retain personnel to work in challenging correctional environments. **Our company fill rate for over 7,000 positions is over 92%, with over 98% fill rate for dentists.**



MHM's staffing model identifies the responsible ratio and type of professional and administrative staff needed by an agency. Although many correctional agencies have difficulty recruiting and retaining qualified dentists, we continue to meet agency goals for staffing dentists, as well as for recruiting and retaining other dental health professionals.

Our best recruiting tool is the *long-term retention of quality employees.* We recognize that recruitment is just one component of maintaining an effective workforce. MHM considers retention and minimizing turnover to be equally important. Therefore, we strive to increase employee retention through a variety of initiatives designed to provide employees with a professionally rewarding, positive work experience. Our employment model, our continuously refined compensation and benefits

packages, and our human resources systems all create a better work experience for our staff.

Recruiting Methodology & Capabilities

MHM's recruiters customize each recruitment campaign in order to address the unique needs of each client, discipline and location of the facility. We use a detailed methodology to identify specific numbers of clinicians available within a reasonable radius of each facility.



For example, our market review systems give us detailed data on the healthcare marketplace in proximity to the correctional facilities we serve. We are able to determine how many dentists and dental hygienists are within 60 miles of each GDC facility.

MHM's recruitment strategies include various methods. We have found that passive recruiting methods such as print advertising or posting jobs on internet job boards have only limited effectiveness in attracting clinicians. Licensed healthcare professionals in competitive job markets are routinely bombarded with print advertising for job offers. These recruiting methods must be complemented with other proactive methods to be effective, like networking, resume database search or data mining, and direct contact, including mailings, phone calls, email, and social media.

These extra steps are particularly necessary for difficult to fill positions. While passive methods are important tools to include in a recruitment campaign, a comprehensive approach which includes both passive and proactive strategies is critical to ultimately producing results. One candidate may use online methods in his/her search while others

may need direct contact. We have described our specific recruiting strategies for the GDC contract in response to RFP *Attachment G, Item 5, Implementation Plan and Timeline.*

Specific requirement plans for the dental services with GDC are included on the following pages.

Dentists, Dental Assistants, and Dental Hygienists Recruiting Strategies

Online Advertising & Resume Searching – Below are a few of the many sites MHM recruiters utilize as needed for online posting and proactive resume searching and candidate outreach.

- American Dental Association
- National Network for Oral Health Access
- American Association of Public Health Dentistry
- Georgia Dental Association
- MHM Career Page
- Careerbuilder
- Indeed
- Healthecareer
- Practicelink
- Dental post
- Dentistjobcafe.com

Direct Mail Campaigns – Lists are purchased from a variety of secured and vetted resources. For example, the Georgia Dental Board, local associations and quality dental marketing companies. These lists allow recruiters to market in three different unique marketing styles; eye catching postcards, hand written letters, or dental related newsletters. MHM has in-house direct mail printing and mailing capabilities. Based on our internal marketing tracking tool, direct mail campaigns are proven to be the most successful recruiting strategy.

Conferences – Annually exhibit to local conferences for name branding purposes to dentists, dental assistants and dental hygienist. Proactive recruiting that proves to be a success with hiring for future vacancies.

- Hinman Dental Meeting (Atlanta based; bringing 20,000 dental professionals)
- Georgia Board of Dentistry

Broadcast Email – MHM houses an internal applicant tracking system which allows our recruiters to quickly reach our dental professionals via email. In addition, MHM conducts tailored searches based on location, specialty and experience targeting Dentists, Dental Assistants, and Dental Hygienist.

- Practicelink
- ICIMS
- Careerbuilder
- Indeed

Print Advertising – National publications allow MHM to expand name branding and attract passive and actively seeking dental providers.

- The Journal of the American Dental Association
- The American Dental Association
- Dentistry Today Magazine

Academic Recruitment Programming: Residency/Fellowship Recruiting - MHM recruiters make contact with dental residency programs and applicable surgical residencies to network and recruit residents and students for future opportunities.

Social Media – MHM's social media recruiting strategies allows our recruiters to conducted tailored searches and target specific dental providers based on industry experience and location. This is a proactive strategy that enables our recruiters to initiate conversation and ultimately build relationships educating dental professionals on an industry that is known as the best kept secret.

- LinkedIn
  - ✓ Job board
  - ✓ Groups/organizations:
    - Public Health Dentistry
    - Global Dentists Network
  - ✓ Targeted In-Mails
- Facebook pages:
  - ✓ Public Health Dentistry

Specialized Marketing: Additional recognized dental specialties allow us to broaden our recruiting efforts:

- Dental Public Health
- Endodontics
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Orthodontics and Dentofacial Orthopedics
- Pediatric Dentistry
- Periodontics and Prosthodontics

As described below, MHM has a large team of professional recruiters who seek not only to expose qualified candidates to the job opportunities at MHM, but to develop an ongoing relationship with qualified candidates so that when the opportunity arises, the candidate will think of MHM as an ***employer of choice***. This is a different approach to simply announcing job openings to the market as they occur. Our *relational* approach to recruiting keeps us in constant contact and engaged in an ongoing dialogue with literally thousands of qualified candidates across the country.

Department Structure

To achieve effective recruiting results, we have developed a corporate culture committed to the importance of hiring the *right* candidate for each job opening, and we have made a sizable investment into qualified recruiting personnel and other recruiting resources. Other companies may claim to have robust recruiting departments, and we have even seen other companies claim to have the "largest recruiting departments" in their proposals. The fact is, no other company providing healthcare services to correctional facilities has as many full-time healthcare recruiters or depth of recruiting resources as does MHM. Our recruiters are based strategically throughout the country, including Georgia, to support our contracts.



The recruiting department is supervised by **Ms. Gina Morris**, Vice President of Recruiting, who has been with MHM for over 10 years. MHM's recruitment team is organized by clinical discipline, and each contract, including GDC, has a dedicated Physician Recruiter and a dedicated Allied Healthcare Recruiter to address the specific recruiting needs of each program.



Regina Morris
Vice President of Recruiting

Ms. Teffany Dowdy, who has supported the GDC contract for many years, will continue as the Regional Manager for Provider

Recruitment. We have included a feature piece on Ms. Dowdy, showcasing her experience recruiting in the state of Georgia within *Attachment F, Item 5, Maintaining Staffing Levels.*

Ms. Dowdy is joined by **Ms. Amanda Diamantis**, Regional Manager of Allied Recruiting, who also serves the GDC contract. Their depth of experience and knowledge is complemented by a national team of recruiters strategically based throughout the country who will support their efforts.

The recruiters have expertise in discipline-specific requirements, licensure processes, and credentialing requirements, as well as specialized networking channels within the various disciplines. Our recruiters have many years of experience recruiting for MHM and in healthcare recruiting, and thus have deep networks of recruiting resources and long-standing relationships with referral sources, including academic programs, residency programs, and various trade associations.

Recruiters are focused on developing a clear understanding of the specific requirements and nuances of each program. Additionally, they strive to develop a strong synergy between the program leadership team and the client. The recruiters tour the institutions in order to gain firsthand knowledge of the environment, the protocols and composition of the treatment teams. This model has historically proven to be successful. It is unique to the industry and has been one of the primary reasons for maintaining our success in filling positions.



Amanda Diamantis, CCHP, SHRM-CP, PHR
Regional Manager, Allied Recruiting



Teffany Dowdy
Regional Manager, Provider Recruitment

MHM's recruiting resources include:

- A national team of more than 30 recruiters, including two in Atlanta
- A state-of-the-art recruiting database
- Access and implementation of various advertising channels
- Recruiter's ability to recruit locally as well as nationally
- 24/7 access provided for candidates
- Established networking channels
- Recruiters have an average of 15+ years of experience recruiting for corrections

- Internal expertise to develop effective marketing and advertising campaigns
- Internal data and metrics to identify best practices and to have a good ROI with regard to effective recruiting initiatives
- Use of social media
- Continuous pipeline of candidates

Staff Retention

As mentioned previously, not only is it important to recruit and hire qualified staff, but even more so to retain healthcare professionals with low rates of turnover. Retention starts during the recruitment process and continues through the hiring and onboarding process and beyond. MHM understands the importance of having the *right* person in the *right* job. We foster our relationship with each employee from the start of their career through an effective new employee orientation, continued education programs, and clinical trainings. We provide the employee with competitive compensation and benefits. MHM constantly strives to improve on recruitment and retention practices, and our recruiting system today is the result of two decades of cumulative growth and investment into our recruiting systems and resources.

MHM has a proven record of staff retention garnered through a number of programs and activities including:

- Competitive salaries
- Our comprehensive benefits package, which includes: generous paid leave plans, health/dental/life/vision insurance, short and long-term disability insurance options, paid professional liability insurance, tuition reimbursement, continuing education benefits, and more
- Our Employee Referral Plan: for current employees to recommend candidates and receive a referral bonus upon successful placement of candidate
- Conducting employee satisfaction surveys
- Conducting exit interviews
- Offering opportunities for advancement to current employees either at their current facility or at other facilities with MHM throughout the country

5. Implementation Plan and Timeline

Provide an implementation plan with a timeline of no more than 60 days, including a description of the Suppliers methodology for implementing contract services when an existing supplier is in place. Describe what the Supplier believes to be the most effective roll-out and deployment strategy, including any recommendations regarding implementing/deploying services in separate areas or in a phased roll-out (e.g., by County) and a high-level timeline. If proposing a multi-phased strategy) include a description of the proposed phases and the approach to providing continuity of care. Propose the length of time for each of the implementation activities. Describe key staff roles and responsibilities and assumptions of the role of its staff, the State, and the outgoing provider.

The following questions are a guide not an exhausted list to limit your description:

a. How will you provide dental services statewide?

b. What are your plans for staff coverage in the event of a sudden staffing vacancy? Provide a specific example of a sudden dental staff vacancy, and how you have provided coverage.

c. How would you anticipate covering vacancies due to vacation or extended illness?

d. Detail your recruitment program.

e. Describe the plan to address excessive patient waiting times.

f. Detail the orientation plan to be provided for on-site staff.

g. What is your current utilization of dental hygienists?

h. Detail your organization's program for training of dentists whose clinical skills are not sufficient for correctional dentistry (e.g., a dentist who is not comfortable performing difficult extractions or removing retained roots).

I. Provide a detailed explanation of your organization’s plan for monitoring of staff production (for both dentists and hygienists). How does Supplier achieve increased staff production when it is found to be inadequate?

j. Give a specific example of how Supplier identified and removed a dentist who was found to be providing substandard care.

MHM agrees to comply with the requirements of RFP Attachment G, Item 5, *Implementation Plan and Timeline.* We take pride in our ability to answer the questions asked above thoroughly; however, we recognize that our response to this item is over 50 pages. To aid in ease of reference to certain topics or answers to specific questions, we provide a helpful page number reference guide below.

Task List	Page Number
a. Providing dental services statewide	50
b. Staff coverage in the event of a sudden staffing vacancy	74
c. Covering vacancies due to vacation or extended illness	76
d. Recruitment program	78
e. Plan to address excessive patient waiting times	84
f. Orientation plan provided for on-site staff	87
g. Current utilization of dental hygienists	92
h. Program for training dentists whose clinical skills are not sufficient for correctional dentistry	95
I. Plan for monitoring and increasing staff production	97
j. How MHM identified and removed a dentist who was found to be providing substandard care	101

Implementation and Contract Renewal

As the incumbent provider of mental health and dental services for the GDC, MHM is uniquely qualified to ensure seamless continuity of services through the contract renewal period. We have described a contract renewal plan for dental services in response to *Attachment F, Item 6*. Our dental care contract renewal is a component of our comprehensive contract renewal and consolidation plan.

Our incumbency allows us to take a streamlined approach to contract renewal because we will not need to focus on possible changes in ancillary service vendors or significant changes in staffing. We already have regional, site clinical and operational leadership in place across both the mental health and dental service areas. We understand the levels of clinical and/or support staff that are required by the GDC's program standards and goals. We do not need to take transition time to orient new leadership or develop an understanding of facility dental care operations, as we are already delivering these services.

We have developed strong working relationships with the GDC and understand the intricacies of providing dental services within the GDC correctional system. Most

importantly, we are familiar with and work closely with GDC facilities, staff, and processes at all levels of administration. As a result, unlike any other healthcare contractor, MHM can ensure active momentum moving forward to maintain stability in service delivery while also implementing new service to enhance and build upon the strength of the current program.

Consistent with the timeline requirements stated above, MHM's approach to the contract renewal and consolidation period involves a 60-day timeframe. Although a firm start date is not specified by the RFP, we recognize that the *Notice of Award* can be expected in mid- to late-June, 2018.

Our dental contract renewal plan is focused on enhancing the current program, addressing identified scope of service changes or expansion, and recruiting and onboarding any new dental staff. We understand the RFP references the contractor absorbing additional positions above current levels due to the transition of state employees to vendor employees over time. We are best poised to continue the smooth transition of positions over the coming contract term.

Communication with MHM Staff and GDC

During the RFP process, MHM reached out to our current staff to validate the importance of their continued service and maintain stability of staffing and services. Our management teams and field staff have all pledged their commitment to continue forward in the program should the Department award the new contract to MHM. Our dental staff and management teams are energized and poised to continue forward under the new contract.

MHM will initiate routine contract renewal meetings with the GDC as well as weekly calls with our regional and site leadership teams.

Upon notification of award, we will provide a *Frequently Asked Questions* resource document to staff to clarify any issues arising from the contract renewal. Our *Frequently Asked Questions* will include highlights of the contract and any service delivery changes as well as our goals going forward. From our years of experience, we often see higher than usual levels of false information and rumors circulating in the field at times of contract renewal and re-bid. We take proactive steps to ensure high levels of open communication with staff and stakeholders during these times so that staff stay focused on service delivery.

Upon contract award, MHM will initiate routine contract renewal meetings with the GDC as well as weekly calls with our regional and site leadership teams. During our weekly calls, we will share information regarding the renewal and the identified initiatives, changes, and/or expansion of services that are resulting from the new contract. We will provide our staff with guidance on how these changes impact onsite operations, and we will answer questions from site leadership and staff. Such routine communication with site leadership teams supports engagement and empowers our site leadership to facilitate change.

New Contract Deliverables

Four primary components of our dental contract renewal plan include:

- **Implementation of the Dentrix electronic dental health record:** This platform will allow us to document dental services electronically, schedule and track patient dental care services, and interface with the Cerner electronic health record for more effective management of dental services.
- **Expanded staffing:** MHM has proposed additional dental staff to meet patient dental needs. Our dental staffing plan is included in our response to RFP *Attachment G, Item 3*, *Approach to Staffing at Facilities,* and reflects both the conversion of positions that are currently State employees and the addition of dental hygienists and a dental assistant to ensure we can meet the service delivery goals of this procurement. Once approved by the GDC, our recruiting team will work actively to identify, recruit, hire, and onboard qualified staff within the contract renewal period. We already have viable candidates in our recruiting pipeline.
- **Expanded staff access to MHM clinical infrastructure:** During the current contract, MHM has established an online *portal* that affords access to a broad array of clinical resources, including staff orientation and training materials, patient health education handouts, clinical guidelines, and model policies and procedures. Any MHM employee with an MHM email address can access these materials. While many MHM staff in our GDC program have access to MHM's portal, not all staff have email addresses and therefore not all can access our resources on the MHM portal. In the new contract we will ensure that all MHM staff have access to our clinical infrastructure on the portal.
- **Implementation of missed appointment reduction initiative**: As described below, we are committed to reducing the frequency of missed dental appointments and improving completion rates for scheduled appointments. Our plan to enhance monitoring and reporting of missed appointments is outlined later in this response. Based on proven success in another contract, we are confident the routine public

reporting of missed appointments, combined with collaborative leadership between MHM and the GDC, will result in significant reductions in missed appointments.

In our contract renewal plan for dental services, we will also focus on planning routine internal contract reviews of dental services for all sites. As the GDC is aware based on our current practices, MHM contract reviews are intended to help identify areas for improvement, areas in which there are inconsistencies in the intended process, and areas that demonstrate best practices that can be supported throughout the correctional system. We will expand and enhance our current contract review process in Georgia to include more targeted review of the dental program in collaboration with GDC dental program leadership. By doing so, we not only help ensure we identify any areas of concern before they escalate, we provide additional compliance assurance to the Department for the GDC's internal CQI initiatives.

Our contract review process is routinely completed on an annual basis. For this contract renewal, we believe that timing contract reviews of our dental services at each site soon after contract start will be of significant benefit. The renewal period is an opportune time to *put ourselves under the microscope* and take advantage of the *fresh start* afforded by a new contract to implement change where needed. Our goal will be to ensure that programs, processes, and delivery of dental services are maintained and adjusted to meet new contract requirements. We will focus on areas for improvement and/or contract changes. We propose to complete the first dental contract compliance review within the first six months of the contract start. The timing will allow for a continued focus on service delivery and healthcare outcomes. We will share the results of all contract reviews with the GDC in an open, transparent fashion.

We are confident our contract renewal and consolidation plan will allow us to continue to build on the dental program currently in place without the interruption in services and programs that routinely occurs when there is a change in contracted vendors.

Renewal/Transition Activities

MHM will begin our contract renewal activities immediately upon contract award. Some of the activities are already underway in anticipation of award. Our dental renewal is a component of our overall contract renewal plan and will include the activities shown in the table below.

Task List	Responsible Party	Estimated Time Line
Pre-Notification Tasks		
Complete all dental position staffing surveys and sourcing	Recruiting	Completed
Notification of Award of Contract	**60 days prior to contract start**	
Schedule and participate in kickoff meetings with GDC begin contract renewal activities	Regional Director / Dental Supervisor	Upon contract award
Distribute award announcement letter to stakeholders and facilities describing MHM and services to be provided (designed to alleviate concerns and rumors that can surround a new contract)	Regional Director	Upon contract signing
Schedule contract renewal discussions with existing dental staff	Dental Supervisor	Upon contract award
Confirm credentialing filing and management system for dental staff	Human Resources	Upon contract signing
Confirm payroll procedures for new staff and time keeping system	Payroll	Within 2 weeks post contract signing
Obtain necessary security clearances and IDs for new dental staff	Regional Director	August 2018
Activate IT and communication systems for new dental staff (email, cell phones, internet access, etc.) and ensure all dental staff have MHM email access	IT	August 2018
Implement and test dental EHR software	IT / Dental Supervisor	Within six months of start date
Estimated Contract Start Date	**September 1st, 2018**	
Activate any new dental staff recruited prior to contract start date	Various	September, 2018
Participate in transition review and operations meetings with GDC	Regional Director and Dental Supervisor	Weekly for first 30 days, then monthly thereafter
Implement missed appointment reduction initiative after approval from Department	Regional Director and CQI Coordinator	Within 30 days of start date
Develop Contract Compliance Indicators for dental services	Clinical Operations	Within 30 days of start date
Conduct Initial Contract Compliance Review for dental services	Clinical Operations	Within six months of start date

Staff Roles and Responsibilities

The continuation of the dental components of the contract will be the responsibility of MHM's current leadership team in Georgia with support, as needed, from our corporate office. This team will include:

- **Inez Tann, RN, BS, CCHP, Regional Director** – responsible for the overall management of the contract, communication with the GDC and MHM corporate services
- **Yeavis Knight, LPC, CCHP, Assistant Program Manager** – responsible for managing administrative activities related to contract renewal, reporting to the GDC, and supporting daily program needs
- **Rhonda Lemons, DDS, Dental Supervisor** – responsible for managing all clinical activities related to contract renewal, including collaboration on implementing dental EHR and oversight for staff retention, recruiting, hiring, and onboarding



These leadership individuals will be responsible for ensuring that all aspects of the contract, including any new programs, expanded services, and additional staffing are implemented within the implementation timeline. They will maintain open lines of communication with the GDC and report on the status of all deliverables.

The leadership team will be supported by MHM local and corporate personnel.



Ms. Teffany Dowdy, Regional Manager of Provider Recruitment and **Ms. Amanda Diamantis, CCHP, SHRM-CP, PHR,** the Physician Recruiter and Allied Recruiting Manager will continue to be assigned to the GDC contract's recruitment needs. Ms. Dowdy has been the full-time Regional Manager for Recruitment for the GDC contract for over 10 years. She joined MHM with a bachelor's degree in Psychology and nine years of healthcare recruiting experience. During her tenure with the GDC contract, Ms. Dowdy has been very successful with recruiting psychiatrists, psychiatric nurse practitioners, and dentists for the GDC contract. Since 2008, she has hired over 86 Georgia providers throughout the state, resulting in what has been a 0% vacancy for dentists for most of the contract and a 3.4% vacancy rate for psychiatric providers in the mental health program. Ms. Dowdy is a dynamic individual who develops strong, lasting referral relationships with numerous recruiting resources.

Ms. Diamantis has 15 years of healthcare recruiting experience, including over six years in corrections. She has earned her Certified Correctional Health Professional (CCHP) certification, Professional in Human Resources (PHR), and is also a Society of Human Resources Management (SHRM) Certified Professional. Although her expertise and passion are in the correctional healthcare sector, she also has extensive experience recruiting in a variety of settings to include hospital, long-term care, home health, physician's office, travel nursing, and locums agencies. Ms. Diamantis' primary role is focused on Allied (nursing, ancillary) positions, however she is also experienced in Provider (physician, NP/PA) recruiting.

Ms. Diamantis is dedicated to ensuring that all Allied recruiting needs are filled with the highest quality candidates in the most efficient way possible.

In addition, **Mr. Matt Weis**, **PHR, CCHP,** MHM's Senior Human Resources Business Partner, will assist in any onboarding support that is required for this contract. Mr. Weis has been with MHM since 2007 and supports the human resources issues of our GDC program. Based in Atlanta, he has an extensive understanding of the GDC's expectations as well as a profound appreciation for our expectations for professionalism in our workforce. In addition, Mr. Weis has supported human resources functions for our programs in Minnesota, Alabama, DeKalb County (Atlanta), Connecticut, and Michigan.

The Implementation/Renewal team will also be supported by **Ms. Christie Nader,** Vice President of Information Technology, and her team. Ms. Nader's team will be responsible for working closely with the leadership team to implement the Dentrix dental electronic health record software and continue supporting the implementation of the Cerner electronic health record.

Ms. Nader joined MHM in 2013 and has over 20 years of experience in Information Technology Systems. She leads a team of over 30 IT professionals to assist, develop, and implement IT needs for the entire company. Ms. Nader is heavily involved with EHR coordination and implementation. She will be assisted by **Karthik Elangovan**, Director of Business and Clinical Applications for IT, and his Healthcare Systems team that specializes in electronic health records.

Providing Dental Services Statewide

Dental care services will continue to be provided by experienced and appropriately licensed dentists, dental hygienists, and dental assistants. Our dental services will continue to comply with applicable federal, state, and local regulations, ACA, MAG, and NCCHC standards, and Captiva and GDC policies. Specifically, our dental services will continue to comply with the following GDC Standard Operating Procedures:

- *VH66-0001: Guidelines for Dental Treatment*
- *VH66-0002: Specialized Dental Services and Consultations*
- *VH66-0004: Dental Radiographic Services*
- *VH67-0001: Dental Screening, Examination, and Profiling*
- *VH67-0002: Dental Treatment Priorities*
- *VH68-0002: Infection Control Precautions*

As the provider of dental services for GDC patients over the past 16 years, we have a comprehensive understanding of the oral health issues with which incarcerated patients present and the most impactful means of treating these diseases. Our dental staff are well-aware of and comply fully with all clinical guidelines as well as federal, state, and local regulations.

During this time, we have provided high quality and timely dental services to the GDC population. We have reduced wait times, provided acute and emergency services, offered training and education, and supported integration with medical and/or mental health services, as appropriate.

The following table provides details of dental services provided at GDC facilities for the past three years by MHM and state dental staff:

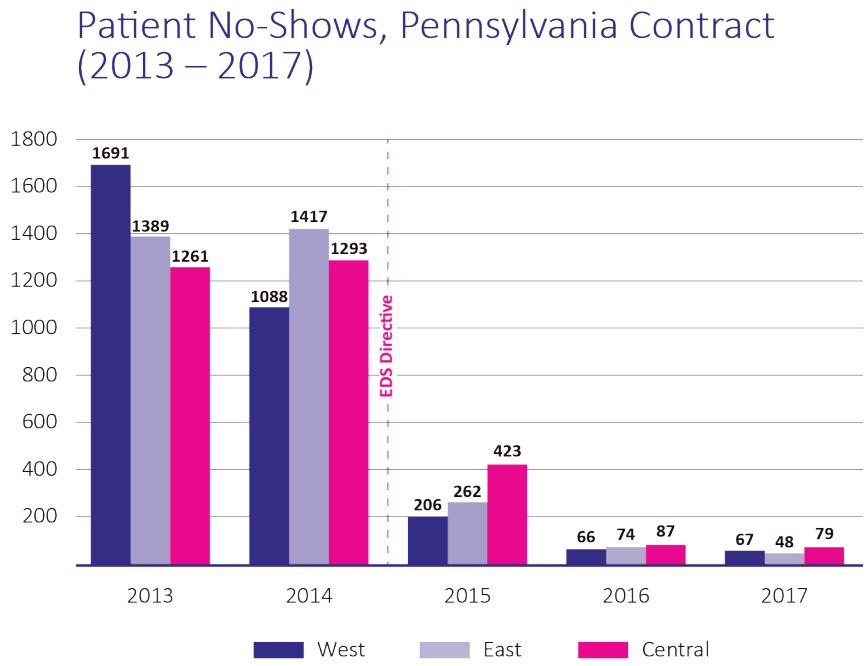
Services Provided	2015	2016	2017
Dentist patient visits scheduled	52,260	51,840	51,010
Dental hygienist patient visits scheduled	3,385	4,243	7,025
Total dental appointments scheduled	55,645	56,083	58,035
Dental appointments seen	49,622	49,208	51,279

The missed appointment rate of 11% is a result of patient illness, patient refusals, security issues, and other scheduling challenges. Our practice has been to work with facility staff and security to schedule appointments at times that are convenient for patients and facility staff and have the highest likelihood of attendance by the patient. In the new contract, we will continue to work closely with the Department and facility administrators to reduce the frequency of missed appointments.

We also propose to collect missed appointment statistics from all facilities monthly and consolidate them into one report. With prior GDC approval, we will rank order missed appointment rates by facility and share this report with all of the wardens to provide them with direct feedback on the missed appointment rates at their facility. The report will help wardens identify and address scheduling challenges.

In collaboration with our client, we implemented a similar program in our Pennsylvania contract in 2013 and found the reports to be especially useful to facility administrators in effecting changes that decrease the missed appointment rates. In 2013 and 2014, we reported on all no-shows and provided the Pennsylvania Department of Corrections with information on the monetary impact of no-shows on the overall program budget. In 2014,

we further detailed the report to distinguish between those patients who signed a refusal for and those who did not, thus differentiating between true no-shows and those who refused services. We implemented a statewide reporting program that enabled each facility to benchmark against every other facility. Immediate and dramatic reductions in no-shows were achieved as a result. The graph below shows the decrease in missed appointment rates following the implementation of this process.



We are eager to explore the Department's willingness to engage in a similar initiative for dental appointments in the new contract. Our experience is that the "competition" among facilities to see which facility could most reduce patient no-shows became a self-sustaining process.

It should be noted that, despite the ongoing scheduling challenges within the GDC contract, we have **eliminated backlogs for routine dental services**. We are pleased with the significant increase in the number of patients who utilize our dental hygiene services. Over the last three calendar years, **we have more than doubled the number of dental hygiene appointments scheduled**. These services allow us to address proactively the many periodontal issues with which patients present. In turn, effective oral hygiene services enable us to curb the tide of high intensity and chronic dental issues.

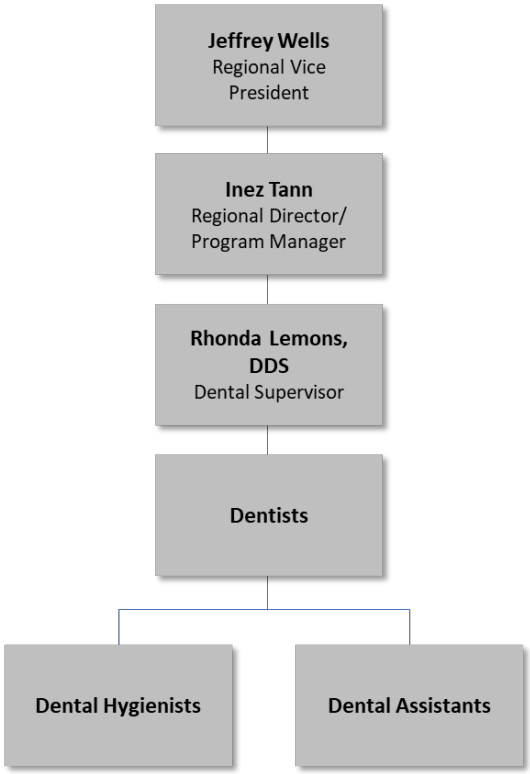
Dental Staff

Our proposed dental staffing for each facility is provided in our response to RFP Attachment G, Item 3, *Approach to Staffing at Facilities*. Based on the GDC answers to bidders' questions, we understand that the Department is seeking a dental staffing plan that fulfills the requirements of the procurement and includes both currently contracted and state-employed dental staffing positions.

In the new contract, we have proposed a total of **28.0 FTE dentists, 24.0 FTE dental hygienists, and 28.0 FTE dental assistants**. As noted, these positions reflect our existing contracted staff positions, the conversion of other dental positions that are currently State employees, and the addition of dental hygienists and a dental assistant to ensure we can meet the service delivery goals of this procurement.

Dental services are provided under the leadership of our statewide Dental Supervisor, **Dr. Rhonda Lemons**. She is responsible for ensuring that all dental services are provided within the highest standards of quality, access, and timeliness.

Dental Organizational Chart



Dr. Lemons works in close conjunction with each facility Health Services Administrator (HSA) and the Deputy Warden of Care and Treatment in coordinating dental services and addressing any issues or concerns.

Our staff maintain all necessary qualifications. In addition, they follow specific policies and procedures, customized for and approved by the GDC, to provide their specific job responsibilities, enumerated in the table below. We are proud of the commitment and quality of services provided by our staff and pleased to have been able to make a difference in the health and well-being of the patients we serve.

Qualifications and job responsibilities, along with complete job descriptions for each position are included in response to RFP *Attachment G, Item 3*.

Dental Services

Our dental program provides for the basic oral health needs of the GDC patient population through:

- Diagnosis of existing oral conditions
- Timely services for the relief of acute pain and elimination of acute infection
- The reduction of dental decay/caries
- The reduction of the inflammatory processes of gingival and periodontal disease
- Preventive measures to maintain optimal oral health
- Services to restore adequate masticatory function

Emergency dental care is available 24 hours a day, 7 days a week and after hours on weekends and holidays. This will continue in the new contract. Routine dental services are most often provided during normal business hours Monday through Friday, in accordance with the GDC statewide dental staffing plan. Patients requiring emergency dental treatment are provided with needed services on an immediate basis, and at a maximum, within 24 hours of the incident, in a manner similar to any medical emergency. Non-emergency dental complaints are referred through the sick call process. Dental decisions are the sole province of the responsible dentist and are not countermanded by non-dentists.

In the following narrative, we describe the dental services that we have and will continue to provide GDC patients.

Initial Dental Screenings

Consistent with GDC SOPs, a trained MHM and/or state-employed dentists will provide an initial dental screening is provided within seven days of admission to the GDC.

The dental assessment includes a review of the patient's dental health history and the need for routine dental interventions. We provide the patient with oral hygiene instructions during this encounter. If determined to be necessary by the trained healthcare staff preforming the screening, the patient is immediately referred to a dentist. MHM dentists provide a dental examination within 30 days of admission to the GDC.

Assessments Completed by Year

2015	**Intake Exams:** 18,896	**Comprehensive Exams:** 20,515	**Sick Call Exams:** 18,760
2016	**Intake Exams:** 18,256	**Comprehensive Exams:** 19,796	**Sick Call Exams:** 20,448
2017	**Intake Exams:** 17,381	**Comprehensive Exams:** 20,043	**Sick Call Exams:** 20,008

MHM practices a proactive dental approach emphasizing ongoing education and early identification of dental issues. We believe cost savings have been and can continue to be achieved by our proactive approach.

If a patient requests a dental examination at sick call, the request is triaged by medical staff within 24 hours. The patient is placed on the dentist's clinic list or seen on an emergency basis as deemed appropriate by the treating dentist. In the event that the sick call notice identifies concerning symptoms such as signs and symptoms of infection, medical staff immediately assess the patient and contact the on-call medical provider for urgent/emergent treatment needs. All dental sick call requests are filed in the dental section of the patient's medical record. Likewise, the results of all treatment and all treatment planning are recorded in the dental section of the health record and will be recorded in the electronic dental health record once it is implemented.

Emergency Dental Care

MHM provides emergency dental care consisting of immediate assessment, or assessment within 24 hours depending on the presenting symptoms, and/or treatment of conditions including, but not limited to:

- Post-operative uncontrolled bleeding
- Facial swelling that is of a life-threatening nature or is causing a facial deformity
- Fracture of the mandible, maxilla, or zygomatic arch
- Avulsed dentition – an extremely painful condition that is non-responsive to the implementation of dental treatment guidelines
- Intraoral lacerations that require suturing to include the vermilion border of the lips
- Or, any acute oral and maxillofacial conditions characterized by trauma, infection, pain, swelling or bleeding which are likely to remain acute or worsen without intervention

Access to emergency dental services is based on GDC sick call policy. Patients in need of emergency dental care notify healthcare staff through security staff and are seen immediately. Requests for emergency dental care are assessed and emergency treatments initiated by healthcare staff, with an emergency referral made to the dentist. The nurse or the dental assistant contacts the dentist on site or, if after hours, notifies the on-call provider. All dental emergencies are handled by the on-call provider in the same manner as medical emergencies.

In dental emergencies, the patient receives any immediately necessary onsite care, such as pain control or antibiotics. Dental providers are available 24 hours a day, 7 days a week, and after-hours and on weekends and holidays by telephone for emergency consultation and direction. Each site that does not have onsite dental coverage will continue to provide access to dental services in accordance with current practice. As needed, the dentist can refer the patient to an emergency room or Augusta State Medical Prison for issues such as facial fractures, severe infections, or other emergency conditions.

Interceptive and Corrective Care

MHM provides GDC patients with interceptive care, when needed, to prevent further deterioration that would likely result in pain, infection, or potential loss of teeth.

Patients see the dentist within 30 to 45 days from the date of complaint or written sick call request. Interceptive care is provided for extensive subacute dental or oral pathoses including, but not limited to:

- Significant restorations of carious teeth
- Extractions by the dentist or oral surgeon
- Management of significant periodontal disease
- Removable prosthodontic procedures necessary to retain or restore essential masticatory function

MHM dentists determine at each visit if and when patients need routine corrective care and prophylactic treatment based upon need, including:

- Scale and oral prophylaxis
- Oral hygiene instructions
- Use of fluoride applications and anti-microbial rinses where indicated
- Limited periodontal treatment, open and closed procedures, to be determined on an individual basis
- Fillings/restorations (amalgam and composite) to eliminate decay and restore function, as determined by extent of decay, location and ability to obtain marginal integrity
- Removable partial and complete dentures, as determined for function
- Extractions and oral surgery

All interceptive and corrective care is documented on the patient's dental care plan and included in the patient's dental health record.

Routine, Ongoing Care

MHM will provide routine dental services including comprehensive assessment of patient needs and development of treatment plans as well as providing all necessary corrective services.

MHM dentists identify routine corrective and prophylactic treatment during the initial examination and schedule follow-up with a dentist within 120 days. MHM provides

ongoing, routine care for conditions that require treatment to restore the form and function of a patient's oral tissues, and are not solely elective or cosmetic in nature such as:

- Lost fillings
- Sensitivity to hot and/or cold
- Broken clasp of partial plate
- Partial Adjustment
- Broken or nonfunctional prosthetic appliance
- Edentulous and partially edentulous patients requiring replacement
- Caries
- Non-restorable teeth
- Presence of temporary, sedative, or intermediate restorations

Dentists are responsible for providing the necessary treatment services that address such conditions, including providing:

- Periodontal treatment: prophylaxis, scaling, root planning, and closed curettage
- Operative treatment: amalgams, composites, and temporary restorations
- Routine oral surgery
- Prosthetic treatment: full dentures or full dentures in conjunction with a non-cast removable partial dentures needed to balance occlusion

As required, MHM ensures that patients are seen by dental staff following receipt of a sick call request for treatment. Patient sick call requests, including requests involving dental complaints or services, are triaged and responded to in accordance with NCCHC Standard P-E-07, *Nonemergency Health Care Requests and Services*.

Prosthetics

Dental adaptive devices, namely removable prosthetics and dentures, are provided in accordance with GDC SOPs VH66-001, *Guidelines for Dental Treatment*, and VH68-002, *Infection Control Precautions*. Specifically, they are provided when the patient would be adversely affected if a dental prosthesis were not provided, as determined by the treating dentist and approved by Dr. Lemons and the GDC Statewide Dental Director. **MHM will continue to provide all dental laboratory services required for the patient**.

If a patient has been edentulous for some time prior to being admitted to the custody of the GDC, MHM dental providers conduct a patient-specific evaluation to determine the need

for prosthetic devices and/or dentures. All patients must have the ability to properly bite into foods, chew, and swallow foods without the danger of choking. This applies to regular and appropriate raw and cooked foods to maintain weight and nutrition. If a patient cannot maintain this level of mastication, a MHM dentist assesses the patient and orders the appropriate dental prosthetic. Dentures are not constructed for asthetic reasons. Referals for both partial and full dentures are first approved by the Dental Supervisor.

MHM will continue to use **Claudio Dental Lab** in Glenwood, GA and **Vidalia Smiles** in Vidalia, GA for provision of dental prosthetic appliances. Claudio Dental Lab, from which we obtain nearly 90% of prosthetics, is a full-service dental lab that employs highly trained staff and technicians. Both labs have quality assurance processes in place that ensure the evaluation and checking of each prosthetic prior to delivery to MHM.

Upon transfer of a patient to another GDC facility, patient dental records and any prosthetic appliance in process (if applicable) are forwarded to the receiving facility or to the new treating dentist, in accordance with GDC policies. In the new contract, we look forward to using the Dentrix electronic dental health record, which will eliminate the need to transfer paper records.

The following table provides information on the prosthetic services provided for GDC patients in the past three years:

Services Provided	2015	2016	2017
Dentures repaired	381	390	501
Dentures completed	391	393	366
Partial dentures completed	93	102	84
Total Services Provided	**865**	**885**	**951**

Replacement of a lost, destroyed, mutilated, or damaged prosthesis that had been provided by the MHM or the GDC is solely the responsibility of the patient if it is determined that the loss of the prosthetic was the result of patient negligence. The construction of a new appliance due to neglect is at the patient's expense. The applicable dental co-payment fee is assessed in each instance of a self-initiated dental visit, as per policy.

Oral Surgery

MHM understands that emergent or urgent oral surgery needs require intervention on an as needed, as soon as possible, basis. In no situation will a patient with acute and confirmed pain wait for oral surgery longer than one week.

Minor oral surgery, such as extractions or surgical removal of an erupted tooth, is performed on site by licensed dentists. Oral surgeries that must be performed off site include but are not limited to:

- Surgical removal of impacted teeth
- Pathology
- History of infection
- Non-restorable
- Removal of teeth involving a cyst, tumor, or neoplasm
- Maxillary and mandibular fracture reductions
- Tuberosity of tori reductions (removal of excess bone)
- Alveoloplasty (shaping of sockets that hold teeth, once teeth are extracted)
- Patients with complex medical histories

Oral surgeries that cannot be performed on site by MHM dentists will continue to be referred to Augusta State Medical Prison.

The following table provides information on the oral surgery services provided for GDC patients in the past three years:

Services Provided	2015	2016	2017
Simple Extractions	11,052	11,351	10,854
Surgical Extractions	3,139	2,863	2,828
Other surgeries	340	239	290
Total surgeries provided	**14,531**	**14,453**	**13,972**

Special Dental Needs

For any specialized dental services (i.e., complex oral surgery, facial fractures, oral maxillofacial pathology, or sever compromised medical issues) that are provided off-site, the dentist must submit a completed GDC Consultation Request Form (PI-2007A) for approval to schedule the patient at Augusta State Medical Prison.

Following the consultation, patients with a broken jaw, a dislocated jaw, or whose jaw is held in a steady position for a significant amount of time by either a wiring of the jaw or by a taping around the outside of the head, are treated in appropriate medical housing such as an infirmary or nursing care unit until the jaw has healed or as medically indicated by the responsible dentist.

Patients undergoing radiation, or who have undergone radiation to head and neck, who require dental extractions, are also housed in appropriate housing until appropriate treatment is completed or as otherwise medically indicated by the responsible dentist or physician.

Orthodontic Care

Orthodontic care is generally considered to be an elective treatment. MHM dental staff do not initiate orthodontic care. Our experience during the current contract is that the need for orthodontic services is very rare. However, we provide orthodontic care on an as needed basis for individuals who are admitted to the GDC with existing orthodontia. Prior to providing care, a dentist makes an assessment regarding the patient's length of stay and orthodontic need to determine if continued care during incarceration is necessary.

Elective Care

MHM will continue to abide by the GDC's policy regarding elective care. Fixed prosthetics, endodontics, and removable prosthetics that are for aesthetic purposes only are generally considered to be elective. We partner with the GDC as needed to review and address elective care issues.

Follow-up Care

For patients undergoing continuation of treatment such as root canal therapy, prosthetics, or serial extraction, the dentist schedules a re-appointment for the patient. For those patients requiring continuing routine dental work, such as filings, the patient is required to submit a sick call request for each visit.

Excluded Dental Services

In general, we do not provide fixed prosthodontic, orthodontic, and endodontic treatment or dental implants, ridge augmentation, or cosmetic surgery. We understand that endodontic therapy may be authorized by the GDC Statewide Dental Director. Endodontic care is considered on a case by case basis and is relatively rare, with just one approval in the 2016 to 2017-time period.

Patient Refusals

Patients have the right to refuse dental care. When a patient refuses dental care, the patient is required to sign a *Refusal of Treatment Form*, which is placed in the patient's dental records and documented as such in the progress notes. This process complies with GDC SOP VH68-0001, *Refusal of Dental Treatment*.

Dental Hygiene Services

MHM understands the importance of maintaining current teeth and gums as well as overall oral health. We support a preventive dentistry approach that focuses on procedures and self-care practices that assist patients in preventing the beginning or progression of oral disease. In the new contract, we have proposed an expansion of dental hygienists in our staffing matrix to support the program. Our proposed expansion includes five full-time dental hygienists assigned, one each, to Arrendale, Autry, Hays, Johnson, and Rutledge. The proposed expansion also converts an existing full-time dental hygienist position currently assigned to Baldwin and Central and adds a second full-time dental hygienist to these facilities. This will enable Baldwin and Central to each be supported by a 1.0 FTE dental hygienist position.

Services are provided by qualified and licensed dental hygienists. They routinely work with dentists to support the diagnostic process or assist the dentist as needed. They are also actively involved in infection control and CQI activities related to the provision of dental services.

Our dental hygiene services include routine prophylaxis, scaling and root planning, and closed flap curettage. Preventive services include a combined approach of prophylaxis and oral hygiene instruction and are ongoing, as clinically indicated, to maintain acceptable levels of mastication.



An important function of our dental hygiene services is educating and training patients using a hands-on approach in developing excellent oral hygiene skills for improved control of bacterial plaque, the cause of periodontal disease. Preventive care includes instruction on the proper use of toothbrush, toothpaste, and dental floss, if allowed. Posters reviewing oral hygiene and care are maintained in the dental clinic areas as an additional form of

education for patients. Oral hygiene supplies are available to the patients in accordance with GDC institutional policies.

MHM's patient healthcare education handout for oral hygiene and a patient worksheet for oral hygiene are provided on the following pages as examples of our patient educational tool.

Oral Hygiene – Taking Care of Your Teeth

Taking care of your teeth is an important part of staying healthy. A lot of diseases can get started or get worse because of poor health in your mouth. If your teeth are not healthy, your mouth is usually in pain and you don't feel good. Taking care of your teeth makes your teeth last longer. If your teeth last longer, you can continue to eat all the foods you enjoy.

Taking care of your teeth is also an important part of personal hygiene. When you take care of your teeth, they look better. Brushing your teeth can also help stop bad breath

Tooth Decay and Gum Disease

Taking or your teeth can prevent cavities. Brushing your teeth helps prevent plaque. Plaque is constantly forming on everybody's teeth - including yours. Plaque is a clear film that sticks to your teeth. The film itself might not sound so bad, but it is very sticky, and it acts like a magnet for germs and sugar. Like ants at a picnic, germs go crazy over the sugar on your teeth. They break it down into acids that eat away the tooth enamel on the outside of your teeth causing the holes we call cavities. The cavity grows larger and as the enamel weakens and the hole eventually reaches the sensitive inner part of the tooth. If the decay is not stopped, the enamel may collapse and an infection may reach the inner part of the tooth causing a painful abscess. In severe cases, the infection may spread to the bone supporting the tooth.

Plaque can also cause the gum disease. Your gums are those soft pink tissues in your mouth that hold your teeth in place. Gum disease can make your gums red, swollen, and sore. Plaque collects just beneath the gum line and irritates the gum tissue. This can cause the gums to become inflamed or bleed when you brush. If the plaque is not removed, some of the plaque will harden and turn into what we call tartar. The hard calculus further irritates the gums. As plaque and calculus continue to form, the tissue holding the gums to the teeth is destroyed, leaving pockets between the tooth and gum. These pockets often fill with germs that cause further inflammation. Eventually, this disease destroys the gum tissue and the bone supporting the tooth. At this stage, the tooth may be lost. The medical staff will tell you how often and when you need to test

Taking Care of Your Teeth

To prevent tooth decay and gum disease, it is important to thoroughly brush your teeth to get all the plaque out of your mouth at least twice a day, once in the morning and once at night after you have finished eating. Hold the toothbrush at a 45-degree angle to your gum line. Brush gently back and forth with short strokes, covering just one or two teeth at a time. All of your teeth need to be brushed. Brush the fronts, backs, sides, gums and tongue using an up and down motion. Spend at least two to three minutes every time you brush your teeth to make sure you have covered all of the areas.

Using floss can also help to prevent tooth decay and gum disease. Follow the directions on the floss container to make sure that you are getting the most benefit from flossing. If you have questions about brushing or flossing your teeth, please ask the dental staff. We want to help you have a healthy mouth!

How I Can Improve the Care of My Teeth and Mouth

How do you care for your teeth and gums:

_____

_____

_____

Are these statements True or False? (T or F)

___ Brushing your teeth everyday causes cavities and tooth decay.
___ Brushing your teeth helps prevent bad breath.
___ Brushing your teeth will not prevent gum disease.
___ Brushing your teeth can help make food taste better.
___ Flossing teeth removes extra food that is caught between teeth and helps prevent gum disease.

___ Dentures should be kept clean just as much as teeth.

Put a check (V) if you...

___ Use toothpaste

___ Brush teeth at least 2 times a day

___ Brush teeth in a circular motion

___ Brush each tooth inside and out

___ Use dental floss

___ Rinse your mouth with water or mouthwash

___ Brush surface of tongue to fight bad breath

___ Use abrasives, powders or acid cleansers to clean dentures

___ Other

How I want to improve the care of my teeth and mouth?

_____

_____

_____

Dental Infection Control

As noted, protective health is an important part of MHM's dental services infection control program. Our infection control procedures comply with GDC SOP VH68-0002*, Infection Control Precautions.*

The objectives of MHM's dental infection control practices are to educate dental staff regarding the principles of infection control, identify work-related infection risks, institute preventive measures, and ensure prompt exposure management and medical follow-up. Each dental unit has a site-specific infection control manual reflecting infection control practices as defined by the American Dental Association and the CDC.

MHM's dental services infection control practices include sterilization monitoring. Patient care items, such as dental instruments, devices, and equipment, are categorized depending on the potential risk for infection associated with their intended use. Critical items used to penetrate soft tissue or bone have the greatest risk of transmitting infection and will be sterilized by heat. Monitoring of sterilization procedures will include methods to evaluate sterilizing conditions and the procedure's effectiveness.

Because dental staff are subject to occupational exposure to infectious diseases, our dental staff receive infection control training as required by **OSHA**, as part of their initial orientation, and when new tasks or procedures are introduced that could affect their occupational exposure.

Education and training includes information specific to assigned duties, including techniques to prevent cross contamination and instrument sterilization. For dental staff who perform tasks or procedures likely to result in occupational exposure, training includes:

- Description of their exposure risks
- Review of prevention strategies and infection control policies and procedures such as use of protective gear, proper handwashing techniques, proper disposal of sharp objects, autoclaving all instruments, weekly spore testing of autoclave, and proper labeling of all specimen
- Discussion regarding how to manage work-related illness and injuries
- Review of work restrictions for the exposure or infection

Documentation and Patient Confidentiality

MHM's documentation requirements comply fully with GDC SOP VH67-0004*, Entering Dental Data in Physical Health Record*.

Confidentiality of patient health information is an integral part of our dental service delivery. Staff receive annual training on complying with all federal, state, and local privacy and confidentiality statutes as well as appropriate and timely documentation of services provided. Staff are required to document all patient assessment and treatment services, including routine, emergency, surgical, and special services in the patient health record.

MHM will utilize the **Dentrix** electronic dental record to track scheduling of dental services and maintain comprehensive documentation. Dentrix offers the following capabilities:

- Manage and schedule requests for dental services
- Streamline patient check-in process
- Document assessment and treatment services
- Store treatment-related documents
- Electronically transfer information between facilities
- Generate composite and individual reports on all dental activities by patient and facility
- Categorize information by discipline of dentistry

Dentrix will eliminate paper charts but does not remove the need for radiographs and laboratory reports. In documenting patient treatment information, dental staff will ensure that documentation is complete, accurate and concise.

Plans for Staff Coverage of Vacancies

MHM takes a proactive approach to staffing. We understand that we must be ready to provide dental services at all times, especially during sudden staff vacancies. As such, we have developed a dental staffing plan through which dental staff are assigned to specific facilities as part of their regular assignment. Staff members also serve as back-ups for other facilities when there is a vacancy. In most cases, the back-up staff are those assigned working at the nearest facility or geographic area. In addition, we have staff who rotate

between two or more facilities who, at times, have the capability of providing emergent or routine coverage during vacancies.

We prioritize covering vacancies for dental services to ensure availability to address emergency, urgent, and routine patient dental needs. Though we also attempt to ensure that dental cleanings are completed in a timely manner, we realize the importance of having dentists available for these services. Our current staff coverage plan for vacancies is as follows:

GDC Facility	Back-up Dentist	Second Back-up Dentist
North Region		
Arrendale SP	Dr. Mayrisa Taylor	Dr. James Riley
Baldwin SP	Dr. Noel Parris	Dr. Marion Pinson
Burrus	Dr. Steven Gordon	Dr. Noel Parris
Central SP	Dr. Steven Gordon	Dr. Noel Parris
GDCP	Dr. Rhonda Lemons	Dr. Leon Howard
Hancock SP	Dr. Marion Pinson	Dr. Leon Howard
Hays SP / Walker SP	Dr. Shawn Grate	Dr. Mayrisa Taylor
Metro SP	Dr. James Riley	Dr. Leon Howard
Washington SP	Dr. Stan Gay	Dr. Noel Parris
Phillips SP	Dr. James Riley	Dr. Shawn Grate
Southwest Region		
Autry SP	Drs. Mark Marlock / Christopher Hilliard	Dr. Clarence Bush
Calhoun SP	Dr. Lionel Baker	Dr. Clarence Bush
Dodge SP	Dr. Precious Crawford	Dr. Robert Utley
Dooly SP	Dr. W. Robinson	Dr. L. Lockhart
Lee SP	Dr. Robert Utley	Dr. Maurice Freeman
Macon SP	Dr. Laretha Lockhart	Dr. Corretta Spencer
Pulaski SP	Dr. Corretta Spencer	Dr. Waynet Robinson
Rutledge SP	Dr. Clarence Bush	Dr. Lionel Baker
Valdosta SP	Dr. Maurice Freeman	Dr. Precious Crawford
Wilcox SP	Drs. Alfred Mott / Christopher Hillard	Dr. Robert Utley
Southeast Region		
Coastal SP	Dr. Donald Schleicher	Dr. Andrew Jackson
Emanuel Womens	Dr. Daniel Crowden	Dr. Robert Drawdy

GDC Facility	Back-up Dentist	Second Back-up Dentist
GA SP	Dr. Olivia Taylor	Dr. Donald Schleicher
Johnson SP	Dr. Alfred Peters	Dr. Robert Bearden
Montgomery SP	Dr. Robert Bearden	Dr. Olivia Taylor
Rogers SP	Dr. Barbara Geiger	Dr. Gerald Kramer
Smith SP	Dr. Gerald Kramer	Dr. Barbara Geiger
Telfair SP	Dr. Daniel Crowden	Dr. Robert Drawdy

This plan has worked exceptionally well throughout the course of our contract with the GDC. GDC patients have been able to access dental services regardless of any vacancies we may have experienced and there has been no lapse in the provision of dental services to date.

Example of Staff Coverage

In some circumstances, **Dr. Rhonda Lemons**, our Dental Supervisor, may step in to provide back-up services. For example, in early 2010, one of our dentists was diagnosed with a life-threatening illness. Though he continued to work during the initial phases of his treatment, he was unable to continue seeing patients as his illness and treatment intensified. Starting in July 2010, Dr. Lemons covered for our dentist and handled all sick call and other treatments required by patients at the facility. Tragically, our dentist passed in November 2010. Following his death and until such time when a new dentist could begin providing services in February 2011, Dr. Lemons and other MHM dentists covered the facility. Throughout this time, no patient missed any dental assessments or treatment.



Rhonda Lemons, DDS
Dental Supervisor

Plans for Staff Coverage Vacancies

As noted, MHM has developed a staffing plan that includes back-up coverage for routine and emergency vacancies.

Covering for Vacancies Due to Vacations

MHM requires that staff request time off for vacation in advance. Dr. Lemons reviews and approves all dental staff vacations. Once leave has been approved, Dr. Lemons notifies the back-up dental team about the upcoming vacation and the need to provide coverage to another facility during that time. In addition, Dr. Lemons and the facility-based dental staff work collaboratively to make sure that the dental clinic schedule is not overly packed during

the vacation period and that there is sufficient dental support to ensure that patients receive the care they require. As needed, Dr. Lemons mobilizes other dentists and dental staff to provide coverage during the vacation.

An example of this process is when **Dr. Marysia Taylor** at Phillips State Prison was on vacation for two weeks during the summer of 2017. During this time, **Dr. James Riley,** located at Hays State Prison, was available by telephone to address any urgent dental issues and physically covered the facility one day a week until Dr. Taylor's return. There were no lapses in dental services during this time.



Marysia L. Taylor, DDS
Dental Clinic
Phillips State Prison



James B. Riley, DMD
Dental Clinic
Hays State Prison

Covering for Vacancies Due to Extended Illness

Coverage for extended illnesses is different from covering dental services for a short-term vacation. In cases of extended illness, coverage needs to be longer term. In addition, in compliance with federal and state employment statutes, the position may not be filled with permanent staff. As a result, we use a two-pronged approach to provide coverage during extended illnesses.

When our Dental Supervisor is notified of absence due to a prolonged illness, she will attempt to determine the length of the absence as well as the expected volume of dental services prior to making any coverage decisions. For example, a dentist who may be recovering from surgery would be expected to return to his or her position within a specified period of time. In such a case, depending on staff availability, Dr. Lemons may

- Utilize back-up staff to provide coverage
- Hire a part or full-time dentist on a temporary basis to provide services

However, when the illness' duration is unknown or beyond a few weeks, Dr. Lemons will consider other coverage options. For example, the duration of coverage is often unknown for an employee who goes on extended leave for cancer treatment, using long-term medical leave. In such cases, MHM is required to have the same or similar position open for the employee upon his or her return while also providing necessary dental services to offenders. To address the vacancy, Dr. Lemons usually seeks and uses long-term, full-time coverage for the position until such time when the dentist is able to return to work. She does not use the back-up coverage option in cases of long-term medical leaves.

MHM's Dental Recruitment Program

MHM has extensive experience recruiting and hiring dental professionals. An attestation to our success in this area is our ability to maintain a 100% fill rate for dentists and a nearly equal rate for dental hygienists and dental assistants in many of our contracts.

Our ability to meet the recruiting targets is a result of both our extensive recruiting experience and the expertise and network of dental staff with whom our leadership team works.

MHM has a current 100% fill rate for dentists across the GDC program.

Recruiting Experience

We currently recruit, hire, and retain dentists in prisons in seven departments of corrections contracts as well as two statewide staffing contracts in Nevada and Pennsylvania.

MHM's Dental Recruiting Experience			
State	**# FTEs**	**Contract Since**	**% Position Fill Rate**
Florida	230.55	2016/2017	97%
Georgia	22.0	2000*	94%
Massachusetts	8.0	2013	96%
Mississippi	8.4	2015	100%
New Hampshire	4.0	2000	100%
New Mexico	4.7	2016	100%
Tennessee	20.0	2012	99%
Vermont	3.0	2015	100%
Total/Average	**300.65**	**--**	**98%**

**MHM's contract with GDC for mental health services commenced in 1997. Dental services were added in 2000.*

Our dental recruiting team has brought this experience to the recruiting process for dental staff in the GDC contract.

Recruiting Team

MHM's dental recruiting team is composed of corporate resources who offer their expertise in identifying, recruiting, and hiring dental staff and the local leadership team whose vast network of dental professionals has been useful in filling many of our vacancies.

Local Recruiting Processes

MHM routinely recruits for open dental positions. Our Dental Supervisor, Regional Director, Assistant Program Manager, Psychiatric Director, and Clinical Director all maintain lists of potential healthcare candidates, including dental staff, who would be appropriate for employment with MHM. They maintain large networks of providers and community programs that can be accessed in case of both anticipated and unanticipated vacancies.

Our Dental Supervisor, Dr. Rhonda Lemons, conducts multiple interviews to fill open dental positions, including dentists, dental hygienists, and dental assistants. Invariably, only one or two of the candidates is hired for employment with MHM. Dr. Lemons maintains a running list of candidates, their capabilities and qualifications, and often proactively outreaches to these candidates for potential vacancies to ascertain their interest in working with MHM. This proactive outreach allows Dr. Lemons to have candidates ready for employment as soon as the vacancy occurs.

Regional and Corporate Recruiting Resources

The local team is supported by our corporate recruiting resources, which are unmatched by any other company in correctional healthcare and are at the service of the GDC contract.

As noted above and in our response to RFP Attachment G, Item 4, *Capabilities for Maintaining Staffing Levels*, our corporate and regional recruiting team will consist of **Ms. Teffany Dowdy**, Regional Manager, Provider Recruiting; **Ms. Amanda Diamantis**, CCHP, SHRM-CP, PHR, Allied Regional Manager; and **Mr. Matt Weis**, MHM's Senior HR Business Partner.



Teffany Dowdy
Regional Manager, Provider Recruitment



Amanda Diamantis, CCHP, SHRM-CP, PHR
Regional Manager, Allied Recruiting



Matt Weis, PHR, CCHP
Senior HR Business Partner

Ms. Dowdy, Ms. Diamantis, and Mr. Weis are supported by our recruiting professionals located throughout the United States, who are constantly sourcing to fill open healthcare positions across the country. We have more than 30 full-time recruiters supporting our programs company-wide. These professionals understand that different contracts require different recruitment plans. Below are strategies and successes that some of our recruiters in other contracts have found to be successful. Our recruiters have been dispatched prior to and during our initial transition process to share best-practices and strategies that were successful in Georgia. They have continued to support the GDC contract as needs for dental care professionals have grown.



In Florida, since taking over the Dental program we have been able to build a robust pipeline for qualified dentist to fill our open positions. Our main focus was working with Dental Colleges, Dental Associations and Dental Job Boards within the state. This has been a successful strategy and has led to the hiring of several dentist openings on the contract. At this time there is only one opening to fill.

Brian Kremposky, Florida



Within the first six weeks of the new contract in Mississippi, I was able to successfully recruit three highly qualified dentists for the Mississippi program. We were so immediately successful that we did not even have to use any locums' dental coverage from the first day of the contract to the present.

Jill Washburn, Mississippi



In Massachusetts, our recruiting strategy has focused on retired and semi-retired dentists seeking to stay active in the dental community. This strategy has proven successful and has led to two recent hires and no vacancies within the dentist schedule. The other great perk, these same dentists are typically willing to cover vacations and unexpected shifts and enjoy the extra income.

Holley Schwieterman, Massachusetts



I have traditionally been able to maximize recruitment efforts by having a very robust pipeline composed of dentists that are looking to close their practices and wanting to reduce administrative responsibilities but want to maintain their skills and really help someone. Although demand is increasing for these professionals as well now, a pipeline for the future is in place.

Teffany Dowdy, Tennessee & Georgia

Recruiting Strategies

As described in our response to RFP Attachment G, Item 4, *Capabilities for Maintaining Staffing Levels*, to recruit dental and other healthcare professionals for the GDC contract, we will use the following processes:

On-Line Advertising & Resume Searching

- American Dental Association
- National Network for Oral Health Access
- American Association of Public Health Dentistry
- Georgia Dental Association
- MHM Career Page
- Careerbuilder
- Indeed
- Healthecareer
- Practicelink
- Dental post
- Dentistjobcafe.com

Direct Mail Campaigns

Lists are purchased and secured from state boards, local societies and from list companies that are vetted for accuracy then used to mail postcards, letters, or flyers to qualified provider candidates. MHM has in-house direct mail capabilities and has a very successful track record with our direct mail campaigns around the country.

Conferences

Annually, we attend targeted conferences and events for dentists, dental assistants and dental hygienist advance practice providers and dentists. These are long-term tools to generate interest and name branding. Below are some examples of those we attend:

- Annual Hinman Dental Society Meeting in Atlanta
- Georgia Board of Dentistry

Broadcast Email

MHM recruiters access internally created talent pools as well as purchased email address lists that allow us to target a significant number of providers via email much the same way

our direct mail campaigns have in the past. This tool has been added to our recruiting toolbox to maximize our visibility and capture those providers who rely on email for news, mail, and information. Broadcast email campaigns can be targeted to dentists, dental assistants, and dental hygienists. We use the following lists to send the emails:

- Practicelink
- Hinman annual meeting attendee list

Print Advertising

Ads are placed in national and local publications advertising both MHM and specific site vacancies, such as:

- The Journal of the American Dental Association
- The American Dental Association
- Dentistry Today Magazine

Academic Recruitment Programming: Residency/Fellowship Recruiting

MHM recruiters contact dental residency programs and applicable surgical residencies to network and recruit residents and students for future opportunities.

Social Media

MHM recruiters utilize the following social media sites for advertising, sending In-Mails and proactively targeting specific providers who would be a fit for our positions, on websites such as:

- LinkedIn Job board
- LinkedIn Groups/organizations: Public Health Dentistry & Global Dentists Network
- Facebook pages such as: Public Health Dentistry
- LinkedIn Targeted In-Mails

Please see the table on the following page for details of our dental provider recruiting and hiring process for the GDC.

Recruiting Components	Steps
Vacancy Notice	▪ Dental supervisor notifies recruiter of vacancy and provides details. Vacancy details to include: *position status (FT, PT, PRN), requirements, and speaking points about the community or facility.* ▪ Recruiting enters vacancy information into MHM's applicant and requirement database.
Candidate Sourcing and Screening	▪ Recruiter begins recruitment process and implements recruitment activities to generate candidates. ▪ Recruiter provides weekly updates to leadership (Regional Director and Dental Supervisor) on the candidate pipeline and marketing strategies. ▪ Recruiter phone screens viable candidate(s). ▪ Recruiter verifies that the viable candidate has a clean malpractice history and license.
Candidate Presentation and Scheduling Site Visit	▪ Recruiter presents candidate to the Dental Supervisor via email including CV and summary of candidate's bio and availability to phone interview. ▪ Recruiter contacts candidate to schedule phone interview. If the candidate is approved by the Dental Supervisor following the phone interview a site visit/tour is scheduled between the candidate and the Dental Supervisor. ▪ The recruiter provides the details to the day of the site interview/tour such as location, special requirements, parking, interview participant's names and titles, anticipated duration of interview, items to leave in the car and to take into the interview) and runs a National Practitioner Data Bank (NPDB) inquiry. ▪ If the NPDB comes back with a finding, recruiter presents to the MHM credentialing committee. The committee reviews relevant reports and makes a hire/no hire recommendation to the program. If the MHM credentialing committee recommends hire, GDC is alerted. The candidate will not be approved without GDC approval in these cases. If the NPDB is clean, the recruiter will proceed with the offer. ▪ The dental supervisor contacts the recruiter with feedback about the candidate's visit within 24 hours including decision to move forward or reject the candidate.

Recruiting Components	Steps
	▪ Recruiter will follow up with the candidate to get feedback and relays the candidate's feedback to the Dental Supervisor.
Offer	▪ Recruiter extends offer to candidate contingent upon clearance and credentialing, approval, etc. and determines tentative start date. ▪ Candidate must successfully complete all pre-employment drug test, security background checks, and meet GDC pre-employment standards ▪ Recruiter completes Offer Letter Request Form and sends to the Program Manager for approval. ▪ Recruiter completes Offer Letter Request Form and sends to the Program Manager for approval. ▪ The Assistant Program Manager sends the Offer Letter Request Form to our Human Resources department for processing.

Addressing Excessive Patient Wait Times

MHM is pleased to note that, through due diligence in staffing for open positions and a well-defined coverage plan, as well as a proactive approach to dental care, we have been able to address excessive wait times. Today, **GDC patients receive dental services within the timelines defined by the GDC.**

In the current contract, MHM successfully provides patients with dental services within the timelines defined by the GDC.

As noted, MHM has maintained a **100% fill rate for dentists** for the vast majority of the current contract. In addition, we have developed a detailed coverage plan that allows us to address any short- or long-term vacancies, including sudden or unexpected vacancies. Our coverage plan has been effective throughout the current contract and will remain in place in the new contract.

We offer dental services that are proactive. For example, our dentists and dental hygienists provide education and training to patients on managing their oral health and minimizing caries and infections through proper oral care. We have instituted a recall system for

periodic check-ups with the dental hygienist that further encourages patient self-management of the dental needs, such as brushing and flossing. In addition, where possible, we make every effort to address multiple dental issues during one appointment. For example, if the patient requires more than one extraction, the extractions are scheduled and completed during the same treatment session, thus decreasing the patient's overall discomfort and wait time. Similarly, we schedule patients for follow-up after oral surgery to make sure that are no complications or issues following the procedure.

In our experience, we have found that excessive delays are often a result of a finite number of issues: lack of sufficient staff to provide services, errors in scheduling patients, malfunctioning equipment, and security-related access to care issues.

Staffing Issues. To address any potential staffing limitation, MHM proactively identifies and maintains information on candidates for dentist, dental hygienist, and dental assistant positions. We use this resource to contact candidates in the event of an upcoming or sudden vacancy. In addition, we have implemented a detailed back-up plan through which dental staff are available to cover sudden, short- or long-term vacancies. For the new contract, we have included additional dental hygienist positions, which we consider are necessary to meet the current demand for dental care among GDC offenders. As directed by the GDC in answers to bidders' questions, we have also included dental staff positions in our proposed staffing when these positions are currently employed by the state.

Our additional dental hygienist positions will be assigned to facilities that currently have a higher than normal need for dental services. The new staffing model will allow us to prevent the possibility of delays in the future.

Scheduling Appointments. During the current contract, MHM has relied upon an electronic dental tracking system to aid us in scheduling and tracking dental appointments. Using this system, we have tracked and managed pending appointments, including appointments that are pending at the time patients transfer between facilities. This system has allowed us to prevent transferring patients from falling to the bottom of the queue and has enabled us to provide necessary follow-up treatment within the appropriate timelines. Our dental assistants review the schedules to ensure that facility staff are aware of and ready for upcoming dental appointments. In the new contract, implementation of the electronic dental health record, **Dentrix,** will enable us to maintain this tracking and scheduling functionality.

Outside of emergency requests, dental sick calls always take priority in the scheduling process. These include complaints of pain, dental bleeding, infections, or swelling of the mouth or face. The patient is scheduled with a dentist for an evaluation and any needed treatment. If the dentist determines that the patient requires a filling or dentures, the patient is placed on the routine treatment wait list and scheduled for an appointment. If the dentist determines that the tooth needs to be extracted, the patient is given palliative care and scheduled for an extraction. Requests for cleanings or basic dental care are placed on the routine treatment wait list and scheduled accordingly.

Dental Equipment. Malfunctioning equipment is another issue that impacts wait times. Malfunctioning equipment is immediately reported to the Health Services Administrator, who submits a request to BIOMED. The staff also notifies the Dental Supervisor, who, in turn, notifies the GDC Statewide Dental Director of the need for equipment repair or replacement.

If possible, the staff will attempt to provide dental services without the equipment; however, the lack of standard equipment such as vacuums, suctions, and delivery systems can impact the dentist's ability to provide needed treatment for all patients. In such cases, the Dental Supervisor communicates with BIOMED to ensure that repair and/or replacements are completed in a timely manner. Patients with urgent needs may be transferred to another facility for services. We are grateful that equipment malfunctions have been limited throughout the current contract.

Security Issues. Security-related access to care can adversely impact timely access to dental care. Where possible, MHM provides services on site to minimize the need for transportation between facilities or to external dental specialists. For example, MHM dentists complete simple extractions on site. This has positively impacted wait times that would otherwise occur if the patient needed to be transported to ASMP to receive oral surgery services from the Medical College of Georgia staff.

However, there are occasions where security-related and transportation issues can inadvertently impact the schedule and result in wait times. This occurs most often when there is a shortage of officers to escort the patient or in cases of emergencies when the facility or a unit within the facility is on lock-down. In such cases, we work with security to schedule patients during those times when there are sufficient officers to transport the patient or with the facility to reschedule any patients who were unable to receive services.

Orientation Plan For Onsite Staff

MHM has developed and uses a comprehensive training program to ensure that all dental staff, especially dentists, have the required training to provide services to GDC patients. Much of the training that we provide is conducted on site at the facilities, allowing training to include both didactic and hands-on modalities.

MHM dental staff meet the following training requirements outlined in the table below, which must comply with the State of Georgia Board of Dentistry and **Medical Association of Georgia** continuing education requirements.

Position	Training requirement
Dentist	▪ At least 40 hours of in-service training ▪ Course on safe opioid prescribing ▪ Registering with and completing Georgia Prescription Drug Monitoring Program and DEA requirements ▪ Annual or bi-annual statewide dental meetings and workshops
Dental Hygienist	▪ At least 40 hours of in-service training ▪ All in-services and trainings deemed appropriate by MHM Dental Director ▪ Annual or bi-annual statewide dental meetings and workshops
Dental Assistant	▪ At least 40 hours of in-service training ▪ All in-services and trainings deemed appropriate by MHM Dental Director ▪ Annual or bi-annual statewide dental meetings and workshops

Dental Orientation and Training

When a new dentist, dental hygienist, or dental assistant join our network, the Dental Director or other staff meet with the staff member to provide an orientation to MHM, including:

- Overview of MHM
- Our Code of Conduct expectations
- Compliance with Federal, state, and other regulations
- Review of HIPAA, security, and privacy regulations
- Information regarding benefits, resources, and other supports
- Overview of the GDC contract, expectations, and dentist responsibilities

Upon completion of this initial orientation, the dental staff begin their assignment at the designated GDC facility. During the first two or three weeks the staff member is supported by a dentist or dental hygienist (depending on the position). The new staff member initially shadows the trainer to better understand MHM and GDC policies and processes. Thereafter, each staff member receives peer support while performing their job responsibilities.

MHM is developing a *Dental Provider Reference Manual* that can be used by the dentist, dental hygienist, and dental assistant as part of the initial and ongoing training. New dental staff members will be provided with a copy of the Manual for reference. The following are some of the areas that will be included in the Manual.

Introduction to Corrections

- → Differences between Jails and Prisons
- → Correctional Lingo
- → Working within a Correctional Setting
- → Security and Treatment: A Balance
- → Questions

Security Overview and Awareness

- → Titles in Correctional Settings
- → Tips to Being an Effective Partner
- → Entering and Working in a Correctional Institution
- → Tips for Ensuring a Professional Presentation
- → Safe Practices
- → Sharps and Contraband Control
- → Questions

Clinical Boundaries and Safe Practices

- → Overview
- → Clinical Boundaries
- → Boundary Violations
- → Strategies Inmates Use to Promote Boundary Violations
- → The "Slippery Slope" of Boundary Violations
- → Questions

HIPAA and Confidentiality

- → Overview
- → Maintaining Confidentiality of Healthcare Information
- → Protecting Your Personal Information
- → Patient Consent
- → Limits to Confidentiality in Correctional Settings
- → Health Insurance Portability and Accountability Act (HIPAA)
- → Questions

Institutional Dental Services

- → Overview
- → Initial Assessment of Offender Dental Needs
- → Referrals to Dental Services
- → Response to Offender Sick Call Requests for Dental Services

Specialty Dental Care

- → Overview
- → Clinical Criteria for Specialty Dental Care
- → Referrals for Specialty Dental Care
- → Utilization Management Process for Specialty Dental Care

- → Emergency Dental Services
- → Routine Dental Services
- → Preventive Dental Care
- → How to Work with Patients Who Do Not Like Your Decisions
- → Questions

Radiographs, Laboratory and EKG Services

- → Radiographs
- → Laboratory Services
- → EKG Services
- → Questions

Medication Practices in Corrections

- → Overview
- → Patient Access to Medication
- → Pharmacy and Therapeutics Committee
- → GDC-Specific Dental Medication Process
- → GDC Medication Formulary
- → Tips for Working within a Formulary and Requesting Non-Formulary Medications
- → Questions

Legal Mandates for Correctional Healthcare

- → Evolution of Correctional Healthcare
- → The "Deliberate Indifference" Standard
- → Serious Medical Conditions
- → Legal Systems for Enforcement
- → Questions

Infection Prevention and Control

- → Overview
- → Bloodborne Pathogens Exposure Control Plan
- → Questions

- → Questions

Documentation of Dental Services

- → Overview
- → Dental Treatment Plans
- → Questions

Your Role in Quality Management

- → Quality Management Multidisciplinary Team
- → Quality Management Record Reviews
- → Review of Major Occurrences
- → Review of Offender Grievances Related to Dental Care
- → Peer Review
- → Administrative Meetings
- → Questions

Credentialing Process

- → Overview
- → CredSmart
- → National Practitioner Data Bank (NPDB)
- → Re-Credentialing
- → Credential Files
- → Questions

Federal Prison Rape Elimination Act (PREA)

- → Overview
- → Questions

The following are among the trainings in which the dental staff have participated in the past two years:

- Statewide Dental Director annual meeting for dental staff
- Continuing education for Oral Pathology and Oral Surgery
- ACA, NCCHC, Association of Community Human Services Agencies (ACHSA) meetings

Ongoing Training for Dental and Non-Dental Staff

MHM provides specialized in-service training to our dental professionals in completing oral examinations, identifying dental emergencies, and assessing patients for early signs of oral carcinomas. We believe this training fosters increased multidisciplinary collaboration in addressing overlapping responsibilities in the screening, evaluation, and treatment processes. At the request of the GDC, we can provide this training to non-dental medical staff as part of our support for integrated care and multi-vendor collaboration.

We provide training that is appropriate for medical nurses conducting intake screening and other medical staff assessing patients. The training supports rapid identification of the patient's oral health status, including identification of life-threatening emergencies and early signs of carcinomas.

While oral cancers appear to be relatively rare in the GDC population, data from the **Oral Cancer Foundation** and other organizations confirm that the incidence of oral cancer is increasing rapidly in the United States. Approximately 95% of oral cancers occur in patients over the age of 40 and in particular in patients aged 55 to 69. With the rising age of the GDC population, MHM will be proactive in ensuring intake screenings continue to include a focus on identifying potential cancers.

Training programs also follow any trends that may have been identified through the delivery of dental services. For example, an influx of oral infections may require additional training on how to identify and treat such infections. Other trainings are based on recent findings in the field of dental health and changes to evidence-based practices.



We will continue to provide annual training to non-dental medical staff that supports effective oral assessments at intake/transfer and addresses the following topics:

- Equipment needed
- Patient interview
- External observations (e.g., facial asymmetry, swelling, signs of trauma)
- Intra-oral observations (e.g., bleeding, bruising, trauma, periodontal disease)
- Functional abnormalities
- Pain assessment
- Routine/urgent/emergent referral criteria

We also will continue to provide annual training to non-dental medical staff in dental needs that result in a life-threatening condition. This training addresses medical assessment of, and emergent care for:

- Post-operative uncontrolled bleeding
- Facial swelling and dental infections (including Ludwig's Angina, difficulty swallowing or breathing)
- Extreme pain that is not responsive to routine pain medications (pulpitis, cracked tooth)
- Traumatic injuries (e.g., fractures of mandible, facial bones, dentoalveolar injuries including avulsed/fractured teeth)

Enhanced Correctional Officer Training

MHM will continue to provide specialized training for correctional officers regarding dental pain and dental emergencies upon the request of the Department. The training will include:

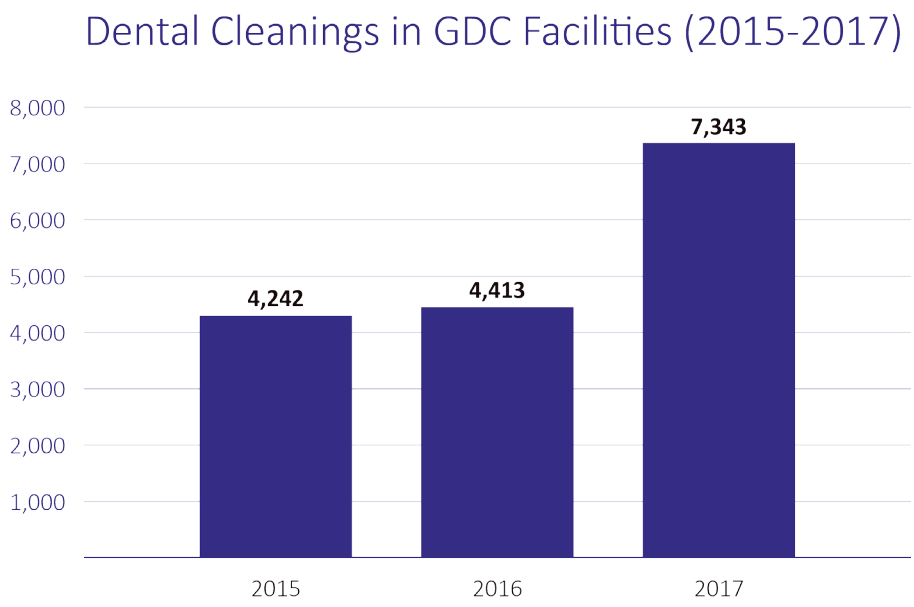
- Offenders' constitutional right to healthcare and obligations of GDC staff
- Seriousness of dental infections and injuries
- Deaths from toothache
- Signs of dental infection
- Deaths from dental infection
- Head and mouth injuries
- Replanting teeth and factors for success
- Offender conditions and recommended actions for correctional officers

Current Utilization of Dental Hygienists

Currently, the GDC system includes 14 dental hygienist positions on staff. Of these, 11 are MHM positions, all of which are filled. Two are GDC positions, one of which is in the process of being converted to MHM. The remaining position is filled by Georgia Correctional Health Care (GCHC) of Augusta University. All filled positions are held by dental hygienists who have the demonstrated qualifications required by the GDC. These dental hygienists cover 54 facilities, including transition centers, drug rehabilitation centers, and prisons. Within the detention centers, dental services are limited to emergency care and extractions.

Seven of the MHM dental hygienists cover two facilities each, while one dental hygienist covers three facilities. Similarly, one GDC and the Augusta University position cover one facility each, while the other GDC dental hygienist covers three facilities.

The following is the number of cleanings that were provided by dental hygienists over the past three years:



The significant increase in the number of cleanings in 2017 is a result of better awareness by offenders about the benefits of dental cleanings, increased referrals for cleanings by dentists, and an increase in the total number of offenders in the custody of the GDC. It should be noted that the increase in offender volume has not resulted in a similar increase

in the number of dental hygienists. Despite this incongruity, we have managed to provide all required dental cleanings to offenders in a timely manner.

Dental Hygienist Qualifications and Job Responsibilities

MHM requires that our dental hygienists for the GDC program meet the following qualifications:

- Completion of an associate or bachelor's degree in dental hygiene from an accredited program
- Current licensure as a dental hygienist in Georgia
- Two years of experience in providing comprehensive dental hygienist services in a private or community health clinic preferred
- Must maintain current tuberculosis screening documentation and active CPR certification
- Must be able to pass a background investigation and obtain agency security clearance where applicable
- Experience in a correctional setting preferred

Dental hygienists are responsible for the following:

- Provide dental hygiene services, including routine prophylaxis, scaling and root planning, closed flap curettage
- Provide oral hygiene and nutrition instruction
- Assist in diagnostic services
- Support dental treatment plans
- Assist dentist, as needed
- Document all services in the patient's dental record
- Follow all infection control procedures and assist with managing dental infections
- Participate in CQI and peer review process

Proposed Dental Hygienist Staffing

The table below provides a listing of MHM's current dental hygienists providing services to GDC patients and the facilities they cover. As with dentists, the dental hygienists have a back-up coverage schedule in case of emergency, short- or long-term emergencies.

Proposed Dental Hygienist Staffing	
Dental Hygienist	**Primary Facility(s)**
MHM Dental Hygienists	
Clara Dorsainvil, RDH	Arrendale SP and Phillips SP
Aldene Lanier, RDH	Autry SP and Calhoun SP
Jessica Joshua, RDH	Coastal SP
ReKina Johnson, RDH	Dodge SP and Telfair SP
Emili Williams, RDH	GA SP and Rogers SP
Linda Yaun, RDH	Hancock SP, Johnson SP, and Washington SP
Debbie Amerson, RDH	Macon SP
Lateeya Hudson, RDH	Pulaski SP
Jameshia Washington, RDH	Smith SP
Julie Cribb, RDH	Valdosta SP and Ware SP
Aprieda Witherington, RDH	Wilcox SP
GDC Dental Hygienists	
Vickie Phillips, RDH	Dooly SP
Vacant	Baldwin SP, Central SP, and Burrus

To meet the increasing demand for dental hygienist services, **MHM proposes to increase the number of MHM dental hygienists from 11.0 to a total of 16.0** during the upcoming contract period. This increase includes the 1.0 FTE position that is currently being converted from GDC employment to MHM. The increase will allow us to meet the needs of all patients in a timely manner. The new dental hygienist positions will be assigned to the following GDC facilities:

Facility	Proposed FTE
Rutledge SP	1.0 FTE
Hays SP	1.0 FTE
Central SP	1.0 FTE
Phillips SP	0.5 FTE – bringing the total to 1.0 FTE
Valdosta SP	0.5 FTE – bringing the total to 1.0 FTE

Facility	Proposed FTE
Lee State SP	0.5 FTE
Montgomery SP	0.5 FTE

Program for Training of Dentists



Rhonda Lemons, DDS
Dental Supervisor

To ensure that dentists provide dental services within the highest standards of quality and timeliness, MHM provides dental staff initial orientation and extensive initial and ongoing training. In addition, MHM's Dental Supervisor, **Dr. Rhonda Lemons**, routinely reviews the quality of the services provided by the dental staff through service reviews, audits, and other quality management activities. However, there are occasions when a dentist is unable to demonstrate the clinical skills that are sufficient for correctional dentistry.

In such cases, Dr. Lemons meets with the dentist to determine the deficiency and any technical or other reasons for the dentist's inability to meet their job responsibilities. Dr. Lemons also provides training on the management and treatment of any procedures with which the dentist may not be comfortable.

Dr. Lemons supports the dentist onsite by providing modeling of, assistance with, and supervision of the dentist performing dental procedures with which she or he may not be comfortable. Dr. Lemons has often provided this type of onsite training for dentists, especially those who are new to and apprehensive about working within the correction system.

Our final training for dentists who require additional support to become comfortable with providing services includes peer mentorship. In such cases, the dentist is assigned a peer mentor who will work alongside the dentist for a longer period, modeling, assisting, and supervising the dentist in performing specific dental procedures. This peer mentorship is provided in collaboration with and under the direction of the Dental Supervisor. To date, we have found that the combination of the trainings, supervision from Dr. Lemons, and peer mentorship have been sufficient to meet the needs of those dentists who may require additional support.

For the new contract period, we will be formalizing our training and orientation services by implementing a *Dental Provider Orientation Reference Manual*. We have developed program-specific *Dental Provider Orientation Reference Manuals* in other programs, where

the resource has proven effective. The Manual will provide a host of information on the management of various dental procedures and dentist expectations. The GDC-specific version of the Manual is under development at the time this proposal is being submitted, and we anticipate completing the Manual no later than 60 days from contract start.

In addition, we will provide our dentists with access to **MHM University** dental and healthcare resources. MHM University is a 100% company paid healthcare on-line training library to further refine the technical expertise of our dental workforce and to ensure that our licensed dental staff are fully credentialed and maintain a current knowledge base. Employees can take courses that count toward ADA-Continuing Education Recognition Program (CERP) certification, as well as CEUs and CMEs by taking e-courses that are accredited by national accrediting organizations including but not limited to:

- **American Dental Association - Continuing Education Recognition Program** (ADA-CERP)
- **American Medical Association** (AMA)
- **American Nurses Credentialing Center** (ANCC)
- **American Psychological Association** (APA)
- **Association of Social Work Boards** (ASWB)
- **Association for Addictions Professional** (NAADAC)
- **National Board of Certified Counselors** (NBCC)
- **American Correctional Association** (ACA)

Documentation of completion of training using the on-line curricula as well as maintenance of CEU/CMEs obtained online are maintained within the training system and are accessible to the employee as well as the employee's supervisor. Individualized training plans can be developed for each employee, including timelines for expected completion of trainings, to facilitate monitoring. These trainings are available to staff 24 hours a day, 7 days a week through the internet.

Plan for Monitoring of Staff Production

MHM measures dentist and dental hygienist productivity by the number of patients and procedures that the dental professional sees during the day.

The dental assistant schedules patient dental appointments. Each dentist and hygienist has a certain number of daily openings based on patient movement within the facility. In scheduling patients, the dental assistant also takes into consideration the dentist/dental hygienists coverage of two or more facilities and whether they are providing back-up care for another dentist or dental hygienist. This information is currently documented in the electronic dental system we have been using to manage and report on all dental appointments. With implementation of the **Dentrix** electronic dental health record, we will rely on Dentrix to manage scheduling and reporting. We calculate productivity by the number of scheduled appointments that are completed.

On a regular basis, our Dental Supervisor reviews the schedules and associated reports to determine productivity rates for each staff member. ***It is our expectation that staff meet 100% productivity rates***, computed as the number of patients seen divided by the number patients scheduled. When staff do not meet this expectation, Dr. Lemons conducts a review to ascertain and address the reason behind the decreased productivity levels.

MHM staff are expected to meet 100% productivity rates.

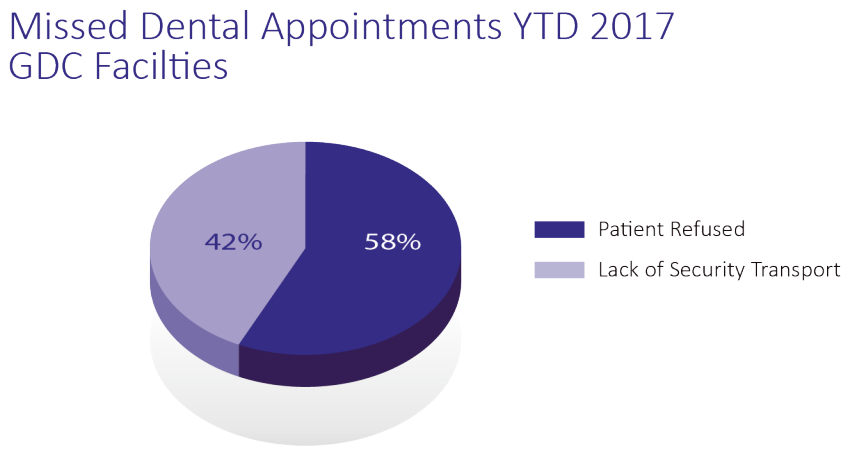
We have found that staff productivity can be impacted by a number of factors, such as:

- **Staff availability:** To meet required productivity levels, it is essential that the GDC has a sufficient number of dentists and dental hygienists available to address patient needs. The lack of the appropriate resources can impact the timeliness of dental services and overall staff productivity. MHM has reviewed our current staffing against GDC population needs in the current contract. Based on this review, we are submitting a dental staffing plan that better reflects the GDC's current dental staffing needs through an increase in dental hygienists.

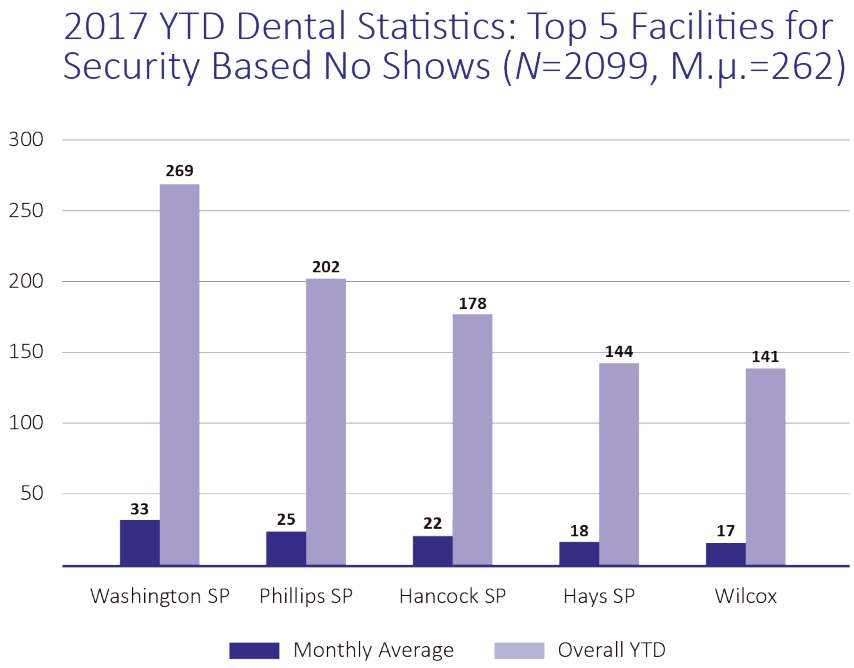
In addition to non-optimal staffing, dentists and dental hygienists may not be available due to illness, on- or off-site training, or vacation. In such cases, Dr. Lemons notes the issue, counsels the staff member in proactively addressing the situation, and follows-up on the issue the next month. If the staff member continues to be unavailable to meet contractual needs, Dr. Lemons works with the dentist or dental hygienist to implement a corrective action plan. Dr. Lemons follows up on the plan until it is resolved. Ongoing follow-up and/or termination may be required if staff availability cannot be addressed effectively.

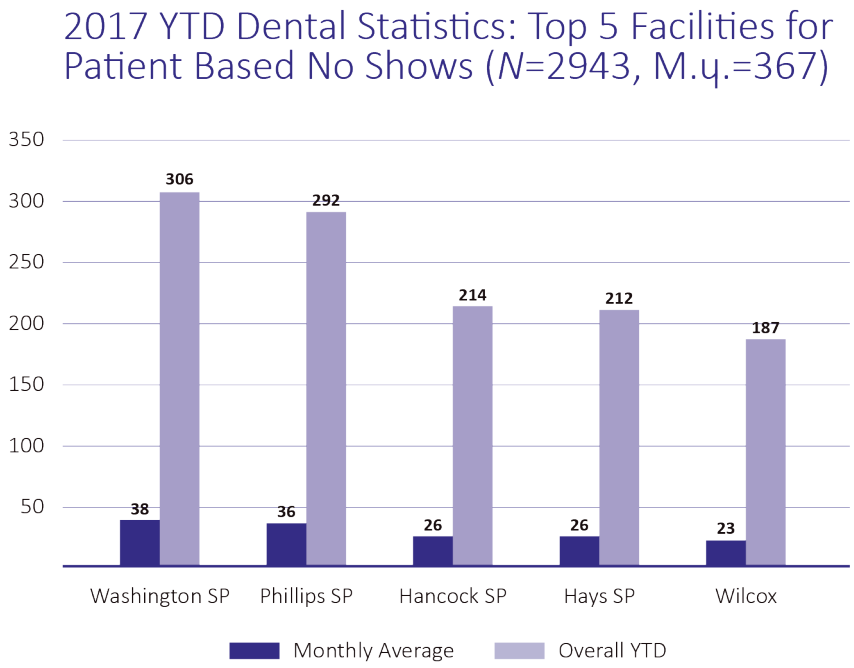
- **Complexity of patient need:** Patients who present with complex needs, at times, require more treatment time with the dentist. This extended session may encroach on the next patient's time and potentially impact the dentist's and dental hygienist's ability to see as may patients as initially planned. Similarly, dentists are required to address emergency dental needs immediately, even if it interrupts their treatment of a current patient or an upcoming appointment. In such cases, productivity numbers can be misrepresented and must be reviewed for accuracy.
- **Equipment issues** – We recognize that dental services cannot be provided without working dental equipment, which are often costly to repair or replace. When equipment does not work, dentists and dental hygienists are unable to complete treatment and see patients, which can impact productivity. Due to their direct impact on dental service productivity and their budgetary implications, dental equipment failures represent a pressing concern and a significant resource usage consideration. Fortunately, dental equipment issues have been few and far between in the current contract. MHM will continue to work with the Department when dental equipment becomes non-functional.
- **Missed appointments:** Scheduled appointments that are missed are among the most important factors impacting dentist and dental hygienist productivity. When a patient does not present for a scheduled appointment for any reason, it is sometimes difficult to substitute another patient during the same time slot. In these cases, the dental staff are encouraged to attempt to have another patient called up from the housing unit as often as possible. If the dentist or dental hygienist is unsuccessful in doing so, they will take the time to complete other clinical or administrative functions, such as reviewing daily logs, completing documentation, earning online CEUs, and other activities. In such cases, though the staff member is completing essential administrative functions, his/her inability to deliver clinical services impacts productivity.

Because patient missed appointments are an area of significant concern for MHM, in 2017, we conducted an analysis of the recorded *no shows* that contributed to patient refusal versus lack of security transport. We found an equal breakdown between the two categories of no-shows.



Further analyses were conducted to identify the top five facilities with security-related missed dental appointments and the top five facilities with patient refusals for dental appointments. Results are shown in the two graphs that follow.





After reviewing this information, we worked with security and facility staff to develop a process for scheduling patients during business hours, taking into consideration any conflicting medical, legal, or mental health appointments. We also conducted training with patients individually and with facility staff to impress upon them the importance of attending dental appointments.

In the new contract, we propose to augment existing collaborations by providing comprehensive information to the facilities regarding missed appointments. We will collect missed appointment statistics from all facilities monthly and consolidate them into a single report. With prior approval from the GDC, we propose to rank order missed appointment rates by facility and share this report with all of the wardens to provide them with direct feedback on the missed appointment rates at their facility. The report will help wardens identify and address scheduling challenges. As noted, we have implemented this process in our Pennsylvania contract and have achieved significant decreases in missed appointment rates.

Achieving Increased Staff Productivity

Our Dental Supervisor, Dr. Rhonda Lemons, DDS, and Special Projects Manager, Dr. Bankston Dozier, PhD, CCHP, work collaboratively to evaluate and ensure dental staff productivity. Dr. Lemons reviews staff productivity routinely and implements corrective

actions, including additional training, schedule changes, responsibility reviews, peer support, and other actions to address any productivity issues. She follows-up on any identified productivity issues to ensure that any problems have been effectively addressed. Should productivity problems persist with a staff member, the Dental Director will implement additional corrective measures.



Bankston Dozier, PhD, CCHP
Special Projects Manager

Dr. Dozier reviews dental staff productivity on a more systemic basis to identify any trends or patterns. When such trends are identified, Dr. Dozier and Dr. Lemons develop and implement plans to address the issue. This can include CQI projects, coordination with the GDC regarding staffing, corrective actions, or other plans.

Identification and Removal of Underperforming Dentists

MHM is proud of our ability to maintain quality dental staff and to support individual performance improvements without resorting to termination of employees. However, in April 2014, MHM had the rare need to remove a dentist for providing substandard care.

The dentist had been hired to provide dental care services to patients at one of the GDC facilities. He had met all credentialing and licensing requirements and had completed MHM's extensive orientation and training. He had acknowledged the responsibilities of and expectations for the position as part of the training and prior to his assignment.

Not long after the dentist was hired, the facility staff notified MHM that the dentist was not meeting expectations, specifically in meeting sick call and dental extraction requirements. The Dental Supervisor, Dr. Lemons, met with the dentist and provided feedback and training. She also spent two weeks on site at the facility to provide guidance and ensure that he understood his responsibilities and followed dental protocols and processes. Dr. Lemons followed up on the dentist routinely.

A few months following the training by Dr. Lemons, it was noted that the dentist was still not improving in service delivery. At that time, a peer mentor was enlisted to work on site with the dentist for the next three months. During this time, the dentist was able to catch up with all dental extractions and sick calls and it was determined that the dentist should be able to continue independently.

However, progress was not sustained. Approximately a year later, we found that the dentist continued to struggle to meet expectations. The dentist offered multiple reasons for his inability to meet his contractual and clinical responsibilities, none of which were found to be valid. He was placed on corrective action plan with 30 days to demonstrate improvement in the areas noted. The dentist was also counseled that lack of improvement would result in corrective action up to and including termination. At the end of 30 days, the dentist had not made any detectable attempts to improve and was terminated due to persistent poor work performance. The dentist's load was proactively assigned to another dentist, who was able to meet all expectations and catch up on all previously missed or delayed treatments.

6. Close Out Plan Details

Describe the Suppliers methodology for transitioning contract services in no more than 60 days, at the end of the contract period. Provide a sample transition plan outlining pivotal steps in the process to ensure that services are not disrupted. Propose the length of time for transition activities. Describe key staff roles and responsibilities assumptions of the role of the State, and the incoming provider.

MHM agrees to comply with and meet the requirement of RFP Attachment G, Item 6, *Close Out Plan Details.*

MHM is hopeful that we will be able to continue to serve as the GDC's partner in meeting the dental care needs of GDC offenders for many years to come. We value our partnership with the GDC and are eager to continue our relationship throughout the entire 10 years of the anticipated contract, and beyond.

In the event of the need to transition the dental program to another contractor, we will work to ensure a smooth transition of services. Upon the conclusion of a contract term, we will ensure the continuity of patient care. The GDC can be confident that we will cooperate with any successor contractor and the Department if MHM does not have the opportunity to continue providing dental services at the conclusion of this proposed contract. In the event the contract is awarded to another contractor, MHM will work with the GDC to meet specific transition requirements as noted in the RFP. We acknowledge that all end-of-contract transition activities must be completed in no more than 60 days.

MHM will prioritize patient care and multi-vendor collaboration.

We will support continuity of care throughout an end-of-contract transition.

The GDC can be assured that we will collaborate and cooperate with the successor contractor to have an orderly and seamless transition for patients receiving healthcare services if there is a change in contractor. MHM will be available to the successor contractor during the transition period to work towards an effective transition of dental services.

While competition among correctional healthcare companies can be fierce during the proposal phase, no contractor wants patient health to

be impacted during contract transitions. MHM commits to working closely to provide each transition element required by the GDC. We will ensure continuity of care and uninterrupted management of dental services are provided.

In the narrative that follows, we have noted MHM's roles and responsibilities in case of a contract close out. We have also detailed what we consider to be the roles and responsibilities of the new dental contractor and the GDC in such a situation.

MHM Transition Roles and Responsibilities

All MHM staff currently working on the GDC contract will be involved in some manner in the contract close-out and transition. However, MHM's local leadership team will be responsible for managing the details of the close-out of dental services and working with the new contractor. This team, which will have corporate support, will include:

- **Inez Tann, RN, BS, CCHP - Regional Director**
- **Yeavis Knight, LPC, CCHP - Assistant Program Manager**
- **Rhonda Lemons, DDS - Dental Supervisor**



During the transition period, MHM will make every effort to provide the successor contractor with reasonable access to MHM's dental staff. We will cooperate fully to allow this access between 30 and 60 days of the contract end date. If less than 30 days of the contract term remains as of the time a successor contract is awarded, MHM will make special efforts to provide the successor contractor access to our dental staff.

We understand that providing a new contractor with access to our staff prior to a new contract initiation allows the GDC to have the opportunity for an uninterrupted transition to a new service provider. Although MHM has minimal experience in closing out contracts, our experience in assuming contracts from other contractors confirms that access to the dental staff currently providing services is imperative to ensure continuity of care for the patients.

MHM acknowledges the importance of maintaining an accurate physical inventory at all times. We will participate in an ending inventory should we not be awarded a subsequent contract and share this information with the GDC and successor vendor.

MHM will transfer all databases created under the contract to the successor contractor should we not be awarded a subsequent contract. Throughout the course of the contract we will maintain databases in a secure electronic platform accessible to designated GDC Health Services staff. Upon contract termination or expiration, MHM will provide the GDC with these databases in a secure and standard format that is capable of being transferred to a system approved by the Department.

MHM will provide all databases and GDC data as requested during contract termination.

If MHM has any GDC data in databases on MHM-owned servers at the conclusion of the contract, the data will be exported and provided in comma-delimited files. We propose to transmit the data to the GDC via Secure FTP or encrypted cloud file sharing. Alternatively, if the data is too large for online transmission, it will be delivered to the GDC on an encrypted DVD or external hard drive. Computer documents that may be formatted in Excel, Word, PDF, or other software will be transmitted to the GDC via Secure File Transfer Protocol (FTP), encrypted cloud file sharing, or encrypted email. MHM will collaborate with the GDC and our subcontractors to determine which of the three methods is preferred.

MHM will complete all close-out activities in a timely, thorough, and collaborative manner.

MHM understands that all electronic correspondence pertaining to any matter related to the Contract, including patient care, litigation,

healthcare grievances, complaints, and administrative remedy requests on the domain of either MHM or the GDC will remain the property of the GDC. MHM further understands no records or documentation are to be removed, altered, or destroyed if the GDC is required to maintain these records and documents by regulations, laws, accreditation requirements, or other standards. We appreciate that the requirement to maintain records and documentation includes records related to credentialing, training, discipline, time worked, patient healthcare, equipment, supplies, and inventory.

We agree that the aforementioned records will remain the property of the GDC. All GDC data and computer documents that are stored on MHM-owned servers will be deleted only after successful receipt by the Department. Upon notification of a successor contractor, MHM will ensure that all required Department records, reports, data, and other documentation are current and properly documented in the appropriate database or filed for use by the successor contractor as of the start date of the new contract.

MHM will provide appropriate representation at work initiation meetings between the GDC and the successor contractor to help ensure a smooth transition of services. MHM understands the importance of the work initiation meetings and will collaborate with the successor contractor and the GDC as requested. MHM will ensure that any and all close-out activities for the contract have been timely and properly performed. These activities are specified in the subsections that follow.

New Contractor Transition Roles and Responsibilities

Transitioning a long-standing contract such as this will require effective communication and collaboration between all parties. As MHM has done with our new contracts when we have assumed responsibility from an incumbent, we anticipate that the new dental contractor will take responsibility to manage the overall transition and implementation process, ensure that all services are in place, and minimize any transition issues for patients. Specifically, we have assumed that the new contractor would be responsible for:

- Maintaining open lines of communication with the GDC and MHM
- Proactively identifying and addressing any transition challenges
- Determining and actively pursuing all recruiting and staff requirements, including contacting current dental staff who may be able to transition to the new contract
- Reviewing, developing, and obtaining approval for all policies and procedures, including standard operating protocols
- Addressing all technology issues

- Obtaining, reviewing, and understanding recent utilization management of services
- Working with MHM to address the transition needs of individuals with chronic or long-standing dental needs
- Making arrangements to obtain any required data, documentation, medical records, and other information that are required for the ongoing management of the contract

GDC Transition Roles and Responsibilities

We assume that the GDC will be responsible for working with both MHM and the new dental contractor in ensuring that the transition is completed in a timely fashion. Specifically, we anticipate that GDC's responsibilities will include but perhaps not be limited to:

- Working with the new contractor to address any issues or concerns regarding their implementation activities
- Reviewing and approving or suggesting recommended changes to MHM's proposed Close Out Plan within 10 days of receipt to ensure sufficient time for MHM to complete all required and requested close out duties without delay
- Providing MHM with contact information for key transition team members from the successor dental contractor
- Serving as mediator, if needed, between MHM and the successor contractor to clarify respective roles of both contractor agencies in completing transition duties
- Facilitating transition meetings between MHM and successor dental contractor, when needed or appropriate, to ensure steady progress toward smooth, seamless transition with fair and reasonable transition duties shared by both dental contractors
- Ensuring that MHM is paid in full for all provided services, per contract, within 30 days of the contract closing date

Length of Time for Transition

MHM anticipates that we will complete all transition activities within 60 days of the contract end date.

7. Assurance to provided Credentialed Staff

Describe the company's approach to recruitment and credentialing staff. The company must have a process and policy including terminating staff that fail to meet requirements mandated by the State.

MHM agrees to comply with and meet the requirements of RFP Attachment G, Item 7, *Assurance to Provide Credentialed Staff*.

MHM's dental services staff are credentialed and trained to practice within the scope of their discipline and training. All dentists are licensed in the State of Georgia in accordance with NCCHC Standards P-C-01, *Credentials*, and P-E-06*, Oral Care*. We ensure compliance with regulatory requirements by requiring:

- Maintenance of active Georgia licenses for dental practitioners
- Initial and annual review of National Practitioner Data Bank (NPDB) information
- Development, implementation, and monitoring of policies and procedures that are consistent with the Georgia Board of Dentistry for dentists and dental assistants
- Routine and investigatory peer review

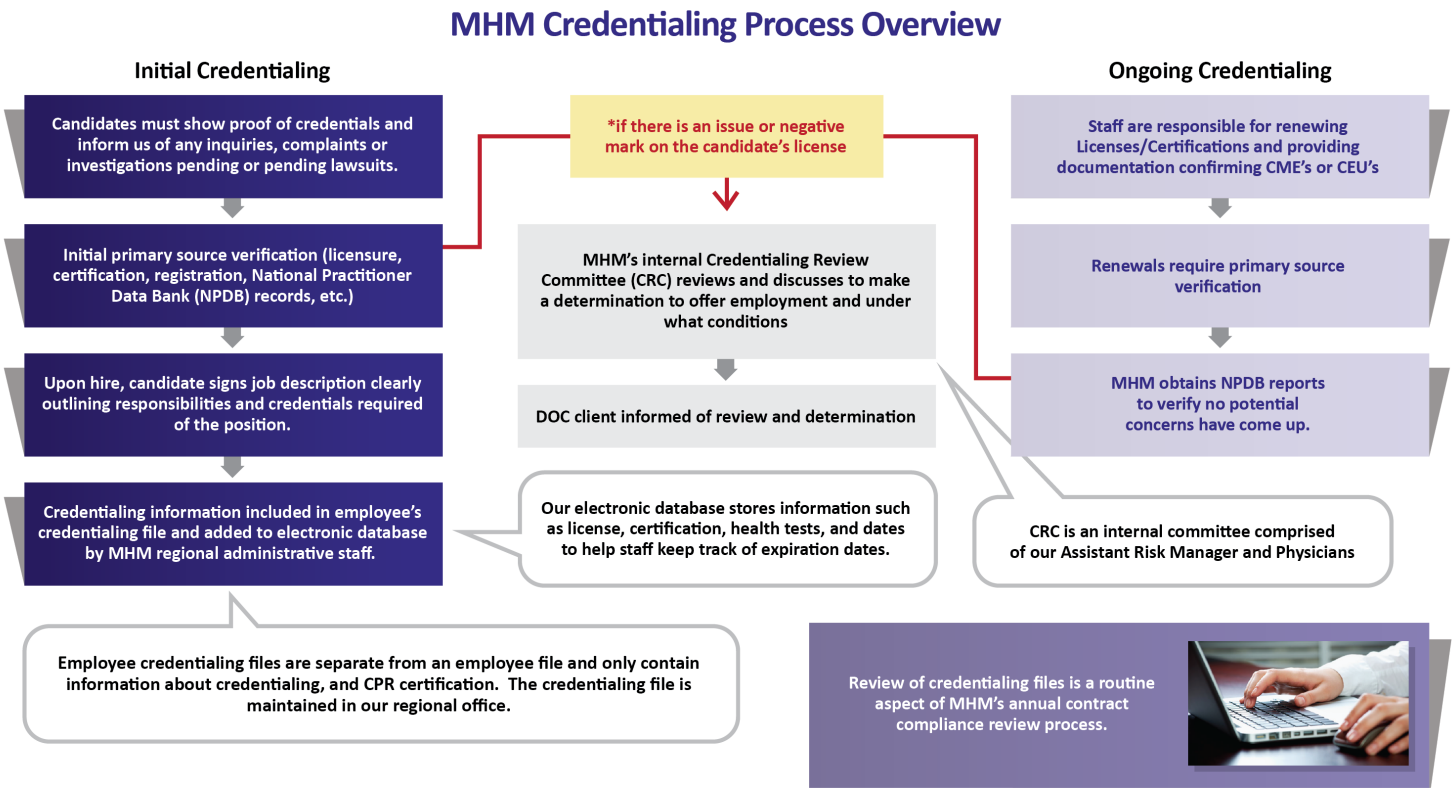
Approach to Recruitment

As explained in detail in response to RFP Attachment G, *Question 5*, recruiting is a function that is shared between our local recruiting team and corporate recruiting team. Through proactive recruiting efforts, we are able to maintain near 100% fill rates for our dental staff in Georgia as well as in our other dental programs in other states.

MHM's Credentialing Process

We will continue to provide an effective initial and periodic credentialing process that ensures that healthcare professionals are fully qualified to legally practice in their assigned clinical roles. We are confident that our credentialing procedures protect the GDC from litigation and other risks that can result from use of under-credentialed staff or staff whose credentials have lapsed after hire. Therefore, we operate a robust credentialing program that ensures staff credentials are in place prior to hire and verifies ongoing compliance with maintaining credentials after hire.

An overview of our credentialing process is provided in the following diagram.



A copy of our *Credentialing Review Process* is provided at the end of this section. Our credentialing process is consistent with NCCHC and ACA standards and will continue to meet or exceed GDC expectations.

MHM's credentialing plan ensures that dentists and dental hygienists have licenses in good standing in Georgia and are fully credentialed to provide the services and responsibilities of their roles and outlined in their job descriptions. Documentation is required to verify reported licenses/credentials and to confirm that licenses/credentials remain current.

Licensure and performance consistent with licensure standards will be verified prior to a potential staff member providing healthcare services.

We will continue to maintain credential files in our regional office with copies provided to the onsite Health Service Units when required for reviews by ACA or other monitoring

agencies. We will continue to ensure the availability of all credential files for GDC representatives throughout the contract.

Initial Credentialing During Hiring Process

At the time an application is submitted, candidates for dental positions are responsible for presenting proof of credentials that satisfy job descriptions and contract requirements.

Consent for the release of information to permit verification of credentials is included in the MHM application for employment. Completion of the credentialing process is the primary responsibility of the MHM regional office management team. However, a service used by MHM's corporate office, **Aperture Cred Smart**, assists with the initial primary source verification of licensure, certification, registration, **National Practitioner Data Bank (NPDB)** records, and other credentials for licensed healthcare staff. Applicants are required to inform MHM of any inquiries, complaints or investigations pending with their respective professional boards, as well as any pending lawsuits related to health care.

Partnership with Aperture Credentialing

MHM has partnered with **Aperture Credentialing, LLC** (Aperture) to manage, monitor and organize all credentialing requirements and services. As the healthcare market's leading credentialing verification organization (CVO) and credentialing technology provider, Aperture is accredited by **URAC (formerly Utilization** Review Accreditation Commission), certified for 10 out of 10 elements set forth by NCQA, and fully compliant with The Joint Commission**.**

With over 4,000 licensed healthcare staff, MHM utilizes Aperture's **CredentialSmart** (**CredSmart**) platform, a communicative, web-based credentialing and privileging platform. CredSmart contains robust functionalities that reduce the time and resources spent on managing credentialing files, retrieving primary source data and communicating credentialing data throughout the contract. CredSmart eliminates inefficiencies and provides real-time, accessible, credentialing services that can be managed at the facility level. By using this software, MHM can eliminate cumbersome paper files and monitor credentialing expirables through the *Actionable Item Triggers* that alert both the provider/clinician and the appropriate contract management.

Additionally, CredSmart allows for our internal contract monitors to review and audit the maintenance of credentialing records and the full credentialing process across the contract with the click of a mouse. Robust reporting capabilities can pull the credentialing status of all employees within minutes with access to a computer and the Internet.

Prior to hire, NPDB inquiries are requested for dentists and dental hygienists to ensure that each of these staff are in good standing. This practice allows MHM to have knowledge related to previous legal action or sanctions that may have occurred or to verify that no such actions have been taken.



Beatrice Fletcher
Credentialing Manager

MHM employs full-time credentialing staff in our Credentialing Department under the direction of **Ms. Beatrice Fletcher**, Credentialing Manager. Whenever a negative finding is indicated on an application, through primary source verification, or after completion of an NPDB inquiry, the Credentialing Department is notified. The Credentialing Department completes an initial review of the materials submitted and requests additional information as needed. In cases in which the initial review indicates there is potential significant concern, the case will be forwarded to one of MHM's Credentialing Review Committees.

Currently, MHM has three Credentialing Review Committees: medical (includes dental), mental health, and nursing. Each committee has their own set of by-laws that dictate committee membership and committee processes. These by-laws are reviewed at least every two years. The Credentialing Review Committee reviews the information about each case and determines if the concern precludes employment of the individual by MHM. Decisions are communicated timely and appropriate action is then taken with regarding to credentialing or denying credentialing of the staff member.

The GDC will be informed of any information found during the NPDB reviews and the subsequent decision of MHM's Credentialing Review Committee. If the GDC does not concur with the decision of the Credentialing Review Committee, GDC's decision will prevail.

Evidence of the following will be provided, at minimum, for each licensed dental staff member prior to providing services:

- Current state license to practice, if applicable
- Evidence of meeting state regulatory requirements and community certification training standards

- Evidence of current TB testing/CPR, AED, and First Aid certification

MHM Credential Files for our dental program will include the following, as applicable:

- Professional licensure (active and inactive) or any required certification
- Supplementary Application (required before we run NPDB inquiry)
- DEA registration if candidate is eligible to prescribe medication
- Attestation of board eligibility or certification, if applicable
- An inquiry to the National Practitioner Data Bank (NPDB)
- Past actions taken against a staff member's license or clinical privileges and complete details of any malpractice history
- Documentation of professional education (diploma, ECFMG for foreign graduates)
- Post-graduate training (internship, residency, fellowship)
- Evidence of meeting state regulatory requirements and community certification training, as applicable
- BCLS or CPR certification, AED certification
- Confirmation of current TB testing
- Confirmation that the Hepatitis B vaccination series has been offered and provided when accepted by the employee
- Curriculum Vitae
- Signed release of information

The Credential File is maintained separately from the Employee File and does not include documentation regarding compensation, benefits, or performance evaluations. Records confirming that the employee has current TB testing and was offered the Hepatitis B vaccination series are also required, but are maintained in the employee Healthcare file for each individual employee.

Paper versions of the staff Credential Files are maintained in a locked file in the MHM Regional Office. Credential Files are available for review by the GDC whenever requested. Our Credential Files are made available on site at the time of accreditation surveys or other GDC-authorized audits. As previously noted, verification of current credentials and job descriptions will also be maintained on file in the facility health services unit.

Upon hire, MHM healthcare staff are responsible for signing the job description that outlines the responsibilities and duties of the position as well as the credentials expected for staff assuming these responsibilities.

Ongoing Periodic Credentialing

Our dental staff are responsible for providing the MHM management team with documentation that required licenses and certifications have been renewed prior to their expiration. Renewals of licensure require primary source verification. Our dental staff are also responsible to inform the MHM management team of pending actions that might jeopardize licensure or certification immediately upon notification of the actions.

Further, our dental staff are responsible for providing documentation confirming completion of **Continuing Medical Education (CME)** or **Continuing Education Unit (CEU**) training to confirm meeting the required 40 hours of annual training.

If a dental staff member fails to submit the required documentation in time, MHM notifies the Dental Supervisor who will intervene with the dentist or dental hygienist to provide the information as soon as possible. If the dental staff member does not provide the necessary documentation, then she or he is referred to the Credentialing Review Committee for further action.

Annual inquiries are requested from the NPDB for dentists to ensure that staff remain in good standing. When this search reveals previous issues or areas of concern, MHM's Credentialing Review Committee reviews these issues and determines whether to continue employment and under what conditions. We will inform the GDC during this process and, if the GDC does not concur with the decision of the MHM Credentialing Review Committee, GDC's decision will prevail.

Monitoring Current Credentials

A MHM administrative coordinator will maintain an electronic database of licensures and certifications by expiration date to ensure that healthcare staff maintain current licensure and certification. This database is comprehensive and permits storing, retrieval, reporting, and auditing for MHM staff credentials, license renewals, board certifications, and CPR and AED. The database includes the following elements:

- Staff member name

- Job title
- Date of licensure expiration
- Date of CPR and AED
- Date of DEA expiration, Federal and State (if applicable)
- Georgia controlled substance registration (CSR) expiration date
- Collaborative agreement (if applicable)
- Date annual NPDB review expires
- Date of most recent TB testing
- Hepatitis Vaccination (three Doses) completed or declination form

Review of staff credential files is a routine aspect of our annual contract compliance review process conducted by our corporate Clinical Operations department.

MHM's job descriptions carefully delineate the expectations for dental staff roles and responsibilities in a manner that is consistent with the discipline's scope of practice and training. Staff are oriented to the importance of providing services in accordance with their job descriptions and within the scope of their own competency.

When staff are not trained to perform specific duties that fall within the scope of their license or job description, we will provide training and support and reassign the task when it is necessary to do so. When staff are identified to have practiced outside the scope of their licenses or job descriptions, we will provide corrective feedback and discipline as indicated, including termination for serious violations.

Terminating Staff Who Fail to Meet Mandated Requirements

If a dental staff member fails to meet mandated requirements, MHM will refer the staff member to the Credentialing Review Committee for determination of next steps. The staff member may be given the opportunity to submit any outstanding paperwork or documentation for credentialing purposes or may be referred for termination of privileges. We will inform the GDC of the termination and, if the GDC does not concur with the decision of the MHM Credentialing Review Committee, GDC's decision will prevail.

MHM Services, Inc./Centurion, LLC

Credentialing Review Process

August 2013 I Revised June 2015 I Revised January 2018

MHM Correctional Services, Inc.

Centurion™

As a provider of comprehensive correctional healthcare services that include Medical, Mental Health, Dental, and Pharmacy services, Centurion or MHM, hereafter referred to as "the Company", ensures that individuals recruited to provide clinical care in correctional facilities have the appropriate training and credentials to perform these services. The Company's credentialing procedure establishes that reported position candidate licenses and credentials have been verified and that all staff licenses and credentials remain current.

While specific healthcare contracts may require more extensive staff credentialing, the Credentialing Review Process establishes the Company's procedures for ensuring that healthcare professionals are appropriately qualified in their designated areas of professional training and hold the necessary certifications. The Company's credentialing process is consistent with the standards of the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). Additionally, should the company contract with clients that require additional industry standards be met, the Company will conduct its credentialing in compliance with these standards.

Policy:

All licensed professionals must provide confirmation of compliance with the licensure, registration, education, and professional standards of the healthcare community and be in full compliance with state statutes and healthcare regulations including professional boards and other regulatory bodies. All staff authorized to prescribe medications must have current individual Drug Enforcement Agency (DEA) license numbers (Federal and State where applicable).

The candidate's credentials are verified during the recruiting and hiring process based through primary sources and recognized registries. When professional licenses are renewed, the verification of licensure is repeated. All licensed staff are subject to National Practitioner Data Bank (NPDB) reporting. The NPDB report is reviewed as part of the hiring process and annually thereafter to ensure that the licensed staff member remains in good standing.

The Company maintains copies or verification documentation of current licensing, certification, and registration information in local Credential/Training Files in accordance with NCCHC and ACA standards and in compliance with contractual requirements. In addition, all records are centralized and maintained by the Corporate Credentialing Department via the Credentialing software used to hold and report on all staff credentials. Appropriate Regional Office representatives have access to their respective Credentialing database to access provider information at any time. If necessary based on client request, the files will also be available on- site. Credential/Training Files are provided to the sites when required by NCCHC, ACA or authorized audits.

The contract's senior management (Program Manager, Vice President of Operations, etc.), hereafter referred to as "Contract Management," has overall responsibility to ensure appropriate completion of the credentialing process and maintenance of updated Credential/Training Files. Credential verification is completed by the Credentialing Department at time of hire and annually thereafter. The Regional Office will dedicate an employee to be responsible for running monthly

licensure checks. Continuous Quality Improvement (CQI) Manager is responsible for conducting semi-annual audits of the Credential/Training Files to ensure that all information has been updated as necessary.

Job Descriptions

1. Job descriptions are developed to ensure that all staff members hold the prerequisite credentials and licenses and are aware of the tasks, duties and responsibilities of their assigned positions including performance objectives and reporting requirements. Job descriptions are used in the orientation of the staff member and the ongoing monitoring of job performance and also provide the framework for annual performance evaluations.

2. Job descriptions are maintained by the Human Resources Department and are verified as part of the proposal development and/or during the contract implementation period.

3. Job descriptions include an overview of the position, job responsibilities, and tasks, credentialing requirements, and other required skills and capabilities. All job descriptions are developed in a manner consistent with Federal and State laws, including the Americans with Disabilities Act (ADA).

4. For clinical staff, job descriptions include the requirement that the staff member will be an active participant in the Continuous Quality Improvement (CQI) program, including peer review.

5. For staff whose job responsibilities place them at risk for exposure to bloodborne pathogens, identification of this risk is included in their job descriptions.

6. Job descriptions for a specific contract may be required to be submitted to the client for approval prior to contract implementation.

7. The employee and supervisor are expected to sign the relevant job description prior to assuming job duties.

8. The signed job description is filed in the employee's Credential/Training File with a copy given to the employee.

9. Job descriptions are revised when job expectations and responsibilities change.

Licensed Staff Responsibilities

1. Each licensed staff member is responsible for maintaining a current license, certification, registration, or other credentials specified by the job description and required by the jurisdiction in which direct care is provided.

2. Each licensed staff member is responsible for maintaining the additional certifications required by the client agency.

3. During the recruitment and hiring process, candidates for healthcare positions are responsible for presenting proof of credentials that satisfy the job description and contract requirements. Candidates are expected to report any existing restrictions on their licenses.

4. Consent for the release of information to permit credential verification is included in the application process. The consent for the release of information must be completed by all candidates who are applying for any position. Applicants are informed that employment is contingent on the results of the credential verification and review/acceptance of any prior actions against their license.

5. Upon hire, licensed staff member are responsible for signing the job description that outlines the responsibilities and duties of the position as well as the credentials expected for staff assuming these responsibilities.

6. As part of the responsibilities of nurse practitioners and physician assistants, and when required by state regulations, collaborative agreements with supervising physicians are developed and maintained. State regulations may require collaborative practice agreements to include formal practice or protocol guidelines as well as approval by the state Board of Medicine and/or the state Board of Nursing.

7. Licensed staff are responsible for providing the Contract Management or Regional Office designee documentation that required licenses and certifications have been renewed prior to their expiration. Staff who do not submit the documentation of license and certification renewals will be subject to suspension in accordance with Company policy until the documentation is provided.

8. Staff are responsible for informing the Contract Management or Regional Office designee of any pending actions that might jeopardize licensure or certification immediately upon notification of the actions.

9. Staff are responsible for notifying Contract Management or Regional Office designee immediately if any change in their license status occurs, including but not limited to restrictions, revocation, probation, or limit on privileges. Staff are also responsible for notifying Contract Management or Regional Office designee immediately upon notification that they are subject to a complaint under the Prison Rape Elimination Act.

10. In some contracts, staff are responsible for providing documentation to Contract Management or Regional Office designee confirming completion of Continuing Medical Education (CME) or Continuing Education Unit (CEU) training required to maintain licensure.

Contract Responsibilities

1. Contract Management is responsible to be aware of and understand the credentialing requirements of positions within the contract. In addition, Contract Management is responsible for ensuring that credentialing is being managed appropriately at the contract level.

2. Contract Management is responsible to review the credentialing process prospectively with client agencies for approval to ensure the process is consistent with State and local practice and contract requirements.

3. Recruiters complete initial verification of the credentials for Physicians, Psychiatrists, Nurse Practitioners, Physician Assistants, Dentists, licensed doctoral level Psychologists subject to NPDB reporting. The Credentialing Department is responsible for nurses and all other licensed staff. The NPDB is a national central repository of information on malpractice payments or other adverse licensure actions.

4. When Contract Management or a Recruiter submits a request for an offer letter for Physicians, Psychiatrists, Nurse Practitioners, Physician Assistants, Dentists, and licensed doctoral level Psychologists, he/she is confirming that the credentialing process has been completed and confirmed through the Credentialing Department. For all other licensed staff, offers letters can be initiated prior to the completion of the NPDB review but the offer letter must state that employment is conditional based on successful completion of the NPDB and credentialing review process.

5. Contract Management will consult with the client whenever hiring an employee whose NPDB report includes negative information. If notified about a negative recommendation from any of the Company's credentialing review committees, Contract Management is responsible for taking immediate action in response to the decision. This may include working with respective leadership to rescind offer or terminate employment.

6. Contract Management is responsible to assign the preparation of local files for all new staff: Human Resources File, Health File, Credentialing / Training File. The required contents for these files are outlined in the **File Management Guidelines** policy document.

7. Contract Management and statewide Medical Director are responsible for assuring that collaborative practice agreements are developed and maintained for Nurse Practitioners and Physician Assistants as required by state regulations. Contract Management and statewide Medical Director ensure that collaborating providers are available and assigned to fulfill the responsibilities of required collaborative practice agreements for Nurse Practitioners and Physician Assistants.

8. CQI Manager is responsible to conduct periodic audits of the Credential/Training Files, no less than semi-annually, to ensure that all credentialing information has been updated as necessary.

9. Contract Management / Regional Office is responsible for providing monthly written confirmation to the Corporate Credentialing Department that all required staff licenses and certifications have been renewed prior to their expiration and the contract is in full compliance with the credentialing process. This can be accomplished by sending a confirmatory email after running a Monthly Actionable Items report through the Credentialing Database. Regional Vice Presidents/Corporate Executives will be provided reports when contracts do not comply with this expectation. Contract Management is responsible for staff who do not submit the documentation of license and certification renewals as requested. Employees will be subject to suspension in accordance with Company policy until the documentation is provided.

10. The Clinical Operations Department is responsible for conducting audits of the Credential/Training Files during annual contract compliance reviews.

Credentialing Department Responsibilities

The primary responsibility of the Corporate Credentialing Department includes:

a. New hire credentialing on all licensed providers
b. Annual recredentialing on all licensed staff members. These inquiries will be completed each year during the month designated by the Credentialing Department
c. Management of the Company's credentialing committees, including management and upkeep of the operational By-Laws
d. Maintain operation and audits the Credentialing Database to ensure all documentation maintained
e. Terminating providers from the Credentialing database
f. Notifying corporate leadership when Contract Management fails to fulfill credentialing responsibilities and required reporting
g. Support local field offices with all credentialing concerns and questions

When a candidate's NPDB report includes include sanctions and/or disciplinary actions past or present, the Credentialing Department will put forward for review by the appropriate Credentialing Review Committee.

1. The Credentialing Review Committee reviews the information about a case and determines if the concern precludes employment of the individual.

2. In cases in which the Credentialing Review Committee determines candidate not suitable for employment, the Credentialing Department will notify the Contract Management, recruiter, and the HR Business Partner, immediately.

3. The Credentialing Department will maintain all records of the Credentialing Review Committees in the Credentialing Database.

4. The duties and responsibility of the Credentialing Review Committee are outlined in the respective Committee By-Laws.

Credentialing Process

***** # 1-5 apply to Physicians, Nurse Practitioners, Physician Assistants, Dentists, Licensed Doctoral Level Psychologists ONLY*****

1. During the recruitment process and prior to making an oral or written job offer, the recruiter will verify licensure and initiate an NPDB inquiry.

2. The recruiter will obtain the information necessary by asking the candidate to complete the *Prehire NPDB Authorization Release Form*.

3. Once the form is received, the recruiter will add the provider to the Credentialing database and initiate the NPDB query.

4. When the response to the NPDB inquiry is received and, if the report indicates no sanctions, disciplinary actions, and/or other concerns or conditions, the recruiter will continue with the New Hire Process.

5. When the response to the NPDB inquiry is received with any indication of sanctions and/or disciplinary actions, the recruiter will E-mail the NPDB report to the Credentialing Department for further review.

For all other licensed providers, the credentialing process will begin once the candidate completes and returns the Supplemental Application, which may be after the offer of employment has been made. If Supplemental Application is not received, the Credentialing Department will take all steps to complete the process without the form.

1. When the "offer letter" is sent to a potential employee, the applicant is advised to return the fully completed Supplemental Application Form and the credentialing documentation listed below to the Credentialing Department. The credentialing documentation requested includes (as applicable):

    - Current license Curriculum
    - Vitae/Resume
    - Diplomas/Certificates verifying education; includes copy of diploma, and Educational Commission for Foreign Medical Graduates (ECFMG) certification for foreign graduates; post-graduate training (internship, residency, preceptorships and post- doctoral fellowships)
    - Drug Enforcement Administration (DEA) certification (prescribers of medication)

- Any other professional State Board certification for prescriptive privileges required, if applicable
- Copies of other applicable certifications, such as Advance Practice Certification for Nurse Practitioners
- Current CPR/AED Certification
- Other certifications required by the client

2. The Credentialing Department will complete the credentialing process as soon as possible after Supplemental Application is received. The Credentialing Department will re-verify the licensure and NPDB and then proceed with verification of education and other licenses. New staff that begin job duties before the credentialing process is completed will be advised that continuing employment requires successful completion of the credentialing process.

3. The Credentialing Department will facilitate review by the appropriate Credentialing Review Committee. The Credentialing Review Committee will complete its review and determine if the concerns should preclude employment following the procedures outlined in the committee's By-Laws.

4. Recommendations of the Credentialing Review Committee will be sent by E-mail to the recruiter (if categories listed above) and appropriate Contract Management.

5. The Regional Office is expected to follow-up with the references listed by the applicant on the application form.

6. When ***locum tenens*** staff are used for temporary provision of healthcare services, the company supplying the *locum tenens* staff will confirm that the credentials of staff are consistent with the relevant job description and the licensure and certification requirements of the jurisdiction. The company will supply credentialing documentation for *locum tenens* staff if required by the client. The Credentialing Department does not credential *locum tenens* providers.

Credentialing Process for Contracted Specialty Providers

The Company will ensure that all **contracted specialty providers** ("specialists") are currently licensed and have been appropriately credentialed prior to delivering care to patients. This includes specialty providers who deliver care on-site, those who provide services through telehealth, and those who see patients in the community pursuant to contracts with the Company. The credentialing process will be done either directly or indirectly via "delegated credentialing."

The Network Development/Contracting Department is responsible to ensure proper credentialing of specialists who deliver care on-site, through telehealth or off-site, and will also be responsible for maintaining the credentialing record. Specialty providers are required to meet the Company's credentialing standards as well as meet all NCCHC and ACA guidelines. Specialists are recredentialed every three years.

If payment for specialty services goes through Accounts Payable, the credentialing process is delegated to the vendor. (Examples not limited to: optometrists, x-ray technicians, physical therapists). Contracted vendors are required to ensure all providers are appropriately licensed and adhere to state and federal regulations in addition to meeting NCCHC and ACA guidelines.

The Company's Credentialing Department is not involved in the credentialing process for specialty providers. When required by the client agency, Contract Management or designee, can contact the Network Development/Contracting Department to get required documentation.

Credentialing Process for Non-Licensed Staff:

1. When non-licensed staff such as nursing assistants, activities technicians, bachelor-level clinicians and support staff are offered a position with the Company, they will be asked to provide evidence of the completion of educational requirements included in the relevant job description. This documentation will be placed in the Credential/Training File.

2. All non-licensed applicants will be informed that employment is contingent on proof of education and CPR/AED certification (if required by client).

3. Non-licensed staff are not maintained in the central Credentialing Database. The Regional Office will maintain certifications or other documentation in the local Credentialing/Training File.

Local Files – Guidelines regarding local files are detailed in the File Management Guidelines policy.

1. Human Resource Files are maintained in locked file cabinets within the Regional Office with access restricted to appropriate staff and/or agencies.

2. Human Resource Files are internal to the Company and are not shared with the client.

3. Credential/Training Files will be available for review by the client agency or other agencies authorized by the client. The Company may be required to periodically submit a roster of staff whose professional credentials have been certified to the client.

4. Each staff member has the right to review or receive a copy of any information in his/her Credential/Training File, Human Resource File and Confidential/Health & Safety File in accordance with the guidelines provided in the Employee Handbook.

5. The recommended organization of the Credential/Training File to facilitate consistency and support reviews by the client, NCCHC, ACA and other authorized auditors follows.

8. Program Director Role and Responsibilities

Describe the qualifications required for the Program Director by the company, over and beyond the State's requirements. How will performance be managed?

MHM agrees to comply with and meet the requirements of RFP Attachment G, Item 8, *Program Director Role and Responsibilities*.



Inez Tann, RN, BS, CCHP
Regional Director & Program Manager

MHM is pleased that we have had one of the most effective and impactful Program Directors overseeing the GDC contract. Ms. Inez Tann has worked with MHM in Georgia since 2004 and has served as the Regional Director for much of that time. Ms. Tann will continue to serve as the Regional Director during the next contract period. Highly regarded in Georgia, Ms. Tann is also well known throughout the nation as an expert in correctional healthcare. Her integrity and enthusiasm for her role ensures services are delivered as required and staff conduct themselves in a professional, ethical manner.

Program Director Qualifications

GDC's required qualifications for the Program Director include:

- A bachelor's degree in human services or related field
- At least five years of program management experience in healthcare
- Total working knowledge of the correctional environment

In addition, we expect the position to demonstrate the following competencies:

- Ability to lead a large, statewide workforce distributed across remote and rural areas of the State
- Clinical acumen to assess evidence-based mental health and dental services
- Effective collaboration with internal and external customers
- Ability to provide comprehensive, clear, and timely documentation to the GDC
- Maintaining strong written and oral communication skills
- Close commitment and accountability for job responsibilities and program success

- Ability to effectively manage stressful and adverse situations and work under difficult conditions
- Effective time management skills
- Ability to work collaboratively to solve problems

Ms. Tann far exceeds these requirements. Ms. Tann has a bachelor's degree and is a registered nurse. She is also a Certified Correctional Health Professional (CCHP) and a certified ACA auditor. Most recently, Ms. Tann was selected as an ACA Commissioner.

She has been a clinical manager of correctional programs for over 30 years. She is widely respected nationally for her expertise in correctional healthcare.

Ms. Tann's responsibilities include:

- Overseeing and evaluating work activities of a multidisciplinary team including dental, mental health, substance use disorder, technical, clerical, and support services
- Reviewing and evaluating treatment and administrative procedures and outcomes
- Monitoring, assessing, and advising staff on clinical or facility related procedures and protocols, as needed
- Providing technical and administrative oversight to staff, addressing and resolving problems and conflicts
- Supporting the Dental Supervisor, Statewide Psychiatry Director, Assistant Program Manager, and onsite facility leadership in hiring, orienting, training, supervising and counseling members for the healthcare team
- Coordinating the annual performance review process for staff in a timely manner
- Communicating and implementing contract-specific policies and procedures
- Ensuring that clinical practices are consistent with NCCHC/ACA medical, dental, and mental health standards
- Updating regional management on overall program progress and/or needs in staffing, performance, CQI, legal, compliance, budget/fiscal
- Serving as MHM's liaison to the client in collaboration with the Regional Vice President

- Responding to inquiries and concerns of site contract and correctional administration
- Ensuring regular conduct and documentation of staff meetings
- Supervising CQI program and performance audits
- Ensuring that recommendations from CQI and performance audits are implemented, and the results of the corrective actions are monitored
- Ensuring that grievances received are reviewed promptly and provided with an appropriate clinical response
- Ensuring compliance with all facility and company policies, federal and state laws, regulations, and guidelines, including but not limited to HIPAA and PREA
- Ensuring that staff coordinate care closely with security staff while maintaining a positive and collaborative relationship
- Maintaining an ethical commitment to ensuring confidentiality within the limits of the correctional setting
- Ensuring that care is delivered in a non-judgmental and non-discriminatory manner to protect the autonomy, dignity, and rights of patients
- Understanding and adhering to safety and security regulations of the institution

Measuring Performance

Ms. Tann reports to **Mr. Jeffrey Wells**, MBA, Regional Vice President. In addition to meeting regularly to review job performance, program success and challenges, and problem solve any issues, Mr. Wells provides ongoing support to Ms. Tann in obtaining any needed corporate resource. Mr. Wells is based in Georgia and ensures corporate resources flow to the local level as needed.



Jeffrey Wells, MBA
Regional Vice President

Ms. Tann's performance is managed based on meeting the responsibilities of her position, our Georgia program's ability to meet contractual performance standards and requirements, and the quality of services delivered to incarcerated patients. The following are only a sample of Ms. Tann's accomplishments for the contract during her tenure as the Regional Director:

- Providing high quality mental health and dental care for an increasing number of offenders with mental health issues and complex dental care problems
- Successfully launching the telepsychiatry program that now allows MHM to provide access to needed services for 2,000 to 2,500 patients monthly
- Routinely meeting staffing requirements, including successfully transferring 90% of staff from a closed facility to a new GDC facility
- Achieving cost and process efficiencies through the implementation of innovative solutions, cost avoidance processes, and continuous quality improvement initiatives
- Using only one temporary physician (i.e., *locum tenens*) in the past 10 years, an amazing feat given the staffing challenges of prisons in general
- Avoiding any substantial litigation related to the provision of services
- Effectively utilizing innovative technology such as telehealth systems and the dental software that allows MHM to deliver care accurately document care, and track patients as they move from one facility to another

9. Managing Audit Requirements

Describe the approach for providing documentation in accordance to the established timeframes and in accordance with Departmental policies and procedures.

Supplier will be responsible to conduct an annual audit to report contract compliance with requirements to include, but not be limited to staffing, provisions for dental health delivery and financial audits. All audit requirements are subject to the discretion of GDC. What tools do you have in place to guarantee clean audits?

MHM agrees to comply with and meet the requirements of RFP Attachment G, Item 9, *Managing Audit Requirements.*

A corresponding description of our auditing and reporting capabilities for mental health is provided in our response to RFP Attachment F, Item 15, *Statement of Work*. Here, we have attempted to follow the GDC's instructions to limit our responses within Attachment G to dental services. However, MHM would like to emphasize that we are committed to providing auditing and reporting services for all of our contracted services, not just dental health services, and we have used our response in RFP Attachment F, Item 15, to discuss our mental health auditing and reporting strategies.

Summary of Audit and Reporting Requirements

Dental Auditing and Reporting Requirements

In the current dental program, the GDC's medical services contractor, Augusta University's **Georgia Correctional HealthCare (GCHC),** collaborates with the GDC dental program leadership in the provision of Continuous Quality Improvement (CQI) activities for the dental program. Going forward under the new contract, based on the audit and reporting requirements in the RFP, we anticipate taking a more active role in the CQI processes. We are fully prepared to take on additional CQI responsibilities, and we elaborate further on our experience with dental service auditing and reporting later in this section.

For dental services, we anticipate providing the following audits, monitoring, and reports:

- **Annual audit** (financial and programmatic) to report contract compliance with expected levels of service and key performance indicators such as staffing, dental service delivery, and financial accounting and reporting
- **Monthly dental health statistics reports** compiled by MHM's dental hygienists and submitted to the GDC by the 10th day of each month

- **Charting/documentation reviews** completed by our Dental Supervisor to clarify interpretation of monthly statistical reports as may be requested by the GDC
- **Self-audits** organized through our CQI program in consultation with our Dental Supervisor
- **Peer reviews** for licensed dental staff that meet ACA and NCCHC standards, to be completed using the MHM's peer review tools and to include all required follow-up and report filing responsibilities
- **Continuous program monitoring** to include both process and outcome evaluation using standardized, valid assessment tools
- **Monthly time reports:** Reports that summarize by position the total hours worked, the total hours required by the staffing contract, and the variance between hours worked and hours required

MHM will also ensure that we meet the auditing and reporting requirements noted in SOP 507.05.11 (VH69-0001), *Dental Unit Report*, and SOP 507.05.12 (VH69-0003), *Auditing the Dental Unit*. At a minimum, MHM will ensure that following SOP requirements are met:

- Each month the dentist for each facility will complete a Dental Monthly Report form (D-69-0001.01) and email it to the statewide Dental Supervisor, Dr. Rhonda Lemons
- The data for the Dental Monthly Report will come from the Dental Daily Report (D-69-0001.02) and will be retained at the unit for one year
- The Dental Monthly Report will be kept in the facility's dental unit record at the OHS
- Each facility will have its dental services evaluated by the State Dental Supervisor or designee
- A copy of the dental services evaluation will be sent to the facility's Warden/Superintendent and dentist

Exceeding GDC Auditing and Reporting Requirements

MHM's corporate office, statewide senior program management, statewide and site-level CQI staff, and our Staff and Program Development Coordinator, **Sidney Moore, RN**, have all been instrumental in ensuring that the broad range of GDC required financial, staffing,



Sidney Moore, RN
Staff and Program Development Coordinator

operational, and program service audits and reports are completed and reported to the GDC in a timely manner.

In the new contract, we are excited by the enhanced auditing and reporting capabilities that will be available to MHM, the GDC and other service providers, once the **Cerner** electronic health record system is implemented sometime in 2018. We are prepared to provide expanded auditing and reporting of dental services and the ITF programs as part of the contract restructuring noted in this RFP.

MHM anticipates enhanced auditing and reporting capabilities from **Dentrix**, our proposed dental electronic health record system for the new contract. Dentrix offers the following capabilities:

- Manage and schedule requests for dental services
- Streamline patient check-in process
- Document assessment and treatment services
- Store treatment-related documents
- Electronically transfer information between facilities
- Generate composite and individual reports on all dental activities by patient and facility
- Categorize information by discipline of dentistry

Annual Audits

MHM is aware that the annual programmatic and financial reports required for dental services are an additional requirement in the new contact. While we currently provide several types of quarterly, monthly, and weekly reports to the GDC that cover programmatic and financial data, these are not typically aggregated into a formal programmatic or financial report as described in this RFP. We are fully prepared to meet this new requirement and look forward to collaborating with the GDC to determine the preferred program and financial content for these reports, and preferred delivery format.

Currently, our regional office CQI team, together with **Inez Tann**, our Regional Director, provides the GDC with quarterly and annual MHM Operations Reports. These reports cover a broad range of reporting requirements, including results from MHM's internal audits. A

recently submitted year-to-date report in December 2017, covering program activities from January 2017 through September 2017, included the following reporting areas:

- Administrative – recent administrative accomplishments and challenges
- Continuous Quality Improvement - review of recent and ongoing CQI activities
- Crisis Stabilization Unit Coordination
- Dental Services
- Psychiatry
- Psychology
- Staffing Patterns
- Tele-Mental Health Statistics

As noted earlier, MHM does not currently play an active role with the annual and quarterly dental program audits under the current contract structure, as these are currently the responsibility of GCHC and GDC. However, we do generate dental services and scheduling activity reports for self-audit purposes, which we share with the GDC. We are also fully prepared to assist the GDC in providing the annual facility-specific audits going forward in the new contract. To assist with these new dental auditing and reporting requirements, MHM proposes to use the **Dentrix** electronic dental health record system. We believe that Dentrix offers enhanced scheduling, auditing, and reporting capabilities, as well as the capacity for integration with Cerner, the intended electronic health record system for medical and mental health services.

MHM can utilize GDC's current audit tools to conduct the annual facility audits going forward in the new contract. MHM has also developed a number of dental audit tools and reporting templates in our other contracts that we would be glad to share with the GDC. Included **on the following pages is a *sample dental audit tool*** that we currently use in our contract with the Florida Department of Corrections (FDC). The audit tool can be modified to meet GDC requirements.

	Sample Size: 20 Appropriate Dental and Medical Records
1	Randomly select 20 dental and medical records from the appropriate time frame (1, 3, or 6 months). **Make sure to select records for patients that include denture, periodontal and/or emergency care.**
2	Print the audit tool. Audit tool has been formatted to print out correctly.
3	Review each of the records using the listed indicators.
4	Enter the patient's FDC number into the "file indentification" column.
5	Manually record Yes, No or Not Applicable (N/A) response on the tool for each question on the audit tool.
6	When the manual tool is completed, transcribe the manual results onto the audit tool excel spreadsheet, noting a "1" into each appropriate box for each question ** Compliance percentage for each indicator will be automatically scored and recorded in the results section and onto the graph below ** Compliance percentage is automatically calculated using the total Yes answers divided by the total of Yes and No answers. N/A scores are not calculated in the total; the N/A response should rarely, if ever, be used.
7	Print the tab of the audit tool spreadsheet and place in CQI studies binder along with the completed manual audit tool sheet.
8	Save the study on your shared file drive and name it "Dental" and the date (i.e. 041517). Send the file to the Dental CQI Program Director at the Regional Office. When sending the email, please indicate in the subject line: "(name of your facility), Dental, and (date).

Facility Information

Facility Name: _____

Health Services Manager: _____ Director of Nursing _____

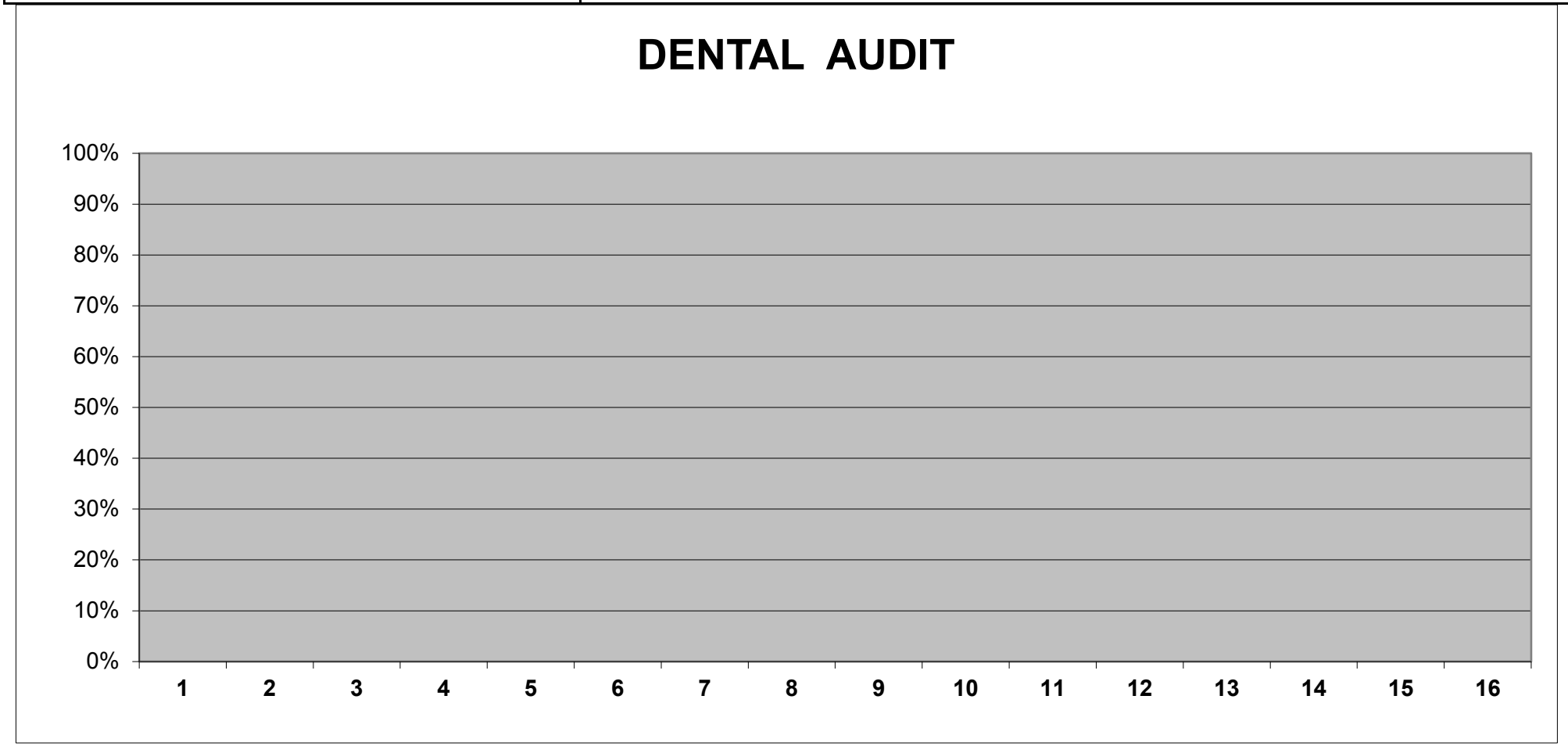
Senior Dentist: _____ Regional Dental Director _____

Month and Year Data Reported: _____ Month and Year Data Collected: _____

Total # of Records Reviewed: _____

Data Collected and Reported By: _____

EVALUATION	Threshold for each indicator is 90% (unless otherwise noted below)



	Criteria	Results			
		Yes	**No**	**NA**	**%**
1	If patient has a dental emergency, he/she was evaluated and/or treated within 24 hours by the dentist, or in the event the dentist is not available, by referral to the medical department or local dentist/hospital and is documented on DC4-724, Dental Treatment Record (100% per OHS indicator #87)	0	0	0	
2	Wait time for dental appointments between the first appointment and follow-up appointment did not exceed 3 months. (95% per OHS indicator #90)	0	0	0	
3	Restorations and bases are appropriate for the caries noted based on review of radiographs, DC4-764, Dental Diagnosis and Treatment Plan and DC4-724, Dental Treatment Record (100% per OHS indicator #94)	0	0	0	
4	The initial wait time after request for routine comprehensive dental care does not exceed 6 months per DC4-724, Dental Treatment Record (95% per OHS indicator #89)	0	0	0	
5	A complete dental examination is done to develop an individualized Dental Treatment Plan as documented on DC4-734, Dental Health Questionnaire, DC4-764, Dental Diagnosis and Treatment Plan, DC4-724, Dental Treatment Record, and full mouth radiographs (100% per OHS indicator #91)	0	0	0	
6	Prophylaxis and/or oral hygiene instructions were included as part of the comprehensive dental treatment plan (100% per OHS indicator #92)	0	0	0	
7	Decay reaching the DEJ radiographically is diagnosed for restoration (100% per OHS indicator #93)	0	0	0	
8	Anterior endodontic treatment is diagnosed if the tooth in question has adequate periodontal support and has a good prognosis of restorability and long term retention (95% per OHS indicator #95)	0	0	0	

	Criteria	Results			
9	Posterior endodontic treatment is diagnosed if the tooth is critical to arch integrity (there are no missing teeth in the quadrant or necessary as a partial denture abutment), has adequate periodontal support and has a good prognosis of restorability and long term retention (95% per OHS indicator #96)	0	0	0	
10	A removable partial denture is diagnosed when 7 or less posterior teeth are in occlusion (100% per OHS indicator #99)	0	0	0	
11	Periodontal charting is done when indicated by the radiographs, periodontal examination and/or PSR (Periodontal Screening and Recording) (95% per OHS indicator #97)	0	0	0	
12	If planned dental treatment/care was not available on-site, patient was referred to off-site dentists/dental providers (95% per OSH indicator #100)	0	0	0	
13	If an edentulous patient requests complete dentures, he/she was diagnosed and provided (100% per OHS indicator #98)	0	0	0	
14	Appropriate consults for oral pathology referrals are generated and forwarded within 5 calendar days of the encounter generating the need for referral (100% per OHS indicator #101)	0	0	0	
15	Appropriate consults for oral surgery referrals are generated and forwarded within 10 calendar days of the encounter generating the need for referral (100% per OHS indicator #102)	0	0	0	
16	If presenting with head and neck trauma or cancer, patient is immediately treated and/or referred to an appropriate provider for follow-up care (100% per OHS indicator #103)	0	0	0	
	Overall Compliance				

Dental Audit Tool

		Question #1			Question #2			Question #3			Question #4			Question #5		
	Dental Audit Tool	If patient has a dental emergency, he/she was evaluated and/or treated within 24 hours by the dentist, or in the event the dentist is not available, by referral to the medical department or local dentist/hospital and is documented on *DC4-724, Dental Treatment Record* **(100% per OHS indicator #87)**			Wait time for dental appointments between the first appointment and follow-up appointment did not exceed 3 months. **(95% per OHS indicator #90)**			Restorations and bases are appropriate for the caries noted based on review of radiographs, *DC4-764, Dental Diagnosis and Treatment Plan* and *DC4-724, Dental Treatment Record* **(100% per OHS indicator #94)**			The initial wait time after request for routine comprehensive dental care does not exceed 6 months *per DC4-724, Dental Treatment Record* **(95% per OHS indicator #89)**			A complete dental examination is done to develop an individualized Dental Treatment Plan as documented on *DC4-734, Dental Health Questionnaire, DC4-764, Dental Diagnosis and Treatment Plan, DC4-724, Dental Treatment Record, and full mouth radiographs* **(100% per OHS indicator #91)**		
	File Identification	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
Totals		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Dental Audit Tool

		Question #6			Question #7			Question #8			Question #9			Question #10		
	Dental Audit Tool	Prophylaxis and/or oral hygiene instructions were included as part of the comprehensive dental treatment plan **(100% per OHS indicator #92)**			Decay reaching the DEJ radiographically is diagnosed for restoration **(100% per OHS indicator #93)**			Anterior endodontic treatment is diagnosed if the tooth in question has adequate periodontal support and has a good prognosis of restorability and long term retention **(95% per OHS indicator #95)**			Posterior endodontic treatment is diagnosed if the tooth is critical to arch integrity (there are no missing teeth in the quadrant or necessary as a partial denture abutment), has adequate periodontal support and has a good prognosis of restorability and long term retention **(95% per OHS indicator #96)**			A removable partial denture is diagnosed when 7 or less posterior teeth are in occlusion **(100% per OHS indicator #99)**		
	File Identification	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**
1																
2																
3																
4																
5																
6																
8																
9																
10																
Totals		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Question # 11			Question # 12			Question #13			Question #14			Question #15			Question #16		
Periodontal charting is done when indicated by the radiographs, periodontal examination and/or *PSR (Periodontal Screening and Recording)* **(95% per OHS indicator #97)**			If planned dental treatment/care was not available on-site, patient was referred to off-site dentists/dental providers **(95% per OSH indicator #100)**			If an edentulous patient requests complete dentures, he/she was diagnosed and provided **(100% per OHS indicator #98)**			Appropriate consults for oral pathology referrals are generated and forwarded within 5 calendar days of the encounter generating the need for referral **(100% per OHS indicator #101)**			Appropriate consults for oral surgery referrals are generated and forwarded within 10 calendar days of the encounter generating the need for referral **(100% per OHS indicator #102)**			If presenting with head and neck trauma or cancer, patient is immediately treated and/or referred to an appropriate provider for follow-up care **(100% per OHS indicator #103)**		
YES	**NO**	**N/A**	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**	**YES**	**NO**	**N/A**
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Corporate Clinical Operations Report

In addition to the facility-specific audits required by the GDC, MHM's Clinical Operations team will conduct an annual Contract Compliance Audit and Report at targeted program services and facilities within the GDC each year. These audits are intentionally designed to provide both qualitative and quantitative analysis of provided program services and other contracted requirements, including a staff credentialing audit. Currently, these annual contract compliance audits include the full range of mental health services, but not contracted dental services. In the new contract, MHM will expand the scope of these Contract Compliance Reports to include dental services.



Pictured (from left to right):
Julie Mueller, RN, MBA, *Senior Vice President of Clinical Operations*; **John Wilson**, PhD, CCHP- MH, Vice President of Clinical Development; **Jeffrey Keller**, MD, FACEP, Chief Medical Officer; **Sharen Barboza**, PhD, CCHP-MH, *Vice President of Clinical Operations – Mental Health*; **Joel Andrade,** PhD, LICSW, CCHP-MH, *Director of Clinical Operations – Mental Health*; **Angela Goehring**, RN, *Chief Nursing Officer*; **Julie Buehler**, BS-RT, MPA, CCHP, Director of Operational Support

The qualitative portion of these audits involves structured interviews with GDC senior administrative and custody staff, medical provider staff, and MHM staff. The questions asked are designed to determine MHM's strengths and areas for improvement from the perspective of key stakeholders in our provision of contracted mental health services. The quantitative portion of these audits involves random review of mental health records to measure compliance with both contracted and best-practice service standards.

Once the audit is completed, a comprehensive written report is provided to the GDC, as well as senior program management at our GDC regional office. The report provides detailed information on our programs strengths as well as recommendations for program improvement. Our regional office is then required to complete a corrective action plan for all contract requirements that fall below compliance standards.

Weekly Vacancy Reports

MHM also provides the GDC with our weekly Vacancy Report which shows the status of recruitment efforts to fill any current vacancies across all GDC facilities where we provide staff. We maintain clinical credentialing files that are available for GDC review at any time.

Audit Integrity

To help facilitate accurate auditing and reporting, we suggest a number of safeguards, including the following:

- GDC approval, beforehand, for planned audits that include an explanation of methodology for sample sizes and random selection process
- GDC approval of auditing tools to ensure that the audit questions or statements are worded in a way that minimizes ambiguity and subjective answering
- GDC approval of reporting tools to ensure that they include GDC expectations for content, format, and delivery mechanism
- Include GDC staff in planning and conducting MHM CQI audits
- Review of audit findings and reports, before submission to the GDC, by our regional office CQI team if conducted by onsite staff, and by senior program management if conducted by the regional CQI team.
- Maintain records of all charts or records reviewed in our audits in order to facilitate GDC follow-up at any point in the future to check all or part of our audit results

Online Collaboration and Reporting through SharePoint

In our other contracts, we have established program-specific on-line collaborative sites using **SharePoint**. The site is hosted on MHM's internal, web-based portal and will be available for GDC staff who are designated by the Department to access and retrieve a full range of MHM managed or acquired reports, in addition to other information noted below.

MHM's SharePoint collaboration site offers the GDC access to not only required reports, but also our on-line library of logs, staff credentialing information, and policies and procedures. This reporting and document management system will allow MHM to share information securely with the GDC. This information will be available to designated GDC and MHM staff with "instant access" as well as search and retrieval capabilities.

SharePoint also supports automated triggers for required workflows and healthcare tasks. For example, when an occurrence or sentinel event occurs, the GDC Office of Health Services and other designated Department staff will receive automatic notification. Follow-up tasks such as patient follow-up or review and approval of a report can be included in the SharePoint workflow. These features of the on-line collaboration site can increase transparency into MHM's dental service delivery and improve efficiency in MHM's reporting to the GDC.

10. Documentation of Services

What type of oversite documentation will be maintained by the vendor, what format, information must be maintained at least 5 years. How is the data used to manage their program? Is the data maintained helpful to the vendor for managing the program?

MHM agrees to comply with and meet the requirements of RFP Attachment G, Item 10, *Documentation of Services.*

A corresponding description of our program management documentation practices for mental health is provided in our response to RFP Attachment F, Item 15, *Statement of Work*. Here, we have attempted to follow the GDC's instructions to limit our responses within Attachment G to dental services. However, MHM would like to emphasize that we are committed to providing documentation oversight services for all of our contracted services, not just dental health services, and we have used our response in RFP Attachment F, Item 15, to discuss our documentation oversight strategies for mental health.

Fortunately, many of the audit reports that GDC requires from MHM, and that were enumerated extensively in our response to RFP Attachment G, Item 9, *Managing Audit Requirements,* also serve MHM's internal purpose for program management and oversight. For example, one of the foundational audit and reporting requirements that the GDC includes in this RFP for dental services are the *Annual Audits*. These programmatic and financial audits and reports will also support MHM's internal monitoring of program effectiveness, staffing allocations, and working within our contracted budget. More specifically, as a management tool they will help focus our recruitment efforts, inform staff training topics, and assist us with efficiently scheduling limited staff resources.

Similarly, the programmatic, financial, and staffing reports that we provide more frequently to the GDC serve the same oversight purpose, but allow us to respond more quickly due to their more frequent reporting timeframe. Some of these reports include the *Position Control Reports*, which track recent staffing changes, the *Monthly Time Reports*, which track actual versus contracted staffing hours, and the *Monthly Facility Reports*, which track program service activities. All of these reports are provided to the GDC, but also serve as effective oversight resources internally. They assist MHM with providing better management of contracted services with the Department.

In addition to the documentation and reporting required by and provided to the GDC, MHM also utilizes a number of other oversight related reports internally to help manage our program and resources. Some of these additional reports that we initiated for internal purposes are also shared with the GDC and include the following:

- **HR Business Partner Reports**, including Turnover Rate Reports, Exit Interviews, Annual Personnel Performance Reviews, 90-Day New Employee Performance Reviews
- **Corporate Clinical Operations Contract Compliance Reports**, which will be available for dental services in the new contract, and which serve as a valuable resource internally for management to address systemic issues in service delivery and to monitor and improve staff performance
- **Monthly Pharmacy Spreadsheet**, which can be used to monitor dental provider ordering trends for, e.g., antibiotics or pain medications
- **Staff Credentialing files**, which are used to monitor staff licensing, training, and other federal, state, and local credential requirements to monitor staff compliance

All of these regular reports are helpful for ensuring that requirements per contract and policy are met, such as staffing patterns and fill rates, offender/staff ratios, credentialing requirements and best practice requirements.

The format used to maintain these broad ranging reports varies, but many are maintained in an Excel type spreadsheet or database. MHM also maintains some of our financial and recruitment reports and resources in our corporate office. In addition to spreadsheets, some of the information is directly maintained in our web-based, electronic **SharePoint** platform.

Although used extensively by MHM internally, we propose that reports from our web-based SharePoint platform be available to select GDC staff as well. The site is hosted on MHM's internal, web-based portal and can be made available for GDC staff who are designated by the Department to access and retrieve a full range of MHM managed or acquired reports, in addition to other information noted below.

MHM's SharePoint collaboration site offers the GDC access to not only required reports, but also our on-line library of logs, staff credentialing information, and policies and procedures. This reporting and document management system will allow MHM to share information

securely with the GDC. This information will be available to designated GDC and MHM staff with "instant access" as well as search and retrieval capabilities. We provide additional information regarding MHM's SharePoint platform in our response to RFP Attachment G, Item 9, *Managing Audit Report Requirements.*

MHM is aware that the new RFP requires that oversight documentation be maintained for a minimum of five years. We will comply with this requirement and look forward to clarifying with the GDC the type of information this requirement applies to and if the Department has a preference for how this documentation is stored. For those documents and reports that we share with the GDC, we are eager to explore possible use of SharePoint, whereby relevant reports can be made easily and readily available to identified GDC staff electronically.

11. Training and Quality Improvement

Provide information on how you provide continuous training, audits and quality improvement for your staff. The supplier, contractor's staff and or subcontractors will follow GDC Continuous Improvement (CQI) programs. Please provide detailed explanation on how you will achieve this.

MHM agrees to comply with and meet the requirements of RFP Attachment G, Item 11, *Training and Quality Improvement.*

A corresponding description of our training and quality improvement efforts for mental health is provided in our response to RFP Attachment F, Item 15, *Statement of Work*. Here, we have attempted to follow the GDC's instructions to limit our responses within Attachment G to dental services. However, MHM would like to emphasize that we are committed to providing training and quality improvement oversight for all of our contracted services, not just dental health services, and we have used our response in RFP Attachment F, Item 15, to discuss our mental health training and quality improvement programs.

We recognize and appreciate the importance placed on training and Continuous Quality Improvement (CQI) at the GDC, as exemplified by the comprehensive SOPs that cover these topics, as well as the CQI requirements noted throughout RFP Attachment C, *Scope of Services for Dental Services*. MHM shares this commitment, as we demonstrate below. At a minimum, MHM will continue to meet or exceed the CQI and training requirements that are noted in the following related SOPs:

- SOP VH03-0002, *Continuous Quality Improvement and Peer Review*
- SOP VH68-0002, *Infection Control Precautions*

Staff Training

MHM recognizes that the GDC has established clear orientation and training objectives and requirements for custody and contract staff. Similar to our commitment to train mental health staff, we will ensure that:

- All dental staff receive a complete institutional orientation that includes, at a minimum, the following topics:
    - Organization structure of the facility

  - Emergency policies and procedure
  - Basic security issues
  - Basic administrative issues that may be applicable to vendor staff

- Dental staff complete a basic orientation to dental operations under the direction of our Dental Supervisor or designee
- Dental staff complete institutional orientation under the direction of our Dental Supervisor or designee
- Dental staff complete annual training on complying with all federal, state, and local privacy and confidentiality statutes
- Dental staff complete annual training on appropriate and timely documentation of services provided
- All licensed staff are required to maintain their continuing education training requirements to maintain licensure

MHM's Approach to Meeting Staff Training Requirements

MHM believes that staff training begins during the orientation process and continues throughout each staff member's stay with our organization. Prior to beginning the onsite orientation and training, all new staff have already completed the credentialing verification process through our corporate office. All new staff then begin their orientation by attending a one-day MHM orientation at our regional office. These new staff orientations are typically offered every other week. Some of the basic company required orientation objectives are noted below.

Regional Office Orientation

When new staff arrive at our regional office, one of our administrative staff members facilitates the orientation process, which includes the following tasks:

- Collects I-9 documents
- Verifies credentialing documents
- Runs E-Verify to confirm ability to work in the US

The Payroll Admin reviews:

- Clocking-in/out procedures
- ADP/ I-Pay information and log-in
- Exception forms and deadlines

- PDO
- Work schedules
- Lunch deductions

The HR Business Partner reviews:

- The Employee Handbook/Policies and Procedures
- HR information
- Benefits

If the new staff member is a dentist or dental hygienist, our Dental Supervisor also attends orientation and contributes additional discipline-specific information. In the new contact, our dentists will receive a comprehensive, discipline-specific orientation manual that is reviewed and completed, in consultation with the Dental Supervisor over the next 90 days. The GDC-specific orientation manual for dental providers will be ready for implementation no later than 60 days from contract start.

Our discipline-specific manuals serve as both orientation and training tools as they include an extensive list of company policies, procedures, and clinical guidelines. The manual includes homework assignments, post-tests, and signed checklists to ensure that important practice guidelines and documentation requirements have been reviewed carefully.

Facility Orientation

After the one-day MHM orientation at the regional office, new staff continue the orientation and training process at their primary assigned work facility. The length and structure of the institutional orientations varies depending upon the size, security level, and scope of dental services provided at the facility. These orientations are jointly facilitated by MHM and custody staff, depending upon the topic or task being reviewed and discussed.

The overall orientation process among the facilities is generally similar. However, each facility is different and therefore requires some site-specific components as well.
In general, the onsite procedure involves:

- Initially spending time with the Dental Supervisor
- Introduction to onsite leadership and administration in other departments
- Introduction to all personnel within the dental department
- Review of relevant GDC custody-related policies and procedures

- Review of the policies and procedures for dental department (includes on-call and documentation frequency, emergency plans, and PREA)
- Shadowing experienced personnel as needed
- Dental supervisor completes routine *check-ins* with the new staff to assess skills learning and to answer questions

To keep track of topics covered during this process, facilities have an Orientation Checklist that new staff are required to complete.

Staff Training

Ongoing staff trainings are offered within the facilities and at the GDC Training Complex. Additionally, we encourage our dental staff to attend national conferences, such as the Annual Hinman Dental Society meeting and ACA and NCCHC conferences, where professional training is available. In-service trainings are routinely provided on PREA, HIPAA, professional boundaries, and blood borne pathogens.

Training in Infection Control for Dental Staff

Because dental staff are subject to occupational exposure to infectious diseases, our dental staff receive infection control training as required by OSHA, as part of their initial orientation, and when new tasks or procedures are introduced that could affect their occupational exposure.

Education and training includes information specific to assigned duties, including techniques to prevent cross contamination and instrument sterilization. For dental staff who perform tasks or procedures likely to result in occupational exposure, training includes:

- Description of their exposure risks
- Review of prevention strategies and infection control policies and procedures such as use of protective gear, proper handwashing techniques, proper disposal of sharp objects, autoclaving all instruments, weekly spore testing of autoclave, and proper labeling of all specimen
- Discussion regarding how to manage work-related illness and injuries
- Review of work restrictions for the exposure or infection

Training, Education, and Support for CQI Programs

Part of MHM's CQI philosophy that emphasizes collaboration with all stakeholders includes our commitment to ensure that our own staff are adequately trained in the CQI process, including their specific roles and responsibilities. MHM's CQI program for the GDC will receive the support of our Corporate Director of CQI, **Karen Riley, RN, BSN, MBA**.



Karen Riley, RN, BSN, MBA
Corporate Director of CQI

The expectation that all MHM staff will actively participate in the CQI program is included in all clinical job descriptions.

Orientation and training:

- As part of the MHM New Employee Orientation Program, new staff are introduced to the goals and methodology used in ongoing quality improvement efforts
- Further training is provided to regional and institutional leaders (administrators, DONs, providers, CQI leaders) during monthly CQI leadership meetings conducted by the Corporate CQI Director
- Designated CQI staff who are new to the program will receive specialized training and mentoring during monthly calls with the Corporate CQI Director and Clinical Operations staff to ensure they fully understand MHM's CQI program and contract/client needs
- Our Statewide CQI Manager will work closely with institutional MHM providers, leadership and facility-based CQI leaders to ensure that they understand and are able to fulfill their roles and responsibilities in supporting CQI activities

Additionally, the CQI leadership meetings allow MHM staff to share best practices, discuss quality initiatives/outcomes, and review specially designed guidelines that have been successfully used to improve healthcare outcomes and processes.

Continuous Quality Improvement

MHM agrees with and actively supports the purpose and importance that the Department places on Continuous Quality Improvement (CQI) at all the GDC facilities. We appreciate that the goal of the CQI program for dental services is to monitor the accessibility, timeliness, effectiveness, continuity and efficiency of our services. Going forward in the new contract, MHM will partner actively with the GDC to enhance dental CQI services.

We anticipate the following elements will be included:

- Central Office will coordinate the development and implementation of a CQI program for dental services and will staff and oversee the Statewide CQI Committee
- Each facility's CQI program will be monitored under the auspices of the Statewide CQI Committee
- Each facility will send an annual CQI plan to the Central Office in January of each new year that includes approved quarterly CQI topics
- CQI committees at each facility may choose additional CQI studies as needed and send completed CQI study results to the GDC Central Office on a quarterly basis using the approved GDC form
- The facility CQI committees will meet at least quarterly to discuss CQI plans, present data, problem solve and plan actions with clear accountability
- Facility CQI committees will be responsible for meeting to review clinical investigations for critical events, as needed
- A peer review process will take place annually and include dentists



MHM understands CQI is a dynamic process that involves a multidisciplinary/multi-vendor team at various levels of the organization as well as other agencies. CQI team members consistently work to develop strategies designed to improve the quality of healthcare services. MHM's CQI program for the GDC will continue to ensure a forum in which issues related to our provision of dental and mental health services are the primary focus. We are familiar with the GDC's SOPs related to CQI and will ensure that our CQI program continues to meet or exceed these requirements.

MHM's Quality Management program for the GDC dates back to 1997 when we first began providing mental health services for the Department. The emphasis of this program has historically been focused on psychiatric services. However, the CQI team, headed by **Bankston Dozier**, **PhD, CCHP**, our Special Projects Manager, and **Betty Moore, RN, MSN, CCHP,** the CQI On-Site Coordinator, also provides CQI oversight and support to dental service staff and programs.

In the new contract, Dr. Dozier and Ms. Moore will continue to ensure that we are able to provide a CQI program of the highest quality. At the facility level, they will be supported by our dentists and dental hygienists, who will assume responsibility for coordinating the CQI efforts. As noted, all MHM staff are expected to participate in CQI activities as needed, and this requirement is included in job descriptions for each staff position involving clinical care.



Bankston Dozier, PhD, CCHP
Special Projects Manager



Betty Moore, RN, MSN, CCHP
CQI On-Site Coordinator

A summary of the type of activities our CQI team participates in for dental services includes, but is not limited to the following:



- Orient staff to our CQI program requirements to ensure compliance with monitoring, specialized studies, reports, and other key processes
- Collaborate with GDC, Spectrum, and GCHC in support of joint CQI initiatives
- Assist with direction and coordination of the GDC Statewide CQI Committee
- Coordinate annual peer reviews for dentists
- Actively participate with the Statewide Medical CQI Committee
- Participate in monthly OHS/MHM staff Meetings
- Generate the Quarterly and Annual MHM Operations Report

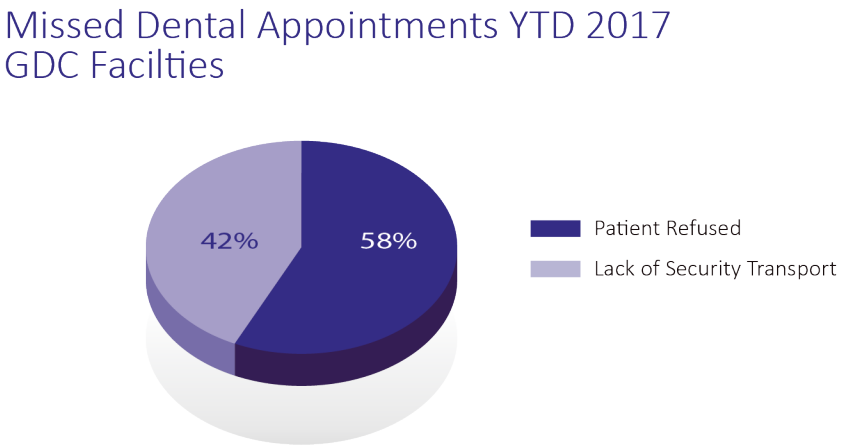
Dental Services Audits and Statistics

At the present time, MHM's CQI team focuses most of their efforts on our mental health services program. As we noted in our response to RFP Attachment G, Item 9, *Managing Audit Requirements,* currently GCHC, the medical provider, works closely with the GDC to conduct their quarterly self-audits and annual GDC dental services audits. However, MHM currently provides limited dental services studies and statistics from the data available. With implementation of the **Dentrix** electronic dental health record, our ability to conduct CQI studies and provide the GDC with

data regarding our dental services will increase significantly. We understand that the GDC expects the State Dental Director to reinstitute audit processes.

Recent Dental Study Results

One recent dental services study that we shared with the GDC in our Year Ending Operations Report concerned patient missed appointments. An analysis of dental service appointments from January 1st, 2017 through September, 2017 broke down patient no show appointments between security and patient reasons. During this nine-month time period, there were 43,826 scheduled dental appointments that covered the full range of dental procedures. Of scheduled dental appointments, 38,784 were seen, resulting in a completion rate of 88.5%. The total number of missed appointments was 5,042 or 11.5%. Further analysis revealed that 2,099 or 41.6% of missed appointments were custody related and 2,943 or 58.4% were patient related.



As described in our responses to RFP *Attachment G*, *Items 5a and 5i*, we are committed to reducing the frequency of missed dental appointments and improving completion rates for scheduled appointments. Our plan to enhance monitoring and reporting of missed appointments is outlined in our responses to RFP Attachment G, *Item 5a* and *Item 5i.*

The following table shows the type of dental services statistics that MHM is currently able to compile. In the new contract, we anticipate being able to generate additional dental services data reports and statistics and look forward to collaborating with the GDC to determine the types of data and reporting formats that it prefers. The table shows dental health activity throughout all facilities form the time period of 01/01/2017 – 09/30/2017.

GDOC Dental Statistics: January 1 through September 30, 2017	
Activity	**Amount**
Dentist Patient Visits	38,862
Hygienist Patient Visits	4,964
Intake Exams	227
Comprehensive Exams	2,036
Sick Call Exams	45,814
X-rays	23,299
Fillings	4,465
Simple Extractions	8,239
Surgical Extractions	2,079
Other Surgeries	212
Cleanings	5,138
Dentures Repaired	404
Dentures Completed	294
Partial Dentures Completed	65
Other (DNA, etc.)	566
Number of Co-pays	15,161
Prescriptions	6,575
No Shows	5,042
Dental Appointments Scheduled	43,826
Dental Appointments Seen	38,784

We understand that in the new contract MHM will be expected to take on additional auditing and reporting requirements that will include dental services. MHM is fully prepared to meet this expectation. We have dental audit templates currently in place at our other contracts that willn be modified to meet the dental services requirements at the GDC. We look forward to reviewing these audit tools with the GDC at the outset of the new contract to ensure they meet GDC's dental services auditing requirements.

We are confident that implementation of the **Cerner** EHR system and **Dentrix**, our proposed dental services record system, will enhance dental service auditing and reporting capabilities in the new contract.

Annual Peer Reviews

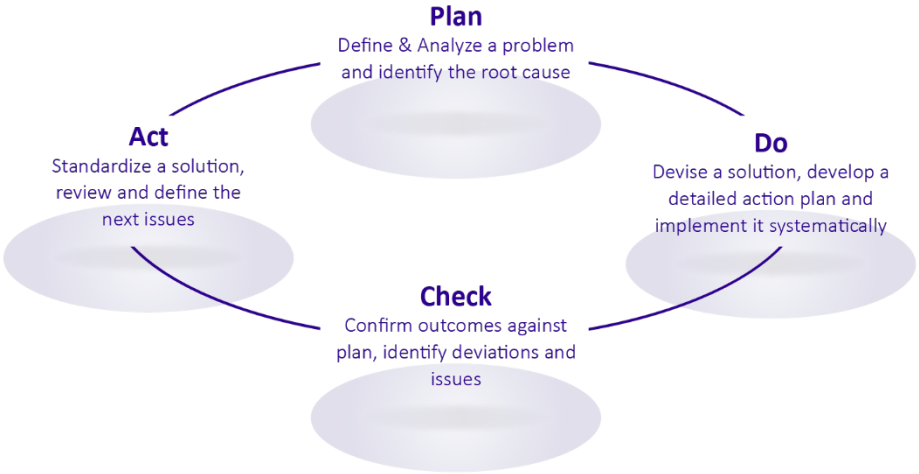
Peer reviews take place annually for our dentists. The CQI team helps coordinate this effort and ensure timely completion of all reviews and documentation, in accordance with GDC requirements and NCCHC and ACA standards. Peer review assignments are made in early December and the reviewers have until the end of February to complete their assignments.

Copies of the completed peer reviews are sent to the MHM regional office where they are maintained in each practitioner's personnel file. In addition, a copy of the peer review verification page, containing only the names of the clinician being reviewed and the reviewer, the date of the review, and the ID numbers of the offender charts reviewed, is placed in the reviewed staff member's onsite file.

MHM's Overall Approach to Continuous Quality Improvement

We believe our CQI program is the strongest in the correctional healthcare industry and that no other company can offer the level of integrity, transparency, inclusiveness, and responsiveness embodied in our CQI program. Unlike many companies in the industry that use standardized, universal audit tools and generic process reviews for every contract, MHM's CQI program provides each contract with its own *specific and individualized CQI program*. Our CQI program includes training, auditing tools, process assessments tools, and corrective action plans that are collaborative and fully integrated with GDC's identified needs, initiatives, policies, and goals.

MHM uses the *PDCA* model in the CQI program for changing processes and enhancing outcomes:



The MHM CQI program includes the following elements:

- Quality and performance improvement structure to include multidisciplinary committees with defined roles and responsibilities
- Heightened focus on quality of care and multidisciplinary/multi-vendor collaboration to meet the specific needs of GDC special needs populations, including dental or medical patients with serious mental illness, and/or co-occurring substance use disorders, female patients, geriatric patients, and patients requiring end-of-life care



- Monitoring to identify opportunities for improving care, including utilization of emergency, acute, and specialty dental care services
- Management of credentialing, peer review, morbidity and mortality review trends, utilization reviews for dental services, risk management, accreditation activities, regular audits/reviews of clinical services, and annual reporting processes to maintain compliance
- Transparency and responsiveness in reporting CQI activities to both the GDC and our dental staff

MHM CQI initiatives focus on the following **quality performance measures of healthcare** ensuring particular focus and attention are given to high-volume, high-risk, problem-prone issues. In the GDC, these areas may include but are not limited to:

- **Accessibility**
  - Oral screening
  - Oral assessments
  - Oral hygiene education
  - Sick call services
  - Emergent, urgent, and routine dental services
  - Specialty dental services
- **Timeliness**
  - Dental clinics and missed appointments
  - Review of diagnostic study results and specialty consultants' reports
  - Dental follow-up appointments
- **Effectiveness**

  - Dental care plans
- **Appropriateness**
  - Dental specialty services
  - Dentures/prosthetics
  - Medication management
- **Continuity of care**
  - Intake screenings and assessments
  - Follow-up for patients transferred between facilities
  - Dental services for patients in special confinement housing units, including disciplinary segregation, administrative segregation, protective custody, and maximum security level 2 structured housing
  - Re-entry/discharge planning, when appropriate
- **Patient-centered care**
  - Engagement of patients in dental care decisions and treatment planning
  - Provision of respect and sensitivity to individual patient-centered treatment needs and treatment expectations
- **Safety**
  - Infection control
  - Multidisciplinary suicide and self-injury prevention
  - Special needs populations
  - Environmental inspection reports, in collaboration with medical provider

Another key component of MHM's CQI philosophy is the importance of broad-based collaboration with all stakeholders who inform or impact healthcare service delivery in a correctional environment. This includes custody, department administrators, direct service and support staff, as well as all healthcare vendors and sub-contractors. As a result, MHM appreciates the efforts made by the GDC, and reflected in the SOPs, to ensure that Statewide and facility-level CQI committees intentionally include representation from other disciplines and agencies.

Communicating and Reporting CQI Results. Communication between MHM and the GDC about CQI activities is essential. While it is understood that CQI activities and meeting

minutes are confidential, we will incorporate a collaborative approach with the GDC to ensure that all CQI information is transparently shared with appropriate stakeholders according to the standards outlined in the RFP and GDC's SOPs.

We will actively engage our direct care dental staff in our CQI activities, committees and process assessments to promote buy-in and success. CQI information and/or program results are communicated to MHM staff during regularly scheduled staff meetings, facility-specific CQI committee meetings, and annual training. Staff are encouraged to communicate any clinical issues or concerns to their institutional leaders for possible review and/or implementation of an improvement study.

Upon contract award, we will collaborate with the GDC to establish any forms, templates, or reporting tools required for CQI reporting and summaries. If protected health information (PHI) is included in our CQI reports, we will ensure that the reports are transmitted according to GDC standards and in a manner that is **HIPAA** compliant. Following contract award, we look forward to clarifying the forms and format of these reports, due dates of reports, and frequency of peer reviews with the GDC following contract award. We provide additional detail regarding our auditing, monitoring, and reporting capabilities in our response to RFP Attachment G, Item 9, *Managing Audit Requirements*.

Institutional CQI Committee agenda and minutes will be completed for each meeting, utilizing the GDC provided meeting templates. The minutes will describe achievements and updates related to CQI projects. The minutes will also include Corrective Action Plan (CAP) documents, re-audit results, and the Master CAP log, as appropriate.

Additionally, if there are challenges or opportunities for improvement identified that require action beyond the scope of MHM mental health staff's authority, we will collaborate with the GDC Dental Director or designee to discuss our findings and recommendations.

SharePoint. In our other contracts, we have established program-specific on-line collaborative sites using **SharePoint**. The site is hosted on MHM's internal, web-based portal and will be available for GDC staff who are designated by the Department to access and retrieve a full range of MHM managed or acquired reports, in addition to other information noted below.

MHM's SharePoint collaboration site will offer the GDC access to not only required reports, but also our on-line library of logs, staff credentialing information, and policies and procedures. This reporting and document management system will allow MHM to share information securely with the GDC. This information will be available to designated GDC and MHM staff with "instant access" as well as search and retrieval capabilities.

SharePoint also supports automated triggers for required workflows and healthcare tasks. For example, when an occurrence or sentinel event occurs, the MHM's Psychiatric Medical Director or Clinical Director and/or other designated GDC staff can receive automatic notifications. Follow-up tasks such as patient follow-up or review and approval of a report can be included in the SharePoint workflow. These features of the on-line collaboration site can increase transparency into MHM's service delivery and improve efficiency in MHM's reporting to the GDC.

CQI Reference Manual. MHM has developed a CQI Reference Manual to provide guidelines and tools to support staff in implementing CQI programs. Our CQI Special Projects Manager, Quality Assurance Coordinator, Dental Supervisor, and facility staff designated to perform CQI responsibilities will receive MHM's CQI Reference Manual for guidance, information, and education related to MHM's CQI program.

The CQI Reference Manual includes:

- Design and structure of the CQI system
- Monitoring guidelines for service delivery and high risk interventions
- Risk management
- Utilization review/management tracking
- Monitoring tools, logs and calendars
- CQI process/outcome study examples
- Corrective Action plan templates
- CQI meeting agenda template
- CQI report writing and instruction on the creation of graphs, charts, and tables

Following contract award and request, MHM will provide a copy of our CQI Reference Manual to the GDC OHS Dental Director and other designated GDC staff for review.

Annual Review of Effectiveness of CQI Program. The effectiveness of MHM's CQI activities is assessed on an ongoing basis and is formally reviewed on an annual basis. Annual assessment of our CQI program includes review of our compliance with our annual CQI calendar and, more importantly, the effectiveness of the CQI program in improving the

safety and quality of our mental health delivery system. Because a major focus of our CQI program is to implement recommended quality improvement plans and monitor the effectiveness of the approach, it is critical to determine if the goals of these initiatives were achieved.

MHM's Annual Review and upcoming year's CQI Plan will be presented each year for the GDC's review. This will allow all committee members to review the current year's successes and continued challenges and provide feedback for the upcoming year's CQI plan. Once reviewed and approved by the committee, the annual review and upcoming year's CQI Plan will be forwarded to the GDC for final review and approval.

Contract Compliance Reviews. As the GDC is aware, in addition to the onsite CQI team noted previously, MHM's Clinical Operations department conducts annual *contract compliance reviews.* We have provided this service throughout the current contract for mental health services and are committed to continuing to do so in the new contract. As indicated, our contract compliance review process will be expanded to include dental services. As the GDC is aware from our Clinical Operations support during the current contract, these reviews help ensure that MHM's programs are achieving the contractual requirements of the GDC contract.

MHM's Clinical Operations Department does not review delivery of services from a financial standpoint but from a clinical perspective, ensuring that MHM staff meet the requirements of contracts and the needs of the GDC patient population. This process is unique and sets MHM apart from competitors.

12. Software Capabilities

Describe the concurrent operability features and capabilities of the Suppliers software to manage scheduling and documentation of services. Include a description of the reports that are available and the configurability options. Please include screen shots and confirm if the software will accept an upload to capture inmate population details from each facility. Confirm if the software can be presented in an in person demonstration.

Describe the concurrent operability features and capabilities of the Suppliers software to manage scheduling and documentation of services. Include a description of the reports that are available and the configurability options. Please include screen shots and confirm if the software will accept an upload to capture inmate population details from each facility. Confirm if the software can be presented in an in person demonstration.

MHM agrees to comply with and meet the requirements of RFP Attachment G, Item 12, *Software Capabilities.*

MHM will utilize the **Dentrix** electronic dental record to track scheduling of dental services and maintain comprehensive documentation. This platform will allow us to document dental services electronically, schedule and track patient dental care services, and interface with the Cerner electronic health record for more effective management of dental services. Dentrix offers the following capabilities:

- Manage and schedule requests for dental services
- Streamline patient check-in process
- Document assessment and treatment services
- Store treatment-related documents
- Electronically transfer information between facilities
- Generate composite and individual reports on all dental activities by patient and facility
- Categorize information by discipline of dentistry

Using Dentrix in the new contract will eliminate the need to transfer paper records and improve efficiency.

In the new contract, we look forward to using the Dentrix electronic dental health record, which will eliminate the need to transfer paper records. While Dentrix will eliminate paper charts, it does not remove the need for radiographs and laboratory reports. The Dentrix software will accept an upload to capture offender

population details from each facility. In documenting patient treatment information, dental staff will ensure that documentation is complete, accurate and concise.

We have included a comprehensive overview about Dentrix and their system on the following pages, that includes screenshots and a description of the reports and options that are available. Additionally, the Dentrix software can be presented as an in-person demonstration at the request of the GDC.

About Dentrix Enterprise

Dentrix Enterprise is the number one, fully centralized, interoperable electronic dental record system in the United States. They provide total technology solutions for integrated primary care models to maximize safe patient care, secure patient data and provide financial sustainability of dental programs. Built on a robust Microsoft SQL platform, Dentrix Enterprise offers an interoperable, scalable, secure solution designed for the unique needs of an integrated primary care organization. A total, turnkey solution, Henry Schein Practice Solutions partners with organizations to deliver software, IT infrastructure, and comprehensive services which ensure a seamless transition. Dentrix Enterprise continues to lead all other electronic dental records in this space because of their:

- EHR agnostic HL7, CCDA and FHIR interoperability
- Support for on premise, co-located, and fully hosted data center models
- Unique patient record that captures clinical, financial, and historical data (including scanned documentation) as well as digital radiography – across multiple locations
- Support for various reimbursement models, such as private insurance, Medicaid, encounter rate, and self-pay/sliding fee scale
- Commitment to being the only fully MU certified stand-alone electronic dental record on the market
- Streamlined and standardized clinical workflow based off the most recognized user interface in dental
- Clinic and user-based security policies which ensure the correct user at the correct location sees the appropriate patient information

Dentrix Enterprise DHR provides the following system functionalities and capabilities:

- Meaningful Use Certified Electronic Health Record
- ICD-10 Compliant with Cross Coding to Dental CDT Codes
- Industry Standard Open Architecture SQL Database with data schematic provided for custom data mining (allows open access to data)
- Install centralized client updates from a remote location
- Real Time Central Database (multiple locations) one patient record, one provider record, one set of rules, templates, and definitions, no matter how many physical locations on WAN. Reporting easily sub grouped by location, provider, patient, etc.
- Multi-location/Clinic features – Ability to maintain unlimited number of dental clinics/sites (or virtual clinics/cost centers/profit centers)
- Multi-location/clinic/cost center/profit center reporting Features - Ability to run reports by Clinic with subtotals by Provider and by Provider with subtotals by Clinic. Ability to run reports by student class/clinic with subtotals by student providers and by student providers with subtotals by student class/clinic.
- Industry Leading Graphical User Interface - Very User Friendly
- Communicate with staff with secure Dentrix Enterprise Messenger

- Dentrix Enterprise University Edition allows for Attending Dentists to sign off on Resident's or Student's procedures and/or sign off and lock down resident's or student's clinical notes, and to run reports.
- Clinic Residency/Student Program tracking and reporting – Patient related tracking/reporting
- HL7 Compatibility with over 50 different HL7 compliant medical practice management and electronic medical record software packages and ADT systems: inbound and/or outbound ADT-demographics, DFT-charges, SIU-scheduling, MDM-clinical notes, MFN- Master files notification, ORU-lab results, ORM-orders, RDE-pharmacy messages and more.
- Ability to Encrypt and Decrypt Files for the protection of patient health information
- Virtually unlimited # of Resident/Student Providers and Attendings/Providers and Practice Sites/Clinics allows for preservation of patient's student/resident providers in their dental record as well as allows reporting on all student classes/clinics and students for unlimited # of years
- Unlimited Allergies, Medications and Alerts/Problems fields with additional detail to identify allergen types/reactions/severities with the ability to select a SNOMED or record a ICD9, ICD10, and RXNORM code with the definition
- Record Smoking Status of patients
- Patient Health Exchange – Create/Export/Import - Continuity of Care Document (C-CDA, CDD) and/or Continuity of Care Record (CCR).
- C-CDA Files – Import dental procedures and dental conditions from another Dentrix Enterprise database. The updated import tool of the Patient Health Exchange recognizes multiple kinds of records, not just problems, allergies, and medications.
- Patient Portal Module that integrates with Dentrix Enterprise's Patient Health Exchange feature. Provides the ability to setup and give a patient online access to view their Health Information file (CCD).
- Clinical Decision Support - Global Alerts that allow users to create automated clinical decision/alert notifications based on specific medical alerts, medications, allergies, diagnoses, or demographics that can appear and provide information and care suggestions while working with appointments or prescriptions in the Ledger, Chart, or Treatment Planner.
- Medical Encounters to record AMA-CPT and ICD9/ICD10 encounters SNOMED, LOINC, and HCPCS codes. can be recorded
- OMB standard to define ethnicities and races and attach a race, other race, and ethnicity to a patient's record.
- ISO 639 standard to define languages, which can attach to a patient's record
- Patient Information Dashboard
- Patient Picture
- Patient Search – Advanced search options. Create targeted searches for patients using more than one criterion, such as last name and birthdate or phone number and first name.
- Family Health Histories
- Patient Goals

- Patient Tags - Assign user-defined Patient Tags to identify, filter and generate reports
- Patient Education - search Medline Plus online database – jump to Patient Education Topics based on SNOMED Codes assigned – will display automatically in Spanish if Spanish is selected at Patient's language
- Patient Education – Procedure codes video hyperlinks - link one or more website addresses that contain educational videos to a procedure code - easy to go to specific topics based on codes treatment planned
- Clinical Quality Measures
- Meaningful Use Measure Calculation dialog used to calculate or calculate and print the Numerator and Denominator reports
- Seamless Clinical Integration with imaging, digital radiographs and other clinical applications
- Unlimited number of providers and staff allowed
- Comprehensive data and graphical dental charting – easy to use
- Comprehensive data and graphical periodontal charting – easy to use
- Dental treatment plan management and reporting
- Automatic invalidation of Conditions charted when treatment planned procedures are completed
- Multiple and Alternative Treatment Plan options with patient accept/reject options and corresponding digital consent forms with electronic signature
- Advanced response driven customizable Clinical Note Templates with Spell Checker and approval with lock down
- Templated Clinical Notes for easy selection and documentation (User Definable)
- Clinical Notes - Spell Checker and approval with lock down
- Sign Multiple Clinical Notes at one time
- Pain Scales – Numeric, Infant (FLACC), Faces, Observational (OPS), Cognitively Impaired (FLACCr), CRIES
- Falls Risk Score
- Outcomes Module with Caries Risk Assessment form
- Detailed Electronic Prescription Management - ePrescribe Module Drug education, Drug-drug and Drug-allergy Interaction Warning, Drug Formulary Checks, Medication Reconciliation
- Update to latest RxNorm database
- Comprehensive Security Rights - individual task security rights
- DXONE Reporting Module Security allows for users to limit rights to specific report/s on specific provider/s at specific site/s
- Group Security Rights
- Audit Reports

- UDS - Universal Data Set Reporting- Encounter/User Statistics; Age/Gender; Insurance Financial Class; Patient Status (Race, Language, Poverty Level, Worker Status, Zip Code, Homeless Status, Housing Status, Veteran Status, Ethnicity; Religion, Gender Identity, Sexual Orientation, and a User Definable Category)
- Includes UDS Reports:
    - UDS - Sealant Statistics Report
    - Medicaid/Medicare Report
    - Patient Status Report – Organizations who need to report on sexual orientation and gender identity for their UDS reports can use the appropriate report so that they can maintain funding
    - Tobacco Use and Intervention Report – Organizations who need to report on patients who are age 18 and older that received screenings and interventions for cessation of tobacco use can use the appropriate report so that they can maintain funding
- Ability to schedule reports and send to an email distribution list automatically
- Ability to export reports into PDF, Tab separated, Excel, Word, Text, Rich Text, Crystal, etc.
- Caries Prevalence and Periodontal Index Report: World Health Organization's DMFT/S (Decayed, Missing, Filled Teeth/Surfaces) and CPITN (periodontal index reporting)
- UDS Report Quality of Care Measure: Caries Risk Assessment and Sealants
- Clinical Note and completed procedure lock down options
- True line item accounting ledger
- Sort information in Ledger by column
- 99,999 Fee Schedules
- Import/export from/to Excel fee schedules in Fee Schedule Setup Module
- Credit Card Processing – Process credit card payments within the Ledger using a compatible credit card reader. This add-on feature must be purchased separately.
- Patient Insurance Eligibilities – Patients' insurance eligibility statuses
- Tracks and coordinates 4 Dental Insurance Carriers/Payors plus 2 Medical Insurance Carriers/Payors- Primary, secondary, tertiary, quaternary Dental Plans/Insurance plus primary and secondary medical insurance plans per patient
- Automatic Insurance Write-off options
- Automated Encounter Rate Reimbursement - built to auto post rate code along on all qualifying Medicaid claim forms
- Insurance Plan History – Added, deleted, updated
- Electronic HSN Claims - seamless to staff
- Electronic Claims Submission - Dental and Medical claims
- Electronic Claims Attachments – easily attach perio exams, images, documents directly to claims

- Setup own claim formats based on state and insurance provider requirements
- Batch Insurance Posting self-contained in one utility, including the ability to split claims, re-bill, write-off, adjust, etc. without ever leaving the batch.
- Electronic Explanation of Benefits (835 EOB) Import Utility
- Medical Cross-Coding – Ability to cross code dental procedures with medical CPT codes, ICD-9 and ICD-10 diagnostic codes, Modifiers, etc.
- Ability to send manually or electronically medical claim forms for dental procedures - ADA, 2012 CMS 1500 compliant forms, HCFA and UB04 printed claim formats
- Document Center manages scanned and imported documents such as insurance cards, consent forms, etc.
- eSignature Pads can be used to electronically sign Consents and Document Center documents
- Automatic Adjustments - sliding fee, Medicaid adjustments, insurance adjustments, etc.
- Automatic or manual encounter numbers
- Appointment scheduling
- Appointment History (appointment audit trail per appointment) within each appointment
- Late Patient Appointment notify
- Appointment Statistics Report measures average times patients spend in each of pre-defined appointment “Statuses” or phases.
- Move multiple appointments at once with the Multi-Pinboard
- Seamless integration with Dentrix Dexis digital x-ray system
- Bridge to MiPACS Digital Imaging Software
- Bridge to Dolphin Imaging (Ortho Imaging)
- Bridges to Trojan Professional Services – Insurance and Managed Care Database
- Custom Programming Services
- Custom Report Creation Services
- Instant Messaging
- DDX Dental Lab Case tracking and management
- Largest Client User base in the industry – Chances are very good that staff will already have Dentrix Enterprise experience
- Number One Rated Customer Support

Concurrent and Cerner EHR Inter-Operability Features

Dentrix Enterprise is designed for concurrent use by multiple users. The users can concurrently look at a same patient’s chart or charts of different patients.

It is critical to understand the difference between integration and interoperability. Integration does not have standards or regulations determined by an outside organization. Instead, the company or

companies developing the integration determine how they want things to work, typically focusing on things such as ease of use. With interoperability, organizations work within set standards to ensure everyone is sending, receiving, and sharing information in a standard, predictable, protected way. It flows around the needs of the patients to ensure their data can be shared and transferred as needed. Dentrix Enterprise's interoperability standards include Health Level Seven International (HL7), Consolidated-Clinical Document Architecture (C-CDA) and Fast Healthcare Interoperability Resource (FHIR).

Dentrix Enterprise currently interfaces with over 40 different electronic health record (EHR) systems through the HL7 standard. Because of the interfaces, the state can:

- Save valuable time through electronic exchange of healthcare-related data
- Gain access to important information such as patient demographics, insurance policies, financial transactions and clinical data. Dentrix Enterprise offers the following interface message types:
  - Import and export offender (patient) demographics from Cerner including Admissions, Discharges, Transfers (ADT)
  - Export procedures, charges and payments with Financial Management Transfers (DFT)
  - Export new or updated clinical note information with Medical Document Management (MDM)
  - Import and export provider and staff setup information with Master File Notifications (MFN)
  - Import and export appointments with Scheduling Transfers (SIU)
  - Import medication, radiology, consultation or lab orders with Order Messages (ORM)
  - Import orders to pharmacy order status update with Pharmacy/Treatment Encoded Order Messages (RDE)
  - Import responses to orders with Observation Reporting Transfers (ORU)
- Give everyone on the scheduling team the ability to see open slots across all venues of care through interfaced centralized scheduling
- Use Cerner EHR system to register and update patient records and, if desired, for patient and insurance billing, or the state can use Dentrix Enterprise for patient and insurance billing

C-CDA FILES

Dentrix Enterprise is also equipped to import and export C-CDA files, helping to improve continuity of patient care. Through Dentrix Enterprise, the state can share in-depth patient health records with or receive those records from any organization or provider who can also import and export C-CDA files. This means that Dentrix Enterprise allows to see all pertinent data for a specific patient regardless of which system or software the data originated from.

FHIR STANDARD

Created by Health Level Seven International, FHIR builds on previous data-format standards from HL7, but it is easier to implement. Dentrix Enterprise interfaces with the FHIR standard to allow providers to

pull data on demand rather than waiting for systems to synchronize, making things simpler for users without forfeiting information integrity.

Scheduling Features

The Dentrix Enterprise Appointment Book allows to fill open appointments with the ASAP list, block the calendar for specific events, search for open times, organize appointments and notes, record broken appointments, use Perfect Day Scheduling to streamline workflow and more—with just a few clicks. While specific workflows have not been determined at this time it is possible that medical appointments scheduled in Cerner EHR can be populated to the Dentrix Enterprise Appointment Book as a read only information via the HL7 scheduling interface. Dentrix Enterprise is a multi-site solution which allows the dental appointment books to available for all sites to address the need to track patients as they move to different facilities.

The appointment module has the following functionality:

- Changing a Clinic's Schedule
- Changing a Provider's Schedule
- Changing an Operatory's Schedule
- Finding Open Appointment Times
- Scheduling Appointments
- Scheduling First Time Patient Appointments
- Scheduling Events
- Managing Appointment Book Lists
- Managing Appointments
- Managing Events
- Generating Appointment Book Reports
- Working with Notes in the Appointment Book
- Using Perfect Day Scheduling

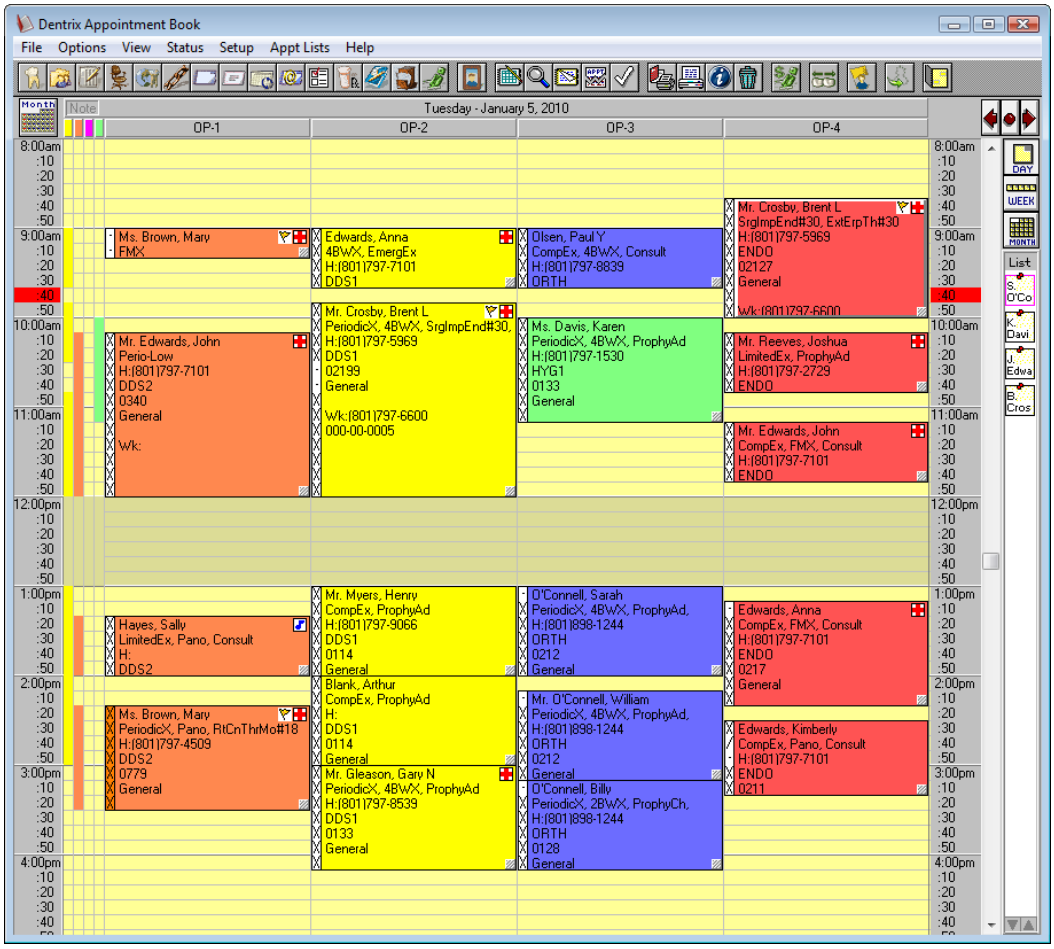


Figure 1: Appointment Book

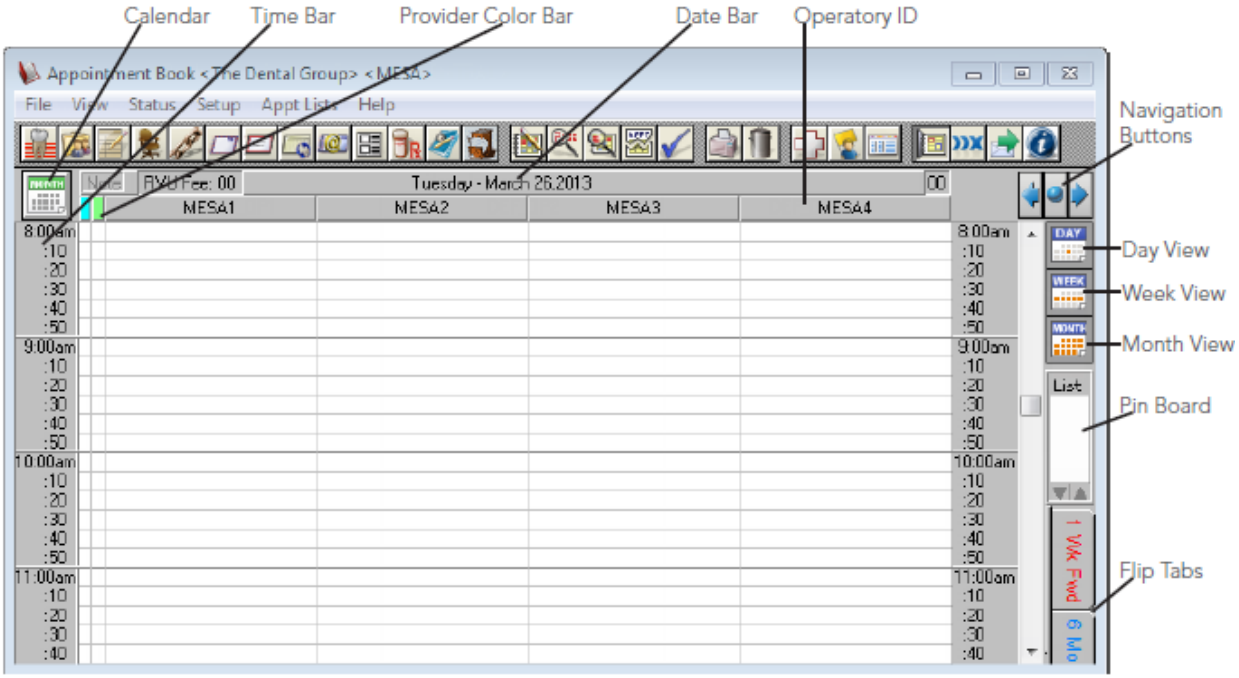


Figure 2: Appointment Book



The function of the buttons specific to the Appointment Book are explained in the following table.

	Click the **Schedule Appointment** button to choose the patient for whom you want to schedule an appointment, and then enter the appointment information.
	Click the **Find New Appointment Time** button to find an available appointment time by entering search criteria.
	Click the **Locate Appointment** button to choose a patient so that you can locate any existing appointments for that patient.
	With an appointment selected, click the **Break Appointment** button to remove the appointment from the schedule and place it on the Unscheduled List.
	Click the **Set Complete** button to post the scheduled treatment for the selected appointment as complete to the Ledger and Patient Chart.
	Click the **Print Route** slip button to print a route slip for the selected appointment.
	Click the **Delete Appointment** button to delete the selected appointment.
	Click the **Perfect Day Scheduling** button to turn Perfect Day Scheduling on and off. If the button has red and blue rectangles, this feature is turned on. If the button does not have red and blue rectangles, this feature is turned off. Perfect Day Scheduling must be turned on to see the Perfect Day Scheduling time blocks.

Figure 3: Appointment Book Toolbar

Service Features and Documentation

The Dentrix Enterprise Patient Chart can be used for entering and maintaining clinical records for patients. Its complete chair-side integration makes it the perfect tool to simplify record keeping while giving the state opportunity to take advantage of the newest technical innovations in dentistry. The Patient Chart module consists of the following features:

Store and Retrieve Documents

With Dentrix Enterprise Document Center, a user will never misplace another document. Now the state can instantly access documents vital to practice, such as Explanation of Benefits (EOBs), X-ray images and more, from within Dentrix Enterprise. The user can even upload required documents to insurance claims with just one click.

Put Financial Discussions in Perspective

The Dentrix Enterprise Treatment Planner lets the state track patients throughout their lifecycle of care. The user can easily print patient information, create new codes, manage case acceptance and more. With a record of agreed-upon treatments, patient financial issues can be seen in context and rapidly resolved at the front desk.

Paperless Charting

Capture existing conditions as well as procedure and clinical notes in the software, eliminating the need for paper charts. Easily track epidemiological data. Maximize digital X-ray equipment investment by incorporating digital images directly into patients' records.

Patient Charting

The Patient Chart provides a quick and easy way to enter existing, recommended, and completed treatment or conditions. Dentrix Enterprise uses standard, easy-to-recognize textbook charting symbols. Treatment is color coded so that with a single glance at the patient's graphic chart, a Dentist can tell whether a procedure is a condition, existing, treatment-planned, or completed. Utilize smart software that automatically adds the date, tooth number, surfaces, ADA code, description and fee directly to the patient's ledger when posted a completed procedure. Streamline data entry by grouping common procedures together in a single code.

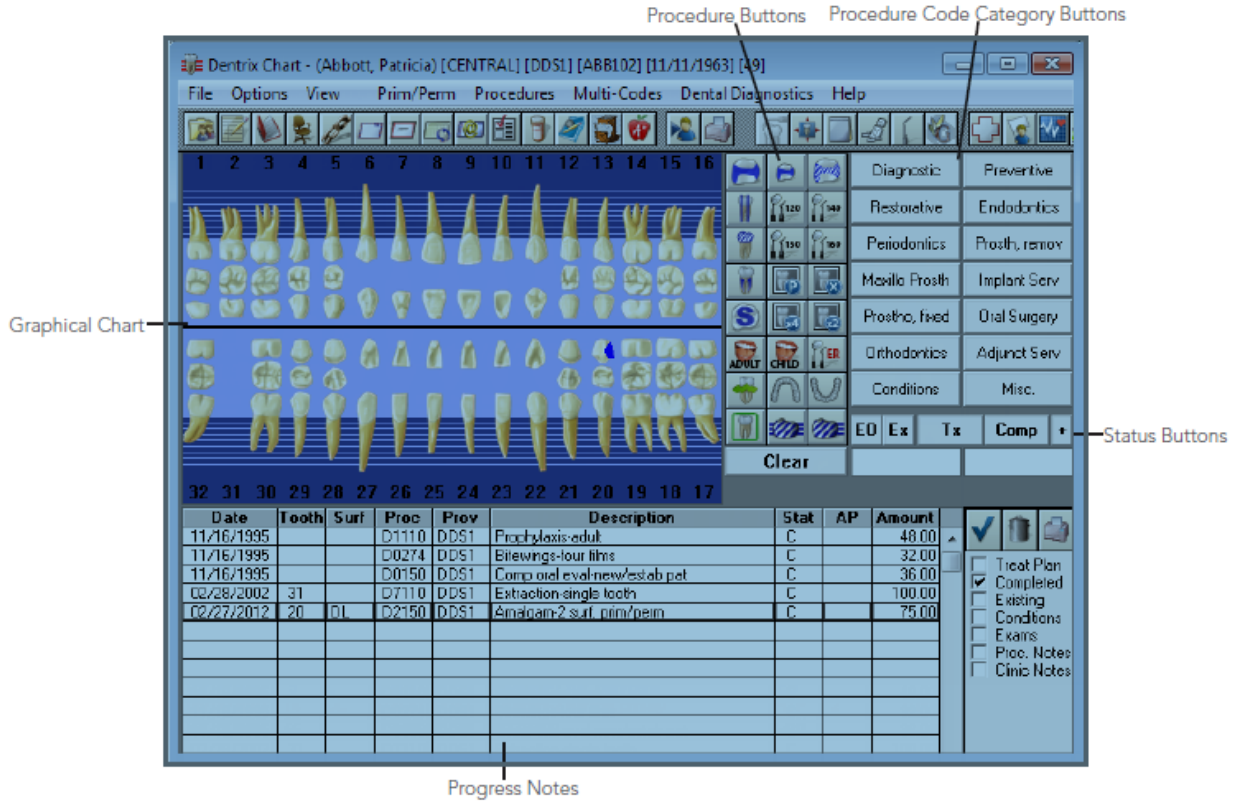


Figure 4: Patient Chart

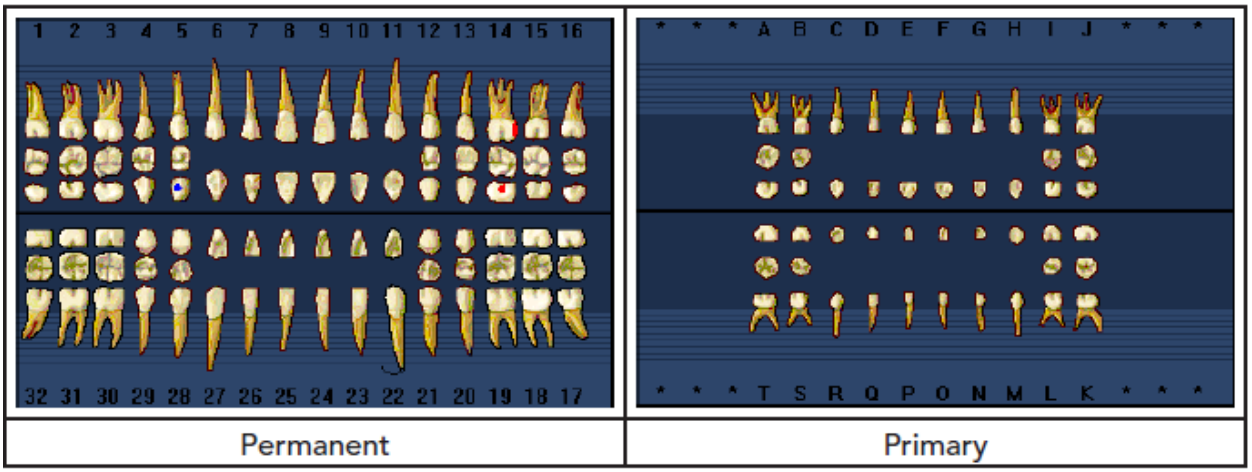


Figure 5: Graphical Chart

Progress Notes

Progress notes centralize documentation and exam information to help the provider quickly review a patient's history. If the provider is viewing the work chart view, the Progress Notes panel is located below the graphical chart. Progress notes are displayed in chronological order.
Each time a procedure, exam, condition, treatment plan, referral, or clinical note is posted in the Patient Chart, Dentrix Enterprise adds a line to the progress notes. For each item recorded in the progress notes, the provider will see the date the treatment was entered, treatment areas (if applicable), the procedure code, provider, a description, treatment status, treatment approval status, and the dollar amount associated with that procedure.

Procedure Notes

The user can attach default notes to a procedure for documentation and reference purposes so that each time a procedure with a default note is posted, the note is attached automatically to that procedure. These notes can also be added manually during posting or at a later time. Once the note has been added, the clinician reviews the note and makes any small changes that pertain to the specific patient. The user can edit procedure notes attached to a posted procedure at any time if the procedure is not in history.

Restorative Charting

Benefit from an intuitive workflow in Dentrix Enterprise as the provider chart patients' initial oral conditions and compare changes in later visits to previous visits with an "as of date" option. Easily perform special reports or audits since conditions are permanently stored.

Perio Charting

Chart periodontal conditions with speed and ease with the dental-provider-specific workflows in Dentrix Enterprise. View findings graphically, as numerical data or both. Compare findings side by side with those of prior exams. Print custom reports, charts and letters for an insurance consultant or the referring dentist directly from the exam screen.

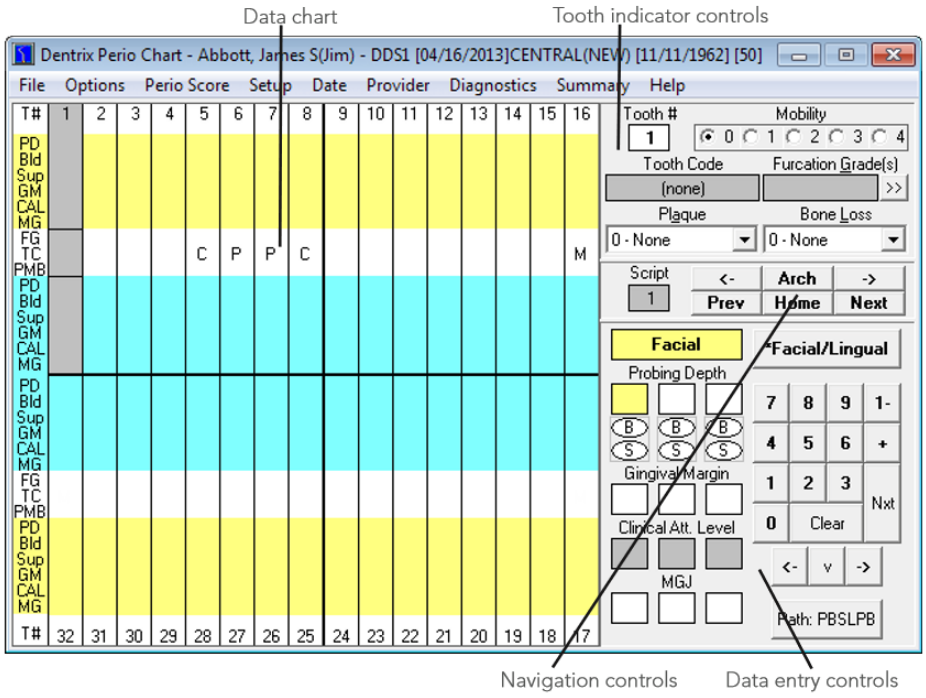


Figure 6: Perio Charting

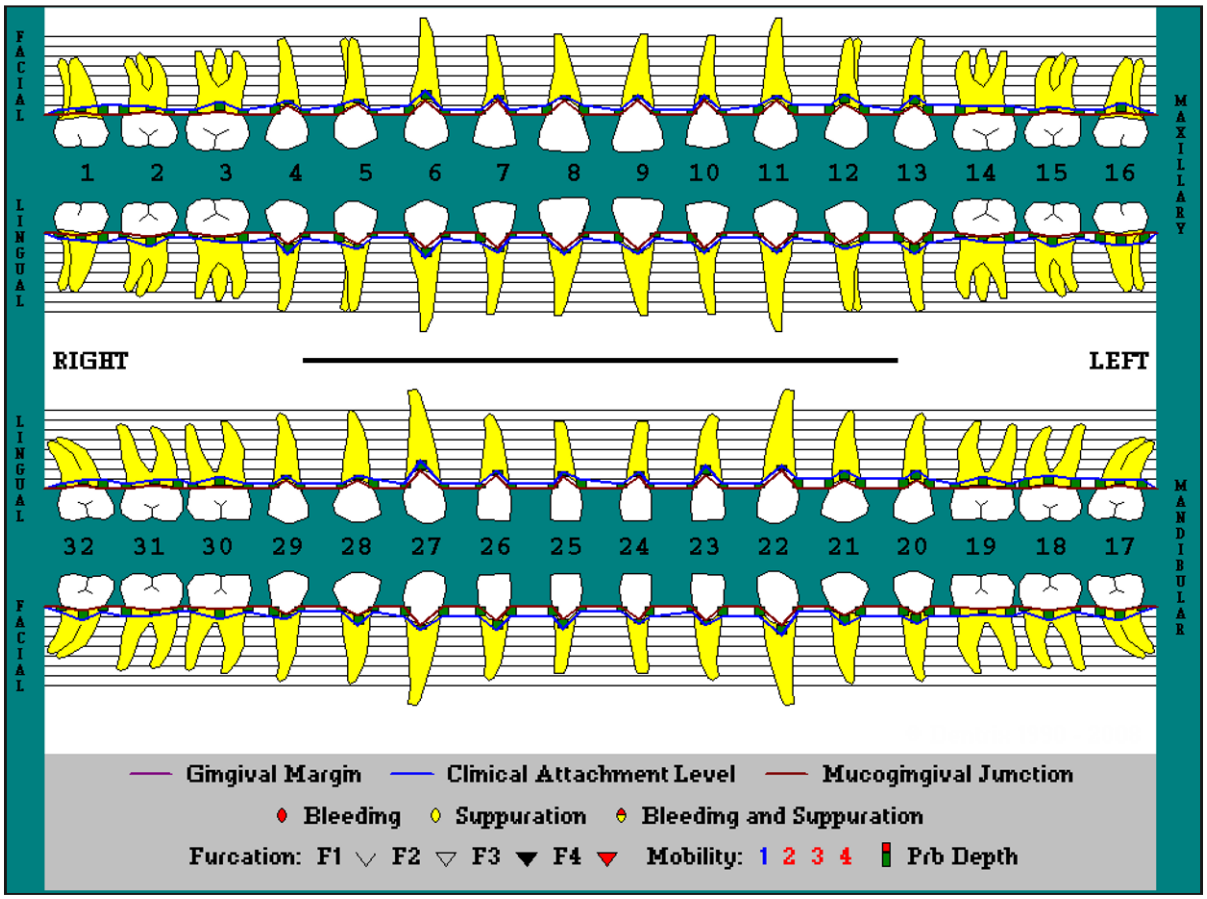


Figure 7: Chart

The user can use the data chart to input and display all periodontal data relevant to the current perio exam in a numerical format. The column that extends down the left side of the data chart indicates each measurement type.

The following list provides an explanation of the abbreviations used in the left column:

- T# (Tooth Number) – Indicates the tooth number to which the displayed information belongs.
- PD (Pocket Depth) – Indicates the depth of the periodontal pocket in millimeters.
- Bld (Bleeding) – A red oval in this row indicates a bleeding point.
- Sup (Suppuration) – A yellow oval indicates suppuration (infection) at that site.
- GM (Gingival Margin) – Indicates the gingival margin (recession) measurement in millimeters.
- CAL (Clinical Attachment Level) – Indicates the CAL measurement in millimeters.
- MGJ (Mucogingival Junction) – Indicates the MGJ measurement in millimeters.
- FG (Furcation Grade) – Indicates the furcation involvement for the tooth.
- TC (Tooth Code) – Indicates special conditions relevant to the tooth. Conditions can include the
- following: C for crown, P for pontic, I for implant, U for unerupted, M for missing, ID for impacted distal, and IM for impacted mesial.
    - PMB (Plaque, Mobility, and Bone Loss) – Indicates plaque, mobility, and bone loss measurements specific to the tooth.

The shading within the data chart has special significance:

- Yellow areas – Represent measurements taken from the facial (buccal) side of the tooth.
- Blue areas – Represent measurements taken from the lingual side of the tooth.
- White areas – Represent measurements that correspond to the tooth in general.

Within the yellow and blue areas, the provider can input six measurements (three on the facial side and three on the lingual side) for each tooth.

Continuing Care

Increase productivity by monitoring the continuing care (recall) status of patients to ensure that they are scheduled for regular checkups. Automatically update recall dates as soon as procedures are completed.

Treatment Planning

Determine treatment by looking with the patient at estimated patient portions and remaining insurance benefits, which allows the doctor and patient to agree on a reasonable schedule while ensuring the patient gets the most out of insurance benefits.

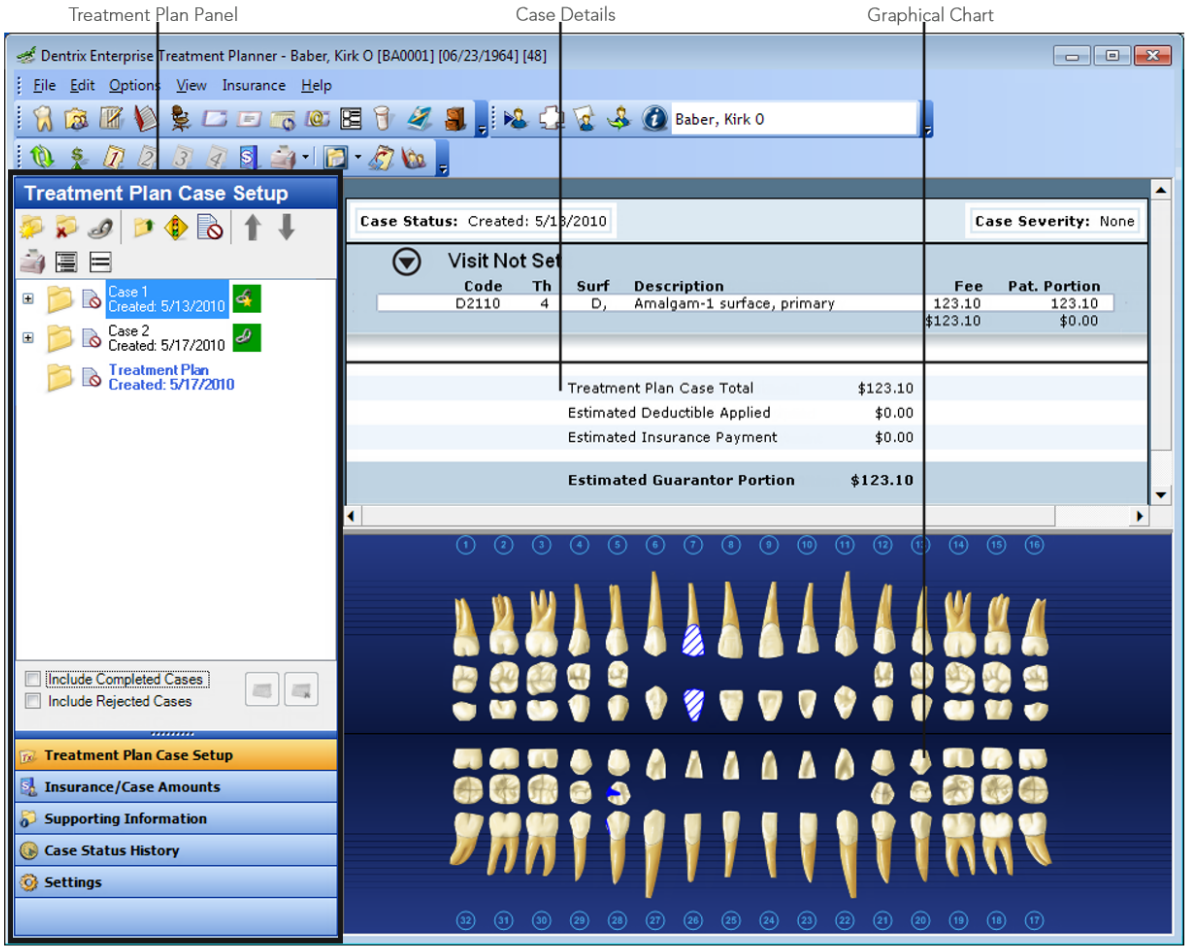


Figure 8

Clinical Notes

Easily enter and lock down clinical notes. Automatically generate attached clinical notes from a patient's answers to a health questionnaire that displays a set of questions when the patient's chart is opened. The user can use clinical notes to document and track patient care. These notes can be attached to a patient as a clinical record. Dentrix Enterprise provides several template options (including customizable templates) to help make entering notes a simple process.

ASAP List

Minimize holes in schedule with the ASAP List scheduling feature, which shows and schedules emergency appointments for patients in need of urgent care.

Special alerts and Instruction Pop-ups

Ensure the right people have the necessary information prior to booking or treating each patient. Enable important alerts and instructions in the software that will be seen when a patient's information is accessed.

Electronic Prescriptions

Write electronic prescriptions and instantly transmit them to the pharmacy ePrescribe, one of the eServices available in Dentrix Enterprise. Simplify prescription renewals by managing refill requests

online. Prevent potentially dangerous drug interactions, drug allergies, dosage errors and potential contraindications with automated alerts and notices.

Reporting

Dentrix Enterprise includes many reports. Dentrix Enterprise is an Open Architecture SQL database and the End User has 100% access to 100% of the data entered. It can be mined using any report writer that can query a SQL database. If desired, the Georgia Department of Corrections can create unlimited custom reports without involving the vendors. Optional custom reporting services will incur additional cost but are available thru the software vendors.

Management Reports

- **Analysis Summary Report** – The Analysis Summary Report displays the transaction totals that are normally shown at the bottom of a day sheet, by provider, or by date, for a specific provider and date range.
- **Appointment Statistics Report** – The Appointment Statistics Report provides an overview of the productivity and efficiency of practice regarding patient visits. This report displays statistics for late appointments, on-time appointments, wait/will call appointments, broken appointments, appointments that remained in specified statuses for a specified length of time, and appointment durations based on specified statuses.
- **Assigned Rights Report** – The Assigned Rights Report lists the current security rights assigned to each selected user and clinic.
- **Day Sheet** – The day sheet lists all transactions for the day (alphabetically or chronologically), according to the providers and billing types selected.
- **Day Sheet - Adjustments –** This sheet lists all adjustment transactions for the day.
- **Day Sheet - Deposit slip** – This lists all payment transactions for the day in a format suitable for a bank deposit slip.
- **Day Sheet - Receipts** – This report lists all payment transactions for the day.
- **Dental Encounters Report** – The Dental Encounters Report lists procedures posted during a specified date range (each procedure must be attached to a claim to appear on the report), along with the amount that is expected to be paid by insurance. For each procedure, the date of service, name of the patient who received treatment, the subscriber ID (Beneficiary ID) of the subscriber of the patient's insurance plan, and the appropriate NPI numbers are shown.
- **Finance / Late Charge Report** – The Finance / Late Charge Report lists accounts that received finance or late charges, according to the parameters set. The report lists the date of the charge, guarantor's name, amount of the charge, billing type, and guarantor's primary provider. A total of finance and late charges are calculated and listed at the bottom of the report.
- **Insurance Carrier Production Report** – The Insurance Carrier Production Report lists insurance plans' production amounts, payments, and adjustments. The report can also include details about each procedure and insurance plan totals. The summary report and the full report will give grand totals.

- **Practice Statistics Report** – The Practice Statistics Report provides a detailed cross-section of the practice's patient base, including demographic, age, and continuing care information.
- **Provider Accounts Receivable Totals Report** – The Provider A/R Totals Report lists each provider's accounts receivables totals for a date range or lists a daily total for each day in the range. Suspended credits are not included on this report except when Initial Provider is selected under Group By; in which case, the full credit is always shown.
- **RVU day Sheet** – The RVU day sheet is a list of RVU production items. The report also displays the total RVU and net RVU.
- **RVU Production Summary Report** – The RVU Production Summary Report is a summary of RVU production. The report also displays the Quantity, Total, Average, Percent, and Net RVU.
- **RVU Utilization Report** – The RVU Utilization Report lists insurance carriers and, for each carrier, the relevant RVU production items along with details about the procedure.

Ledger Reports

- **Aging / Credit Balance Report** – The Aging/Credit Balance Report displays the guarantor's name, phone number, billing type, last payment amount, last statement date, agreed payment amount and balances per aging period, insurance estimates, guarantor portion, and total account balance or credit. The report also provides totals and payments for each amount.
- **Insurance Claim Aging Report** – The Insurance Claim Aging Report displays each insurance carrier with outstanding claims, including the insurance plan name, group plan name, insurance phone number, and group number, and each outstanding insurance claim. The insurance claim information will include a notation of primary or secondary, the date the claim was sent, the date a tracer was sent, the date the claim was placed on hold, the date the claim was re-sent, the patient name, patient birthday, the subscriber name, subscriber ID number, the estimated insurance payment, and the amount billed to insurance. The amount billed to insurance will be placed in the current, 31 – 60, 61 – 90, or > 180 column, based on how long ago the claim was sent and whether the Age Insurance Estimate instead of Total Billed figure check box is selected. The primary and secondary claim amounts will each be totaled and printed, and a combined total will appear at the bottom of the report.
- **Insurance Claims Not Sent Report** – The Insurance Claims Not Sent Report shows all insurance claims that have been created in the Ledger but not sent to the Batch Processor, printed, or sent electronically. This report includes the range of patients, providers, and carriers to be included. The report includes the claim date, type of claim (primary or secondary) patient name, insurance company name, claim amount and expiration date. A total of the amounts for primary claims and secondary claims and a combined total print at the end of the report.
- **Pre-Estimate Aging Report –** The Pre-Estimate Aging Report shows when pre-treatment estimates were sent to insurance carriers. The user can specify the range of patients, providers, and carriers to be included.
- **Pre-Estimates Not Sent Report** – The Pre-Estimates Not Sent Report lists pre-estimates that have been created in the Ledger but not sent to the Batch Processor, printed, or sent electronically. This report includes the range of patients, providers, and carriers specified. The report includes the claim date, type (primary/secondary), patient name, insurance company

name, amount, and expiration date. A total amount for primary and secondary claims and a combined total appear at the end of the report.

- **Procedures Not Attached to Insurance Report –** The Procedures Not Attached to Insurance Report shows insured patients with completed procedures that have not had an insurance claim created from the Ledger. This report includes the range of patients and providers specified. The report includes the patient name, each procedure with the date of the procedure, tooth number, procedure code and description, amount, and claim expiration date. The total amount of unattached procedures is calculated for each patient. A grand total is provided, as well.
- **Provider Revenue Report** – The Provider Revenue Report lists credits allocated to charges that have been posted to each provider.
- **Secondary Insurance Claims Not Created Report** – The Secondary Insurance Claims Not Created Report creates a list of primary insurance claims for patients with secondary insurance claims that have not yet been created. The report includes the primary claim date, patient name, secondary insurance company, claim account, and date the primary claim expires. The report is sorted by the expiration date and indicates the total of the claims accounts. When primary insurance claims are evaluated for this report, they are only included if the patient had secondary insurance in the Family File at the time the primary insurance claim was created, and no secondary insurance claim was created.
- **Secondary Pre-Treatment Estimates Not Created Report** – The Secondary Pre-Treatment Estimates Not Created Report is a list of primary pre-treatments estimate for patients with secondary pre-treatment estimates that have not yet been created. The report includes the primary pre-estimate date, patient name, secondary insurance company, claim account, and date the primary pre-treatment expires. The report is sorted by the expiration date and indicates the total of the claims accounts.
- **Suspended Credits Report** – The Suspended Credits Report lists any payments or credits that have been suspended including the guarantor of the account, date and description of the credit, amount of credit and the amount suspended, the balance on the ledger, and the collecting clinic.
- **Utilization Report** – The Utilization Report is designed for use with managed care insurance plans. The report lists all procedures that have been completed under selected insurance plans for selected date ranges.

Analysis Reports

- **Adjustment Summary Report** – With the Adjustment Summary Report, the user can review the account adjustments applied during a date range in both a numeric and graphic format.
- **Payment Summary Report** – With the Payment Summary Report, the user can review the guarantor and insurance payments applied during a date range in both a numeric and graphic format.
- **Practice Analysis Report** – The Practice Analysis Report details production and receivable information as well as financial agreements and an activity analysis of the patients in practice.

- **Production Summary Report** – With the Production Summary Report, the user can review production by procedure code categories for a date range.
- **Referral Analysis Report** – The Referral Analysis Report shows the production, number of patients, and percentage of totals associated with a particular referral and includes a breakdown by clinic. Use this report to analyze the effectiveness of advertising dollars by running a single report.

List Reports

- **As Soon As Possible (ASAP) List** – The ASAP List shows patients that have requested an appointment as soon as possible. Select the providers and appointment date to be covered. This is useful for helping to keep the appointment list full in case of cancellations. The list includes patient's name appointment dates, time and status, provider, appointment reason, duration of appointment, and the patient's phone number.
- **Birthday List** – A Birthday List for a selected period can be printed with this report. The user can select the range of patients and providers to be included and choose to print mailing labels.
- **Caries Prevalence and Periodontal Index Report** – The Caries Prevalence and Periodontal Index Report indicates, for various age ranges, how many patients have caries and how many do not, the number of patients with certain conditions, and patients' perio measurements (for example, pocket depths and loss of attachment).
- **Clinical Notes Report** – The Clinical Notes Report lists clinical notes for patients. The user can also print clinical notes from the Clinical Notes window.
- **Initial Health History Report** – The Initial Health History Report displays the percentage of new oral health patients who have a First Visit Date in the Family File that is within a specified time frame and who had an initial health history entered into their electronic records during the same time frame. The Numerator and Denominator on the report are determined by the ADA and/or condition codes the user specifies. For example, the user may want to track new patients who received a comprehensive oral exam (ADA code D0150)—the denominator code—and who have a history of smoking or tobacco use (a condition code; for example, 15995)—the numerator code.
- **Oral Health Education Report** – The Oral Health Education Report displays the percentage of oral health patients who received oral health education at least once during a specified time frame. The Numerator and Denominator on the report are determined by the ADA and/or condition codes the user specifies. For example, the user may want to track patients who received a comprehensive oral exam (ADA code D0150) or a periodic recall oral evaluation (ADA code D0120)—the denominator codes—and then received oral hygiene instructions (ADA code D1330) or tobacco counseling (ADA code D1320)—the numerator codes.
- **Patient and Inactive Patient List** – The Patient/Inactive Patient List displays patients that have been entered into Dentrix Enterprise and information about each patient. The user can filter the report to include patients with no continuing care date and no future appointments, a last visit before a specified date, and a specified status.
- **Periodontal Exam Report** – The Periodontal Exam Report displays the percentage of oral health patients who received a periodontal exam at least once during a specified time frame. The Numerator and Denominator on the report are determined by the ADA and/or condition codes

the user specifies. For example, the user may want to track patients who received a comprehensive oral exam (ADA code D0150) or a periodic recall oral evaluation (ADA code D0120)—the denominator codes—and then received a periodontal exam (ADA code D0180)—the numerator code.

Audit Reports

- **Audit - Appointments Report** – The Audit - Appointments Report details changes made to appointments.
- **Audit - Assigned Rights Report** – The Audit - Assigned Rights Report lists any changes made to a user's assigned password rights as well as the user that made the changes.
- **Audit - Clinics Report** – The Audit - Clinics Report lists clinic information that has been inserted, modified, and/or deleted.
- **Audit - Patients Report** – The Audit - Patients Report lists patient and medical consultation information that has been inserted, modified, and/or deleted.
- **Audit - Providers and Staff Report** – The Audit - Providers/Staff Report lists provider and staff information that has been inserted, modified, and/or deleted.
- **Audit - Transactions Report** – The Audit - Transaction Report lists all transaction entries that have been changed, deleted, or inserted. Appointment changes and limited patient changes are also included.
- **Patient Information Accessed Report** – The Patient Information Accessed Report helps the user track when any patient's record has been viewed. A patient record is considered to have been viewed in the following situations:

Configuration

Dentrix Enterprise system allows the following to be configured:

- Clinics
- Third-party Integrations
- Clinic Resources
- Appointment Book
- Ledger
- Continuing Care Types
- Fee Schedules
- Editing Procedure Codes
- Multi-codes
- Customizing Practice Definitions
- Practice Defaults
- Auto Chart Numbering
- Default Printers
- Security
- Program Preferences

Software Demonstrability

The software can be presented in an in-person demonstration in DOC's facilities. The software that can be demonstrated would be a base version without any integration with external systems such as pharmacies or EHR.

13. System Security and Service Level Agreements

The Supplier must provide a sample of their system security plan that explains the approach to managing software security and provide a service level agreement to confirm the Supplier's commitment to the software's availability, the systems responsiveness and expectations for system recovery during outages.

It will include an overview of the risk scenarios and the approach to known risk threats and known vulnerabilities. It will provide the security architecture, processes and controls to meet State and Federal standards (including Federal Information Security Management Act (FISMA) and National Institute of Standards and Technology (NIST) SP 800-18). Also, this deliverable must demonstrate understanding and compliance with the State of Georgia's Enterprise IT Policies, Standards and Guidelines described in the PS-08-005 — Enterprise Information Security Charter: https://gta.georgia.gov/psg/article/enterprise-information-security-charter .

At a minimum, the plan should provide the technical approach to address and satisfy the following:

- Client Segmentation
- System security and data sensitivity classification
- Intrusion management
- Monitoring and reporting
- Hosting Services
- Remote access
- Encryption
- Integration with Statewide active directory services for authentication and Oracle IAM
- Interface security
- Security test procedures
- Managing network security devices
- Security patch management
- Secure communications over the Internet
- Detailed diagrams depicting all security-related devices and any subsystems and their relationships with other systems for which they provide controls
- Security controls for Supplier and GDC
- The details of Security, Privacy and Consent Management Plan

- Approach to administering access, particularly administration access
- User roles and security permissions

MHM agrees to comply with and meet the requirements of RFP Attachment G, Item 13, *System Security and Service Level Agreements.*

As the Department is aware, MHM has assumed a leadership role in the planning, configuration, and customization phase of the electronic health record (EHR) with regard to mental health and psychiatric components. We will continue to support the Department in the build out, piloting, and optimization of the **Cerner EHR** for Georgia. We anticipate that these phases will at least partially overlap with contract renewal timeframe, with the first three to four facilities coming on line in September 2018.

We have included a comprehensive overview of the Cerner EHR system on the following pages, that includes a sample of their system security plan to showcase the approach to managing software security and any issues that may arise, such as recovery during outages.

Hosting Services

Dentrix Enterprise will be hosted by Cerner in its Cerner Technology Center. Application Support will be provided to MHM by Henry Schein Practice Solutions (HSPS). While all Cerner Technology Centers and their associated data center pods are designed and operated under a common set of best practice standards, differences in design do exist between the each of the facilities as well as many of the data center pods. Furthermore, variance in computing platform architecture, solution architecture, and the criticality of hosted systems drive additional disparity in the design and operational standards between facilities and data center pods, exceeding the common set of best practice standards where it has been deemed appropriate. Systems that are most critical to patient care are housed in data center pods and facilities that exceed common best practices to allow for continuous operation during maintenance, equipment failures, and natural disasters, while non-critical systems such as non-production systems, service support systems, and emerging solution systems designed for high availability across data centers are housed in best practice environments.

Production Server Configuration:

- One (1) DB Server (8C/24GB) (Windows and SQL Standard)
- One (1) Interface Server (4C/8GB) (Windows)
- Citrix server capacity for up to 90 Concurrent Users

Non-Production Server Configuration:

- One (1) DB Server (8C/24GB) (Windows and SQL Standard)
- One (1) Interface Server (4C/8GB) (Windows)

Storage:

- (1.6) Terabytes total storage (Combined Production and Non-Production)

Telco Connectivity (CTC to Client Site):

- One (1) WAN Circuit (1 Primary), with VPN only backup

Network Diversity

Internet Connectivity

Cerner has diverse and redundant high-speed Internet connections provided by two separate Internet service providers (ISPs). These connections are brought into their Data Center facilities utilizing two separate and diverse DWDM/SONET metro area optical rings. The connections are extended from separate points of presence on each of the ISP networks across the local optical rings running physically separate paths from one another, including their entrance into separate telecommunication rooms within each facility. Multiple optical ring facilities are used to provide transport through the carrier networks to ensure diversity.

Direct Client Connectivity

Cerner's goal is to provide a high availability network for client connections to the Cerner Technology Centers from the client's location. It is Cerner's recommendation that redundant sets of routers, switches, circuit terminating equipment, and two communications links be included in the services contracted for to provide redundant data connectivity paths from each client site to Cerner's Technology Centers and back. Should any single device or communications link fail, the secondary devices or communications links are able to provide continued service through the surviving communications path. (Note: The level of redundancy provided is specified in the client contract)

Communications Suppliers

Cerner uses a minimum of two communications suppliers. Each provides Frame Relay to ATM and/or ATM-to-ATM communications circuits for client connectivity. Each communications link is made up of three parts: the local exchange carrier at Cerner, the IXC (Inter Exchange Carrier network), and the local exchange provider (LEC) at the client's location. Reasonable attempts are made to ensure each supplier uses a separate LEC to facilitate high-speed connections into the telecommunications facilities. (Note: The level of redundancy provided is specified in the client contract)

Diversity Preservation

Preserving diversity to the client's site is important to Cerner. AT&T supplies and installs the primary circuit in coordination with a local exchange carrier using a process that typically takes 30-45 business days. Once the circuit has been installed, Sprint is advised of its identifiers, and Cerner requests special customer access diversity. The diversity study begins. If a path to the client that is diverse from the AT&T circuit can be identified, the circuit will be designed and installed. If as determined by the diversity study, there is only one viable access path to the client, Cerner will request that the local exchange carrier investigate diversity options for WAN circuit connectivity to the client's facility and will evaluate the results obtained to select the best available option. In cases where carrier infrastructure enhancements are available at an additional cost, Cerner will share this information with the client, but assumes no financial obligation for a decision to pursue these options.

Once the communications circuits have been installed, Cerner runs fail-over testing. Once satisfied with the fail-over method, the circuits are turned over to production teams for ongoing system support.

Client Segmentation

Each client hosting environment is unique to a specific client (not multi-tenant)

Systems and Connectivity

N+1 redundant systems are allocated to each service to process applications and its interfaces. For example, if one Citrix server is required, we allocate two servers running in load-balanced mode.

San/Storage Architecture

Storage Area Network (SAN)

Connectivity to storage arrays is provided through redundant SANs containing "Director" class SAN switches. Systems requiring "external" storage will be connected to these SAN fabrics via 2 separate

host bus adapters and will utilize multi-pathing software to provide the highest level of service availability

Storage Arrays

A storage tiering model is used to provide the right performance and availability at the most efficient cost point. Currently, 5 tiers of storage are utilized:

Tier 1 - Utilized for production systems requiring the highest level of performance and availability

Tier 2 - Utilized for non-production systems and production systems not requiring the highest level of performance and

availability, including disaster recovery systems

Tier 3 - Utilized for solutions requiring files services (NAS), image storage, or archiving

Tier 4 - Utilized for backup and recovery

Tier 5 - Tape utilized for backup and recovery

End User Access

Internal Web Interface

A highly available web application portal provides an automated distribution of a client's published applications and its interfaces. This solution is accessed through a client's "private" network circuits.

External Web Interface

A highly available web application portal provides an automated distribution of a client's published applications and its interfaces. This solution is accessed through the Internet as an alternate connectivity method. Note: This solution is provided as a value add and should not be considered as a secondary connection method as part of a client's redundancy and is offered without any SLAs.

Remote Access

Remote access for clients is handled through Citrix over the client's VPN connection to Cerner. Clients will connect to Citrix storefront web portals hosted at Cerner, will be able to launch their Citrix applications from there. Vendor access is handled over Securelink. A vendor self-enrolls for an account and requests access to a Client's system, and then a notification is sent to a Client-designated set of employees to approve or decline the vendor's access to their systems. The vendor's access can be revoked at any time by the Client approvers, otherwise it automatically expires after 90 days.

Dentrix Enterprise Access

Dentrix Enterprise Roles and Groups are user customizable. Security rights are individual rights that can be assigned to created Groups. There are no pre-set Groups, Roles or Rights.

The end user password must be seven to 11 characters in length and meet three of the following four requirements: have at least one uppercase letter, have at least one lowercase letter, have at least one number, and have at least one special character (for example, #, %, or &).

The Cerner network is currently not integrated with Statewide active directory services but it may be possible based on feasibility and further evaluation. After contract award, the Cerner team will meet with the State IT group to understand the technology architecture to come up with a plan.

Support

The Dentrix Enterprise will be supported based on the priority levels classified as follows:

Priority Classification	Scenario or Example	Impact	Escalation	Support Level Objectives
Critical	Unrecoverable data loss; no work around, data corruption, full PM unavailable or non-functional	>50% of customers, or >500 customers are **affected*** more than 5 times daily	**Management Involvement:** New York - Corp Executive Level / FSC Involvement	**Phone Support:** Immediate attention to ticket. **Voice Mail:** Response to caller within 15 minutes. **Email:** Response to email within 5 minutes. **Note:** Any issue being reported of this criticality will receive immediate attention by calling support directly.
High	Recoverable data loss, crashing, blocks primary functionality	10%-50% of customers, or 100-500 customers are **affected*** 4-5 times daily	**Management Involvement:** HSPS Executive Management - General Manager, VP	**Phone Support:** Immediate attention to ticket. **Voice Mail:** Response to caller within 15 minutes. **Email:** Response to email within 5 minutes. **Note:** Any issue being reported of this criticality will receive immediate attention by calling support directly.
Medium	Erratic behavior, blocks secondary functionality, disruptive error message(s)	1%-9% of customers, or 5-99 customers are **affected*** 2-3 times daily	**Management Involvement:** HSPS Management – Directors, Managers	**Phone Support:** Immediate attention to ticket. **Voice Mail:** Response to caller within 45 minutes. **Email:** Response to email within 15 minutes.
Low	Incorrect spelling, cosmetic issue(s), functionality not affected	<1% of customers, or <5 customers are **affected*** once daily	**Management Involvement:** HSPS Supervisors, Team Leads, QA Engineers	**Phone Support:** Immediate attention to ticket. **Voice Mail:** Response to caller within 1 hour. **Email:** Response to email within 30 minutes.

Security Overview

Cerner's Enterprise Security Program establishes mechanisms necessary to protect clients, patients, associates, and guests' confidential data. Confidential data consists of but is not limited to non-public client information, associate data, business transactions, personal health records, personal identifiable information, financial transaction information and Cerner's intellectual property. The Cerner Enterprise Security organization strives to enable business agility, foster innovation and empower associates to deliver safe, secure, compliant and trusted health care IT solutions and services. The program has been structured in a way to adapt to changes in the environment, business needs and client expectations.

Cerner Information Security Management Framework

Cerner has developed an overarching global Information Security Management Framework, which is supplemented by local (national) frameworks. Responsibility for Information Security is assigned a senior management team within the Enterprise Security Group. The team is globally responsible for ensuring Cerner complies with relevant legislation and regulation applicable to the safeguarding of Protected Health Information.

The following roles and their organizations provide an overview of the effectiveness of Cerner's Information Security Management Framework to the Cerner Board of Directors:

- Chief Security Officer
- Chief Compliance Officer
- Chief Legal Officer

Cerner's global committee structure, supported by local national forums, allows the company to monitor the efficiency of information security processes and procedures, making recommendations for improvements where necessary.

Cerner developed a comprehensive information security policy framework to ensure its data processing activities are aligned to international and local (national) data protection registration.

Cerner's Contract of Employment and its Code of Conduct contain statements relating to confidentiality of client data. Local policies and procedures relevant to a specific country may supplement this framework.

Cerner is able to provide support to its clients from a variety of locations across the globe. The processing of protected / sensitive data is governed by local legislation and access from another country to such data will only be provided if model clauses or other contractual agreements between Cerner and the client are in place. Software support is provided remotely using secure remote connection software which is compliant with international data protection legislation and regulatory requirements. All associates with access to client data must follow Cerner's Client Approval Management Policy when making changes to any client production environment containing live patient data.

Cerner associates undergo pre-employment background checks in line with the employment laws of the country where the associate is located. Associates who work within restricted areas are subject to additional checks, controls and relevant training before access to protected information is assigned to them. In situations when an associate takes up a new role or moves departments, their existing access is removed and new baseline access controls are assigned.

Associates who require access to Protected Health Information within another country undergo specific web-based training for this country before their access is approved. Compliance with their training program is monitored and issues are followed up in line with Human Resources policies if necessary.

Governance, Risk and Compliance

Cerner's security program is based on the National Institute of Standards and Technology (NIST) Cybersecurity Framework (CSF). Cerner leverages industry best practices, various International Organization for Standardization (ISO) Standards and Service Organization Control (SOC) assessments and attestations in order to maintain a holistic and effective Governance, Risk and Compliance (GRC) Program. The GRC component of Cerner's Enterprise Security Program ensures appropriate tools are utilized for managing policies, identify and remediating risks and meeting regulatory/legal compliance requirements.

Governance

Cerner has a comprehensive Information Security Policy Framework Program to ensure its data processing activities are aligned to global data protection requirements. Local policies and procedures, relevant to a specific country, supplement their global framework. The Governance team analyses contracts, Requests for Proposals (RFP / tenders), Requests for Information (RFI) and client specific questions to ensure consistency within the Governance framework.

Risk Management Enterprise Security utilizes ISO 31000:2009 (Risk Management Principles) and ISO 27005:2011 (Information Security Risk Management) standards to define their Risk Management Program. These standards support Cerner to meet the requirements of an ISO 27001 Information Security Management System (ISMS). Risk Management is an important component of the decision-making and a key influence for achieving and maintaining an aggressive and proactive security posture.

Their Risk Management activities focus around the design and execution of security risk management processes that complement Cerner strategic objectives; involving identification and remediating risks as required and performing risk assessments as appropriate. The identified risks are continually monitored throughout the organization as threats emerge or the likelihood of impact changes.

Compliance

Cerner's Compliance Program manages, tracks, and reports its compliance utilizing the following standards, regulations and frameworks to ensure that personal health information (PHI) and other sensitive data is suitably protected:

- HIPAA – Health Insurance Portability and Accountability Act of 1996
- SOC1 & SOC2 – Service Organization Controls (covering US based Cerner Works Remote Hosting; along with SOC1 for Revenue Works)
- ISO 27001:2013 (for UK Clients operations)
- PCI-DSS – Payment Card Industry Data Security Standard
- EU-US Privacy Shield Framework
- NIST Cybersecurity Framework and NIST 800-53 v4 Standards

- Registration with Data Protection Regulators in countries where required

Cerner can meet Georgia's Enterprise IT Policies, Standards and Guidelines directly or with alternative methods. If any State requirements are not adequately addressed, Cerner will have further dialog as the procurement process continues to explore possible options to comply. Security Awareness Program Cerner's Security Awareness Program provides training, education and it sponsors various activities to teach associates security-related principles related to their specific position and how they maintain Cerner's security posture. This program leverages various methods to help associates to understand their roles and responsibilities. These methods include:

- Continuing education campaigns
- Annual security training
- Localized security training
- Targeted security bulletins
- How to appropriately use electronic communication methods

Security Management Plan

Cerner understands the high level of importance that is placed on cybersecurity. We have a Cybersecurity Program in place to address the increased cybersecurity threat that the healthcare sector is facing.

Cerner has an internal vulnerability and testing team to continuously interrogate environments proactively identifying intrusion attempts and remediating issues before attackers do. Cerner reviews the administration of security appliances and technologies ensuring all products are protecting environments appropriately. Additionally, Cerner adapted its cybersecurity framework to utilize the federal standard, the National Institute Standards Technology (NIST) Special Publication 800-53.

The Cerner security program helps to ensure that Cerner is a leader in cybersecurity within healthcare IT by managing their systems with the sensitivity and criticality the data deserves to protect their clients against emerging threats within the cyberspace; and therefore safeguarding patient care 24x7.

Continuous Monitoring and Incident Response

We have implemented a Computer Security Incident Response Center (CSIRC) for their Cybersecurity Analyst team. This team is responsible for 24x7 continuous monitoring Cerner's global enterprise. The CSIRC is the control center for security incident event management. They leverage a Security Information and Event Management system (SIEM) to analyze the overall infrastructure environment when monitoring and correlating cybersecurity events. They coordinate and ingest federal and industry threat intelligence information to ensure exceptional protection of their environments. The team adheres to the Department of Defense Directive (DoDD) 8570, ensuring they obtain and maintain industry security certifications, requiring their analysts to further their education and cybersecurity skills.

Intrusion, Vulnerability and Threat Management

The Intrusion, Vulnerability and Threat Management team is responsible for the identification and analysis of threats and vulnerabilities and it quantifies the risks they present to Cerner. This includes evaluating industry notifications of vulnerabilities and threats, penetration testing as well as scanning of

their environments by utilizing industry best in class tools. These efforts provide visibility to all organizational levels allowing capabilities to proactively manage processes to drive remediation/mitigation plans.

Cerner's Intrusion, Vulnerability and Threat Management team conducts continuous production scanning of Cerner's solution stack from the application layer down to the infrastructure layer using automatic scanning tools. Identified vulnerabilities are assessed for risk and mitigated or remediated according to severity level and predefined Service Level Agreements (SLA). Our experts will review all intelligence about the vulnerability and meet with other teams in the organization as appropriate to understand their risk. They will then grade the vulnerability based on the expected impact to the Cerner environment taking workflows and exposure into consideration. Within 24 hours, Cerner will activate processes to mitigate or remediate vulnerabilities to meet compliance to policy. Vulnerabilities receive an associated risk score and are remediated as follows: Urgent, no more than two weeks, if an approved work around method is available, 48 hours when no associated workaround is available; Critical within 30 days; High within 90 days; Medium within 180 days and Low within 365 days.

The Intrusion, Vulnerability and Threat Management Team employs Offensive Security Certified Professionals (OSCP) and contracts with third party security service providers to conduct penetration testing of applications, its interfaces and systems at least annually. Tests will attempt to:

- Compromise applications and its interfaces through circumvention of logical flow
- Compromise applications and its interfaces' business logic in order to commit fraud
- Bypass application, platform or infrastructure security preventive controls
- Test security detective controls and active defenses
- Identify misconfiguration of security controls
- Compromise users and systems through social engineering

The scope of the penetration tests may include the following elements:

- External penetration test: Includes analyzing vulnerabilities that could be exploited by an attacker from a public presence.
- Internal Penetration test: Includes analyzing the vulnerabilities that could be exploited by an attacker with access to the internal network of the organization.

The diverse types of testing which can occur are as follows:

- Black box test: Refers to testing a system without having specific knowledge to the internal workings of the system, no access to the source code, and no knowledge of the architecture.
- White box test: Refers to testing a system with full knowledge and access to all source code and architecture documents. Having full access to this information can reveal bugs and vulnerabilities more quickly than the "trial and error" method of black box testing. Additionally, we achieve a more complete testing coverage by knowing exactly what you have to test.
- Grey box tests: Refers to testing a system while having at least some knowledge of the internals of a system. This knowledge is usually constrained to detailed design documents and architecture diagrams. It is a combination of both black and white box testing, and combines aspects of each.

The Computer Security Incident Response Capability (CSIRC) looks for indicators of compromise to identify breaches through monitoring the Network Intrusion Protection System (NIPS), Host Intrusion Prevention System (HIPS), firewall and proxy logs.

We utilize application and network performance management tools for traffic pattern analysis and Packet Capture (PCAP). We use industry recognized tools to discover assets and associated vulnerabilities.

It is Cerner's practice to protect all forms of sensitive information. We do not share penetration test results, infrastructure details such as, system configurations, hardened baseline parameters, IP addresses and server names, except for publicly available internet facing addresses and information. This further maintains the security of the hosting environment for Cerner and all its clients.

Identity and Access Management

The goal of Cerner's Identity and Access Management (IAM) Program is to standardize, strengthen, secure and simplify identity and access management approaches used at Cerner. This positions Cerner to provide the right access to the right resource (human and non-human), at the right time. In order to attain the correct level of access, IAM efforts are focused on implementing best practices in several key areas:

Identity Management

Identity Management is critical in establishing the connection between digital identities across platforms and ensuring these are being managed by the correct physical identity. Identity proofing procedures are employed to ensure account credentials are provided only to individuals who are trusted with their care. Identity Management processes also provide triggers to ensure access is reviewed or revoked when changes in an identity occur; such as a transfer or termination.

Authentication provides assurance the holder of the specific access permissions is indeed the individual currently utilizing the access. Access permissions with higher risks require a higher level of identity assurance, which is implemented through stronger authentication requirements. Cerner invokes multi-factor authentication for individuals accessing sensitive resources in order to make it more difficult to impersonate an authorized user.

Access Management

Access Management establishes processes and controls under which access to technology resources is obtained. Cerner's Access Management processes are designed to provide individuals access required to be effective in their position while protecting the enterprise from potential harm as a result of any individual having overly broad or access no longer required. Access approval processes are strictly enforced ensuring access is appropriate and evidence of approval is available to satisfy compliance requirements. For associates outside of the role based access groups, manager approval must be provided along with the same training requirements be completed prior to access being granted. The accounts are reviewed on a semi-annual basis and redundant access is being removed.

Privileged Access Management

Privileged accounts and privileged access are required to manage systems and solutions. Given the risk associated with privileged access, specific procedures and controls have been adopted to protect the

enterprise, and their clients, from their misuse or abuse. Cerner has implemented technical and procedural controls to ensure privileged access is managed appropriately including but not limited to:

- Minimizing privileges assigned to what is required for the specific function
- Providing temporary privilege escalation where possible
- Separating privileged access from standard user access
- Recording privileged actions performed by an individual
- Managing access to credentials for shared/system accounts.

Security Architecture and Strategy

Providing a secure infrastructure for Cerner systems and applications is the focus of Enterprise Security's Architecture teams. It is their mission to define the required layers of security to protect Cerner's logical assets together with associates across Cerner to drive a "Secure from the Start" culture. The following resources form the backbone of Cerner's Security Architecture practice:

- National Institute of Standards and Technologies (NIST) – Special Publication 800-53
- Center for Internet Security (CIS) – Critical Security Controls
- RSA's Archer suite for policy management and reference

Security Architecture also designs solutions and maintains processes in adherence with multiple regulatory standards including the Payment Card Industry (PCI), Department of Defense (DoD), Health Insurance Portability and Accountability Act (HIPAA), Centers for Medicare and Medicaid Services (CMS) Minimum Security Requirements and other standards issued by international regulators.

The Security Architecture Team is comprised of the following three disciplines:

- **Network Security**
  Is a network and perimeter focused team enforcing separation-of-duty, ensuring infrastructure changes are made in accordance with policy, and do not jeopardize security posture of the first layers of security defense.
- **Systems and Infrastructure Security**
  Focuses on protection of core and upper-level services (Domain Name System (DNS), compute, storage, database, etc.) to maintain security triad of confidentiality, integrity, and availability. This team ensures Cerner IT solutions are protected with advanced defense-in-depth measures and monitoring.
- **Application Security**
  Ensures security is built into Systems Development Life Cycle (SDLC) from planning and design through implementation and system disposition. This team works together with Cerner development organizations to ensure teams are using secure coding practices and code review techniques.

Cerner's Security Intelligence and Metrics Program delivers security information to aid in the decision-making process across the organization. Various data sources from Enterprise Security and Cerner's internal datasets are utilized to provide insights for multiple purposes, including:

- Technical and operational data for security and cross-organizational teams

- Operational effectiveness against their risk matrix
- Executive metrics and data visualizations for security leadership, executives, and Cerner's Board of Directors
- Specialized reporting for security projects and other organizations' needs
- Measuring the effectiveness of their Security Program against the NIST Cyber Security Framework and industry standards

Security Technologies

The Enterprise Security organization uses a diverse set of tools to scan, record and report on vulnerabilities relating to the application, mid-tier, backend and operating system. The combination of these tools closes the loop from static analysis within the Software Development Life Cycle (SDLC) to performing vulnerability assessments within a live system environment. A commercial third party tool is used to continuously scan Cerner's Internet presence in search of vulnerabilities that could compromise the corporate and hosting networks. All of these technologies provide a full view into the state of Cerner's internal and external assets and allow corrective actions to be taken when required.

Neither Cerner nor client Sensitive Information may reside on any medium not provided by Cerner or the client. "Sensitive Information" includes protected health information (as such is defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)), individually identifiable health information as defined under state law, card holder data and any client confidential information. Such media include, but are not limited to, SD memory cards, personal mobile devices, USB/Flash drives, Cloud storage services (Dropbox, Google Drive, etc.), non-Cerner email service, etc. It is also not emailed, attached to a service record in the Cerner support tool or downloaded via unsecure File Transfer Protocols.

Any personal data which may have been emailed to Cerner, and which subsequently constitutes a security breach, follows a standard process in line with Cerner's incident management policy and procedures. Cerner's internal incident management system is supporting their certification against the ISO 9001:2008 Standard (Section 8.5.2 corrective action).

Sensitive client data in transit and rest is encrypted in line with legislative, regulatory and contractual requirements. This includes full disk encryption of all laptops and company mobile phones issued to associates. The access control model used within Cerner's client solutions is fully compliant with legal and regulatory requirements.

The following are some example of the security technologies we have deployed to protect their infrastructure:

- **Database Monitoring**
  Cerner currently has in excess of 5,000 databases spanning multiple locations in their hosting and cloud data centers, internal corporate data centers, as well as client site locations. In many cases these database servers contain personal health information (PHI), personally identifiable information (PII), financial records and intellectual property. Increasing regulatory compliance standards, increasing scope and complexity of threats to their environment, as well as legal challenges and risk mitigation have created more of a focus for Cerner to refine their database security monitoring strategy. This monitoring provides visibility into who is accessing and/or changing database information.

- **Data Encryption/Certificate Monitoring /Secure Communication**
  Cerner utilizes a variety of encryption technologies to encrypt sensitive data. There are policies and procedures in place guiding their associates on which methods to use and when. Cerner also manages their own public/private key certificate infrastructure, which is validated against Federal Information Processing Standard (FIPS) 140-2 Level 3, leveraged by many of their solutions and services.
- **Data Loss Prevention**
  Cerner has implemented a Data Loss Prevention (DLP) Program which identifies and helps to prevent data from being sent outside the organization in an unsecure or unapproved method. This Program utilizes industry standard DLP products and signatures with the focus on identifying and preventing transmission of PII, PHI, and sensitive Cerner data.

Software Development Life Cycle

To drive the adoption of best practice in secure software development, the Enterprise Security organization developed "Secure from the Start" ("Privacy by Design') model. This model incorporates four main components ensuring security is built into their solutions. These four pillars are: □

- **Education & Assessment** Associates learn application security fundamentals, Open Web Application Security Project (OWASP) top 10 vulnerabilities and threat modeling via instructor led courses. With this knowledge, teams perform security risk assessments and maintain threat models of their solutions.
- **Secure Code Analysis** Cerner utilizes automated tools identify security vulnerabilities within the source code during development process.
- **Application Security Validation** Security of solutions is evaluated as part of testing and release process.
- **Production Monitoring** Solutions in production are continuous scanned for vulnerabilities.

This model focuses on changing software development behavior by collaborating with developers to ensure that security controls, secure coding best practices and secure code consumption are employed for every solution.

Development of environment security controls

Cerner's development organization designs and maintains a significant number of platforms and versions within their solution offerings. The number of different development groups working on various aspects of solutions, time to market required, and time to test creates significant challenges to understanding, recording and tracking all code dependencies and versions. Maintaining software currency takes collaboration and cooperation between developers, information security teams, and operation teams. We continue to work toward universal adoption of best practices to reusing existing technologies and tracking software dependencies.

Secure coding best practices

Regulatory and compliance requirements are an integral part in design of solutions. They affect how code is allowed to act and how it protects information. To help with meeting those regulatory and compliance requirements, static code analysis tools are leveraged during all project phases

(development, testing and implementation) and deployed software undergoes recurring vulnerability scanning. Penetration testing is also performed periodically for validation all risks have been managed. Frameworks such as Software Assurance Maturity Model (SAMM) and Open Web Application Security Project (OWASP) are an integral part of their "Secure from the Start" model.

Data Center Logical Security

Cerner utilizes multiple overlapping security applications or countermeasures to provide greater security in depth. All security solutions work in conjunction to create a holistic security model, and support security strategy. The following countermeasures are utilized within the Cerner Technology Center (CTC) which are Cerner owned and managed data center facilities:

- **Antivirus (AV) Software**
  AV software is used appropriately throughout the hosted environment, and pattern file updates are deployed on a daily basis. Inbound data is scanned in real-time, and system drives are scanned on a weekly basis.
- **Network Firewalls**
  Perimeter network and critical infrastructure connections are protected by industry standard network firewall technologies.
- **Intrusion Prevention Systems (IPS)**
  Inline IPS appliances are strategically placed within the network in the data centers to identify malicious or anomalistic behavior. Each connection traversing all interfaces of the firewall and each major connection traversing the core network are inspected to ensure validity. Alerts are generated when anomalous activity is identified.
- **Virtual Private Networks and encryption**
  Administrative access to the data centers is allowed only by VPN, and all connections are tracked and logged. External application access across public networks is protected by either IPSEC or secure socket layer (SSL) encryption. Dedicated client connections are protected by SSL AES 256-bit encryption. System Hardening Cerner associates continually update server templates for best practices in loading systems with a secure configuration. This image is loaded onto all new servers and updated on older servers as needed.
- **Enterprise Logging**
  All network devices, security infrastructure components, and server systems transfer logs to a centralized repository for analysis, troubleshooting, compliance, and auditing purposes.
- **Security Patch Management**
  Cerner has also invested in an automated system inventory and patching system that provides excellent visibility to system changes and provides automated loading of security patches.
- **Proxy Servers**
  External application access across public networks is scanned for worms or viruses prior to establishing the connection with the destination server. All outbound Web and FTP requests are filtered against an authorized list and scanned for worms or viruses.

Physical Security

Physical Security at Cerner gives their associates, clients and guests confidence in safety and protection of Cerner's work environments.

The Global Security organization secures many locations worldwide while adhering to specific rules and regulations within various regions. The team is responsible for campus and facility access control, video surveillance and response to both emergency and non-emergency matters of safety and security. Comprised of over 150 Cerner Security Specialists, the team provides 24/7 security services at all their main campuses (Cerner offices) and data center locations.

Cerner Technology Centers – Physical access and monitoring

Physical security measures implemented at Cerner Technology Center (CTC) locations are deployed in strategic, layered approach to deter, delay and detect any attempted breach. These measures are designed in accordance to unique needs particular to the site and to ensure critical systems are provided a hardened, secure and reliable environment. Each CTC within the United States has a dedicated team of armed officers staffed 24x7. These officers Have primary responsibility to monitor associated physical access controls and surveillance systems for the site. They response to any alarmed event that is documented in the system database. They maintain primary responsibility, as first responders, to any safety or security event or alarm. They follow strict guidelines in controlling entry/exit of all visitors and service providers. Procedure includes documented Rules of the Road guidelines and, review of a government-issued picture ID and signature upon entry. Security walk-throughs are completed on every shift, are documented and preserved in the incident reporting software.

The perimeter fencing at the Cerner Technology Center in Kansas City (CTC-KC) has a 'K' rated Crash Test Certification issued by the Department of State. It measures the particular stopping power of a barrier in relation to the speed and weight of an incoming vehicle. The incoming/outgoing vehicle trap at CTC-KC is designed and regulated to only allow one of four gates open at any given time. Only one vehicle allowed in the trap at one time regardless of which direction it came in (incoming or outgoing). Access controlled pedestrian entry turnstile at CTCKC allows for only single entry onto the grounds.

Once inside the lobby, there is an access controlled entry portal, which allows only single entry. Both of these devices remediate any chance of piggy-backing or tailgating by others. Entry into all their data centers is controlled by 2-Factor authentication. A Cerner-issued access control card with proper clearance level must be presented first. Once acknowledged as a valid credential, the reader scans for subject's unique biometric feature as an additional credential. Our data centers that are located outside the United States follow comparable physical security measures.

Security officers

Within the USA armed security officers receive intensive initial training on site policies and procedures including patrol tactics. Officers carry applicable Private Officer/Investigator commissions per city and state authorities and regulations. Certified Cerner instructors provide classroom and practical instruction across all disciplines. Officers are not just protecting people; they are protecting Cerner systems and services comprised of client patient data and intellectual property.

Security Operations Center The Security Operations Center (SOC) provides security monitoring and situational management 24/7 utilizing solutions to track security related events globally. This includes

managing physical access by issuing badges and obtaining documented approvals for unique clearance levels. Video surveillance is conducted using strategically placed cameras and motion alarms.

Protective Services Team

Within the USA the Protective Services Team is responsible for firearms training for all Cerner Security Officer and maintenance for all Cerner Weapons.

The Protective Service Team investigates criminal activity at all Cerner locations worldwide and coordinates with law enforcement to provide evidence and to assist with prosecution. They support the Human Resources department with high risk security issues relating to associates working for Cerner and assist them in locating missing associates. In addition, they provide physical protection for executives at industry events and protection for visiting dignitaries and political figures.

The team provides travel safety for associates who are traveling to or residing in the Middle East. They provide high risk travel training for associates and monitor 24x7 information about criminal/terrorist activity for all their global locations.

Supporting client audits

Cerner's clients routinely go through audits or make requests for security information about Cerner's hosting infrastructure. Cerner understands the drivers for these requests and has taken a number of steps to provide their clients the information they need, while at the same time ensuring the highest security posture for their hosting environments to protect sensitive information.

Evidence of Cerner's Risk and Remediation process is provided through the SOC1 Type 2 report, using SSAE16 defined controls, providing an attestation by a 3rd party audit firm of the effectiveness of this control. Cerner is happy to provide their current Remote Hosted clients with their SOC1 and SOC2 reports, about the effectiveness of Cerner's Information Security Management Framework for their own audit purposes. Cerner will also provide copies of various 3rd Party Attestations Certificates and client consumable reports of described registrations and certifications.

It is Cerner's practice to tightly control and not distribute written or electronic copies of its security policies, due to their sensitivity. We do not share penetration test results, infrastructure details such as, system configurations, hardened baseline parameters, IP addresses and server names, except for publicly available internet facing addresses and information. These controls serve to maintain the appropriate security posture for protecting all clients' data.

Summary

Cerner's clients and their patients entrust them to securely manage and protect their most important data assets. Cerner is continuously strengthening their security posture through their people, processes and procedures. With the value of healthcare data setting a significant target for breaches, Cerner recognizes needs to continue to assess and invest in security-driven initiatives to provide appropriate levels of security for all of Cerner, their clients and patients now and in the future.

14. Statement of Work

The Vendor must provide a Statement of Work that details the work to be performed consistent with the requested SOW and requirements detailed in the RFP for the System. The narrative for the Statement of Work must include a detailed description of each Project deliverable. The Statement of Work must also clearly define the scope of the Project and provide assumptions on which the Work Plan and Statement of Work were developed. The Vendor must NOT include any pricing or pricing assumptions in this section.

For each Deliverable, the Vendor must provide the following information:

- Deliverable Description – Provide an overview of the Deliverable
- Vendor Responsibilities – Provide a clear and concise narrative of Vendor responsibilities to perform the work for this Deliverable
- GDC Responsibilities – Provide a clear and concise narrative of what the Vendor expects from GDC to perform the work for this Deliverable
- Reference – Indicate the policy, section, page and /or paragraph where referenced

MHM agrees to comply with and meet the requirements of RFP Attachment G, Item 14, *Statement of Work.*

Deliverables Description

The National Institute of Dental and Craniofacial Research (NIDCR) describes the "mouth and face as a mirror of health and disease." The use of dental health as an indicator of a variety of illnesses and the impact of oral health on an individual's overall health and well-being has been well-documented over the past decades. MHM applauds the GDC for emphasizing dental care as an integral component of healthcare services provided to offenders. We are proud to have been GDC's partner in providing this necessary service.

National Institute of Dental and Craniofacial Research

Oral Health as an Indicator of Disease Presence

An individual's oral health can be an indicator of prior, current, or future disease manifestation. Because of this, dentists play an important role in identifying hidden healthcare issues that may manifest at later stages in the disease requiring more intensive treatment services. A dentist's examination of the mouth and face can identify the presence of diseases such as chronic or acute infections (including HIV), melanomas, and

immune deficiencies as well as the use harmful habits such as tobacco use. Drug use, especially the use of prescription and certain over-the-counter drugs, can be identified from the staining of the teeth or mucosa. Signs of physical abuse or violence are discernable through both physical examinations and imaging studies. The latter can also reveal issues such as osteoporosis and musculoskeletal disorders as well and congenital and developmental disorders. Finally, poor dental health can be an indicator of the presence of mental health issues, such as depression, eating disorders, and serious mental illness.

Bad oral health can also result in a variety of healthcare problems. Bacteria from the mouth, which can result in a compromised immune response, are well-known to result in infections in other parts of the body. Infective endocarditis, an infection of the endocardial surface of the heart, is an example of this. Furthermore, periodontal disease is a common risk factor of cancer and heart disease, among other illnesses.

In addition to its impact on an individual's overall health, dental issues can result in a decrease in quality of life and an increase in mental health issues. Pain associated with caries and gum disease often limit an individual's ability to fully participate in activities of daily living or result in the overuse of over-the-counter or prescription pain medications. Pain and loss of teeth have both been found to affect eating habits, which are especially risky for the elderly and infirm or otherwise vulnerable patients. Bad breath resulting from oral disease, loss of teeth, and incongruent teeth structure can influence self-esteem and confidence, increase social phobias and anxiety, and negatively impact re-entry efforts.

Dental Health Among the Prison Population

The ability to obtain necessary dental services has been challenging for the lower-income populations that frequently comprise correctional populations.

The Hamilton Project[1], completed by the Brookings Institution, found that people of lower-economic status are more likely to be victims of and engage in criminal acts. Individuals living below the poverty level are often unable to afford necessary dental care services. We recognize that many GDC offenders come from this demographic. This pattern is consistent with findings of an article published by the National Commission on Correctional Health Care (NCCHC) that many prisoners present with extensive caries and periodontal disease that can impact their overall medical and mental health and quality of life. Missing teeth, a higher percentage of unmet dental needs, moderate and deep

[1] https://www.brookings.edu/wp-content/uploads/2016/06/v8_THP_10CrimeFacts.pdf

periodontal pockets, issues related to smoking, and the interaction between cardiovascular disease and diabetes were among the many issues that the NCCHC study highlighted.

The provision of necessary and timely dental care can positively impact the oral, medical, and mental health of offenders. For example, a study conducted in the North Carolina prison system found that the provision of needed dental health services improved oral health among the sampled prisoners[1].

Quality Dental Care Provided by MHM

MHM has been providing dental care for GDC offenders since 2000. Our services include:

- Intake exams
- Comprehensive exams
- Sick call exams
- X-rays
- Fillings
- Simple extractions
- Surgical extractions
- Other surgeries
- Cleanings
- Dentures repair and completion
- Partial dentures repair and completion
- DNA
- Infection control
- Prescription dental medications
- Dental education

In 2017 alone, our dentists and dental hygienists completed over 51,000 appointments. All services were provided using evidence-based practices and within the highest standards of quality and timeliness. We have decreased wait times and provided all emergency and urgent services required. In addition, we have been involved in training programs for the staff and provided patients with extensive education regarding their oral health and its impact on their overall well-being. We believe that we have made an impactful difference in the dental care of our patients, many of whom had received minimal to no dental care prior to their incarceration.

Vendor Responsibilities

Under the contract with the GDC, MHM will be responsible for the following services:

[1] Clare JH. Dental health status, unmet needs, and utilization of services in a cohort of adult felons at admission and after three years' incarceration. J Correctional Health Care. 2002; 9:65–75.

Staffing

We will be responsible for recruiting, hiring, and maintaining Georgia licensed and qualified dentists, dental hygienists, and dental assistants to provide dental services for patients. We will assume responsibility for making sure that staff meet all pre-employment drug testing and security clearances and that they are provided with orientation and initial and ongoing orientation training to meet their job responsibilities. Dental staff will work under the direction of MHM's Dental Supervisor, **Dr. Rhonda Lemons**.



Rhonda Lemons, DDS
Dental Supervisor

Our staffing model allows us to cover one or more facilities, if needed. It includes detailed plans for coverage in case of vacations, emergency vacancies, and short- and long-term illnesses. We have developed processes for evaluating and addressing staff productivity and quality of care and work collaboratively with prison staff to ensure that patients receive needed dental services in a timely manner.

Dental Services

As noted in detail in response to *Question 5a* in *Attachment G*, our dental staff will be responsible for providing the following services:

Dentists

- Provide dental screening, dental examinations, and any required radiographs to establish a diagnosis
- Develop dental treatment plan
- Provide emergency and urgent dental care, as needed
- Provide medically necessary routine dental services, including periodontal treatment, operative treatments, oral surgery, and limited prosthetic treatment
- Make determination and refer patients for complex oral surgery to Augusta State Medical Prison (or other facility, as indicated)
- Document all services in the patient's medical records
- Provide supervision to dental hygienists and dental assistants
- Provide education to patients on oral care
- Follow all infection control procedures and assist with managing dental infections

- Participate in CQI and peer review process

Dental Hygienists

- Provide dental hygiene services, including routine prophylaxis, scaling and root planning, closed flap curettage
- Provide oral hygiene and nutrition instruction
- Assist in diagnostic services
- Support dental treatment plans
- Assist dentist, as needed
- Document all services in the patient's medical records
- Follow all infection control procedures and assist with managing dental infections
- Participate in CQI and peer review process

Dental Assistants

- Assist the dentist in all dental procedures
- Take, develop, and mount dental radiographs, based on dentist prescription
- Assist with any indicated laboratory procedures
- Maintain the clinic, equipment, and supplies
- Assist with maintaining patient records
- Assist with maintaining clinic schedule, under the direction of the dentist
- Follow all infection control procedures and assist with managing dental infections
- Participate in CQI and peer review process

Quality Management

MHM will implement CQI activities that support our goal of providing quality dental services for offenders. We will collaborate with and report the results of these efforts to the GDC. Additionally, as part of our quality management activities, we will conduct an annual audit of dental services provided and submit those results to the GDC and the Office of Health Services annually. We will continuously evaluate our compliance with contractual obligations and implement and address any corrective action plans, as needed.

Information Technology

In the new contract, MHM will implement the **Dentrix** electronic dental record for the GDC program. Dentrix will include a tracking mechanism for dental clinic schedules, provide us with the ability to maintain patient dental records in real-time, and can provide necessary data for CQI analyses. Dentrix will include an electronic interface with the **Cerner** electronic health record.

GDC Responsibilities

MHM looks to the GDC to provide the following:

- A safe environment for our staff to provide dental care services.
- Administrative and clinical equipment and supplies necessary to perform dental healthcare services, such as dental chairs, dental supplies, imaging capabilities, copiers, forms, etc.
- Telecommunication devices, including telephone and Internet access.
- Utilities and trash collection services, including the collection of medical waste .
- Information technology, including computer hardware and any associated software, including electronic health record capabilities.
- Providing a panic alarm to any contract employee providing services within a facility.
- Ongoing communication with the GDC, especially as it relates to identifying and addressing any challenges that would impact MHM's ability to meet contract requirements.
- Offender access to healthcare services – MHM will complete our due diligence in scheduling services within timelines that allow offenders to participate in needed dental care. We look to the GDC to ensure that offenders are transported to their treatment session in a timely manner.

References

In the table on the following page, we have provided information on the policy, response section, or attachment that addresses specific sections of RFP *Scope of Work, Dental Services*.

GDC Policies and Operating Procedures		
Deliverable	**MHM/GDC Responsibility**	**Reference**
Abiding by all applicable laws	MHM	Attachment G, Question 5
Adhering to Captiva and GDC policies	MHM	Attachment G, Question 5
Meeting GDC pre-employment standards	MHM	Attachment G, Question 5
Obtaining security backgrounds	MHM	Attachment G, Question 5
Pre-employment drug tests	MHM	Attachment G, Question 5
Completing random drug tests	MHM	Attachment G, Question 3
Re-assignment of terminated staff	MHM	Attachment G, Question 3
Hiring individuals considered unacceptable by GDC	MHM	Attachment G, Question 3
Discontinuing GDC unacceptable employees	MHM	Attachment G, Question 3
Staff Coverage		
Performing post-employment drug tests	MHM	Attachment G, Question 3
Fill vacancies within 30 calendar days	MHM	Attachment G, Question 3
Provide coverage for all positions, with same/exceeding qualifications and GDC approval	MHM	Attachment G, Question 3
Performance Management		
Conducting annual audits	MHM	Attachment G, Question 9 GDC SOP VH69-0003: Auditing the Dental Unit
Reporting on contract compliance	MHM	Attachment G, Question 9 GDC SOP VH69-0001: Dental Unit Reporting
Corrective action plans and site visits	MHM	Attachment G, Question 9 Attachment G, Question 11 GDC SOP VH69-0005: Peer Review (Dental Only)
Space Allocation, Equipment, and Supplies		
Allocated space	GDC	Attachment G, Question 14
Allocated equipment and furniture	GDC	Attachment G, Question 14
Allocated supplies	GDC	Attachment G, Question 14

GDC Policies and Operating Procedures		
Deliverable	**MHM/GDC Responsibility**	**Reference**
Telecommunication and telephones	GDC	Attachment G, Question 14
Utilities and housekeeping services	GDC	Attachment G, Question 14
Information technology and computer equipment	GDC	Attachment G, Question 14
Panic Alarm	GDC	Attachment G, Question 14
Transition Plan		
Cooperation with outgoing supplier	MHM	Attachment G, Question 5 Attachment G, Question 6
No adverse effect on delivery of services	MHM	Attachment G, Question 5 Attachment G, Question 6
Electronic Dental Health Record		
Provide and maintain an electronic dental health system	MHM	Attachment G, Question 5a
Program Service		
Provide dental services using Georgia licensed and qualified dentists, dental hygienists, and dental assistants.	MHM	Attachment G, Question 3 Attachment – Job Descriptions
Dental Services (Dentist)		
Diagnostic services	MHM	Attachment G, Question 5 Attachment G, Question 5 GDC SOP VH66-0001: Guidelines for Dental Treatment GDC SOP VH66-0002: Specialized Dental Services and Consultations GDC SOP VH66-0004: Dental Radiographic Services GDC SOP VH67-0001: Dental Screening, Examination, and Profiling GDC SOP VH67-0002: Dental Treatment Priorities GDC SOP VH68-0001: Refusal of Dental Treatment
Urgent care	MHM	
Routine dental services	MHM	
Specialized dental services	MHM	
Excluded services	MHM	
Documentation and statistics	MHM	Attachment G, Question 5 GDC SOP VH67-0004: Entering Dental Data in Physical Health Record

GDC Policies and Operating Procedures		
Deliverable	**MHM/GDC Responsibility**	**Reference**
Infection control	MHM	Attachment G, Question 5 GDC SOP VH68-0002: Infection Control Precautions
Continuing education and training	MHM	Attachment G, Question 5
Oversight by HSA and Deputy Warden of Care and Treatment	MHM	Attachment G, Question 5
Participation in Peer Review and CQI Process	MHM	Attachment G, Question 5 GDC SOP VH69-0005: Peer Review (Dental Only)
Dental Hygienist		
Routine dental hygiene services	MHM	Attachment G, Question 5
Assist in diagnostic services	MHM	Attachment G, Question 5
Documentation and statistics	MHM	Attachment G, Question 5 GDC SOP VH67-0004: Entering Dental Data in Physical Health Record
Infection control	MHM	Attachment G, Question 5 GDC SOP VH68-0002: Infection Control Precautions
Continuing education and training	MHM	Attachment G, Question 5
Dental Assistants	MHM	Attachment G, Question 5
Chairside dental assistance	MHM	Attachment G, Question 5
X-Rays	MHM	Attachment G, Question 5 GDC SOP VH66-0004: Dental Radiographic Services
Clinic duties and responsibilities	MHM	Attachment G, Question 5
Documentation and record keeping	MHM	Attachment G, Question 5 GDC SOP VH67-0004: Entering Dental Data in Physical Health Record
Scheduling	MHM	Attachment G, Question 5
Infection control	MHM	Attachment G, Question 5 GDC SOP VH68-0002: Infection Control Precautions
In-service and training	MHM	Attachment G, Question 5
Recruitment and Credentialing		
Meet GDC recruiting and credentialing requirements	MHM	Attachment G, Question 5
Confidentiality		

GDC Policies and Operating Procedures		
Deliverable	**MHM/GDC Responsibility**	**Reference**
Able to cover more than one facility	MHM	Attachment G, Question 5
Ability to Cover Multiple Institutions		
Access to confidential patient information	MHM/GDC	Attachment G, Question 5
Establish and follow confidentiality policy	MHM	Attachment G, Question 5
Ownership		
GDC has ownership of all products	MHM/GDC	Attachment G, Question 6

Position		ARRENDALE STATE PRISON (LASP)	ASMP	AUTRY STATE PRISON	BALDWIN STATE PRISON	BLECKLEY PDC (to Pulaski)	BURUSS CTC (Share staff with CSP)	CALHOUN STATE PRISON (Share DH with Autry)	CENTRAL STATE PRISON	COASTAL STATE PRISON	DODGE (DH from Telfair)	DOOLEY	EMANUEL PDC (to Rogers)	EMANUEL WOMENS FACILITY	GA DIAGNOSTIC CLASSIF PRISON	GEORGIA STATE PRISON	Hancock SP (DH from Johnson)	HAYS STATE PRISON	JOHNSON STATE PRISON (DH one day/week)	LEE STATE PRISON	MACON
PROVIDER																					
Psychiatrist		2.50	-	1.00	1.50	0.20	-	-	1.00	1.00	-	-	0.25	0.50	1.75	1.25	-	0.75	1.00	-	-
MH Nurse Practitioner		-	-	0.50	-	-	-	-	-	-	-	-	-	-	1.25	1.00	-	-	-	-	-
Dentist		2.00	1.50	1.00	1.00	-	-	1.00	1.00	1.00	1.00	1.00	-	0.50	2.00	1.00	1.00	1.00	1.00	0.50	1.00
TOTAL MEDICAL		4.50	1.50	2.50	2.50	0.20	-	1.00	2.00	2.00	1.00	1.00	0.25	1.00	5.00	3.25	1.00	1.75	2.00	0.50	1.00
MENTAL HEALTH																					
Mental Health Manager		1.00	2.00	1.00	1.00	-	-	-	1.00	1.00	-	-	-	-	1.00	1.00	-	1.00	1.00	-	-
Clinical Director		2.50	2.25	0.75	1.50	0.40	0.38	-	1.00	0.50	-	-	0.06	0.25	3.50	1.50	-	1.00	1.25	-	-
Mental Health Counselor		18.25	29.00	6.00	12.00	2.00	2.00	-	10.00	4.00	-	-	2.00	3.00	17.00	13.00	-	11.00	10.00	-	-
Behavioral Specialist		1.00	-	-	-	-	-	-	-	-	-	-	-	-	1.00	-	-	-	-	-	-
Activity Therapist		2.00	8.00	1.00	3.00	-	1.00	-	2.00	1.00	-	-	-	-	2.00	3.00	-	-	2.00	-	-
MH Clerk		2.00	2.00	2.00	3.00	-	-	-	2.00	1.00	-	-	-	-	2.00	2.00	-	1.00	1.00	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL MENTAL HEALTH		26.75	43.25	10.75	20.50	2.40	3.38	-	16.00	7.50	-	-	2.06	3.25	26.50	20.50	-	14.00	15.25	-	-
DENTAL																					
Dental Hygienist		-	1.00	-	1.00	-	-	1.00	-	1.00	-	1.00	-	-	-	1.00	-	-	1.00	-	1.00
Dental Assistant		2.00	2.00	1.00	1.00	-	-	1.00	1.00	1.00	1.00	1.00	-	0.50	2.00	1.00	1.00	1.00	1.00	0.50	1.00
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL DENTAL		2.00	3.00	1.00	2.00	-	-	2.00	1.00	2.00	1.00	2.00	-	0.50	2.00	2.00	1.00	1.00	2.00	0.50	2.00
TOTAL CLINICAL STAFF		**33.25**	**47.75**	**14.25**	**25.00**	**2.60**	**3.38**	**3.00**	**19.00**	**11.50**	**2.00**	**3.00**	**2.31**	**4.75**	**33.50**	**25.75**	**2.00**	**16.75**	**19.25**	**1.00**	**3.00**
PROGRAM MANAGEMENT																					
Program Manager	1.00																				
Assit PM	1.00																				
Special Projects	1.00																				
CQI Cordinator	1.00																				
CSU Cordinator	1.00																				
Staff Development	1.00																				
Telepsych Cord	1.00																				
Tele/IT specialist	1.00																				
Tele-Assistant	1.00																				
Admin Coordinator	1.00																				
Admin Assistant	1.00																				
Payroll Manager	1.00																				
Prom Consultant	1.00																				
Receptionist	1.00																				
Tele-psychiatrist	3.00																				
Tele-psychology	1.00																				
Psychiatry Director	1.00																				
Clinical Director	1.00																				
TOTAL REGION OFFICE	**20.00**																				
TOTAL STAFF	**20.0**	**33.3**	**47.8**	**14.3**	**25.0**	**2.6**	**3.4**	**3.0**	**19.0**	**11.5**	**2.0**	**3.0**	**2.3**	**4.8**	**33.5**	**25.8**	**2.0**	**16.8**	**19.3**	**1.0**	**3.0**

Metro SP	Montgomery SP	PHILLIPS STATE PRISON	PULASKI STATE PRISON	ROGERS STATE PRISON	RUTLEDGE STATE PRISON	SMITH STATE PRISON	TELFAIR (DH part time with Dodge)	VALDOSTA STATE PRISON	WARE (DH from VSP)	WASHINGTON STATE PRISON	WHITWORTH (to LASP)	WILCOX	Appling ITF	Bainbridge	Patten	West Central	Women's PDC	
0.25	-	1.50	1.00	0.50	0.75	-	-	1.50	-	-	0.40	-	0.50	-	-	0.50	-	19.60
-	-	-	-	-	-	-	-	0.50	-	-	-	-	-	-	-	-	-	3.25
0.80	0.50	1.00	1.00	1.00	0.50	1.00	1.25	1.00	1.00	1.00	-	1.00	-	-	-	-	-	29.55
1.05	0.50	2.50	2.00	1.50	1.25	1.00	1.25	3.00	1.00	1.00	0.40	1.00	0.50	-	-	0.50	-	52.40
-	-	1.00	1.00	1.00	1.00	-	-	1.00	-	-	-	-	1.00	-	-	1.00	-	18.00
-	-	1.50	1.50	0.50	1.00	-	-	2.00	-	-	0.40	-	0.70	-	-	0.60	0.04	25.08
2.00	-	15.00	12.00	4.00	10.00	-	-	22.00	-	-	3.00	-	12.00	1.00	2.00	8.00	2.00	232.25
-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00	-	-	-	3.00
-	-	4.00	1.00	-	2.00	-	-	3.00	-	-	-	-	-	-	-	-	-	35.00
-	-	2.00	1.50	-	1.00	-	-	3.00	-	-	1.00	-	1.00	-	-	1.00	-	28.50
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.00	-	23.50	17.00	5.50	15.00	-	-	31.00	-	-	4.40	-	14.70	2.00	2.00	10.60	2.04	341.83
0.80	-	1.00	1.00	-	-	1.00	1.00	1.00	-	1.00	-	-	-	-	-	-	-	14.80
0.80	0.50	1.00	1.00	1.00	0.50	1.00	1.00	1.00	1.00	1.00	-	1.00	-	-	-	-	-	29.80
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.60	0.50	2.00	2.00	1.00	0.50	2.00	2.00	2.00	1.00	2.00	-	1.00	-	-	-	-	-	44.60
4.65	**1.00**	**28.00**	**21.00**	**8.00**	**16.75**	**3.00**	**3.25**	**36.00**	**2.00**	**3.00**	**4.80**	**2.00**	**15.20**	**2.00**	**2.00**	**11.10**	**2.04**	**438.83**
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																		1.00
																		20.00
4.7	**1.0**	**28.0**	**21.0**	**8.0**	**16.8**	**3.0**	**3.3**	**36.0**	**2.0**	**3.0**	**4.8**	**2.0**	**15.2**	**2.0**	**2.0**	**11.1**	**2.0**	**458.8**

State of Georgia
State Entity: Georgia Department of Corrections
Electronic Request for Proposals ("eRFP")
Event Name: Mental Health and Dental Health Services for Offenders
eRFP (Event) Number: ES-RFP-46700-415

Category 1: Mental Health Services
Evaluated Cost Summary- CLARIFICATION

The costs on this worksheet will be automatically calculated using the information entered on the other worksheets. It is the Supplier's responsibility to ensure that costs on this sheet reflects the full Proposal cost. **Instructions:** Do not edit any cells on this sheet. Prior to submission, confirm all costs reflect the Proposal cost total.

Description	Cost Per Month (Year 1)	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	Total Costs (10 Year)
State Facilities												
Arrendale State Prison	$272,642.24	$3,271,707	$3,339,541	$3,432,863	$3,529,340	$3,632,142	$3,737,474	$3,845,861	$3,957,391	$4,072,156	$4,190,248	**$37,008,724**
Augusta State Medical Prison	$327,550.93	$3,930,611	$4,012,280	$4,131,252	$4,254,494	$4,386,686	$4,513,900	$4,644,803	$4,779,502	$4,918,108	$5,060,733	**$44,632,368**
Autry State Prison	$113,072.01	$1,356,864	$1,384,967	$1,423,736	$1,463,816	$1,506,534	$1,550,224	$1,595,180	$1,641,440	$1,689,042	$1,738,024	**$15,349,828**
Baldwin State Prison	$191,614.53	$2,299,374	$2,347,084	$2,413,896	$2,483,008	$2,556,805	$2,630,952	$2,707,250	$2,785,760	$2,866,547	$2,949,677	**$26,040,353**
Bleckley PDC	$25,119.69	$301,436	$307,681	$316,195	$324,995	$334,362	$344,058	$354,036	$364,303	$374,868	$385,739	**$3,407,673**
Bainbridge	$15,340.93	$184,091	$187,916	$193,466	$199,215	$205,379	$211,335	$217,464	$223,771	$230,260	$236,937	**$2,089,835**
Burruss CTC	$25,935.64	$311,228	$317,693	$327,072	$336,786	$347,200	$357,269	$367,630	$378,291	$389,262	$400,550	**$3,532,981**
Central State Prison	$146,133.42	$1,753,601	$1,789,990	$1,841,129	$1,894,036	$1,950,553	$2,007,119	$2,065,325	$2,125,220	$2,186,851	$2,250,270	**$19,864,092**
Coastal State Prison	$82,561.57	$990,739	$1,011,278	$1,039,242	$1,068,139	$1,098,892	$1,130,760	$1,163,552	$1,197,295	$1,232,017	$1,267,745	**$11,199,661**
Emanual Women's Facility	$38,566.46	$462,798	$472,388	$485,265	$498,565	$512,696	$527,564	$542,864	$558,607	$574,806	$591,476	**$5,227,027**
Emanual PDC	$22,347.84	$268,174	$273,735	$281,313	$289,145	$297,481	$306,108	$314,985	$324,120	$333,519	$343,191	**$3,031,771**
Georgia Diagnostic and Classification State Prison	$272,856.21	$3,274,274	$3,342,062	$3,435,537	$3,532,173	$3,635,167	$3,740,587	$3,849,064	$3,960,687	$4,075,547	$4,193,737	**$37,038,834**
Georgia State Prison	$200,983.43	$2,411,801	$2,461,772	$2,531,505	$2,603,627	$2,680,602	$2,758,339	$2,838,331	$2,920,643	$3,005,341	$3,092,496	**$27,304,459**
Hays State Prison	$129,738.37	$1,556,860	$1,589,146	$1,634,246	$1,680,895	$1,730,691	$1,780,881	$1,832,527	$1,885,670	$1,940,355	$1,996,625	**$17,627,896**
Johnson State Prison	$143,624.99	$1,723,500	$1,759,252	$1,809,125	$1,860,709	$1,915,766	$1,971,323	$2,028,492	$2,087,318	$2,147,850	$2,210,138	**$19,513,472**
Metro TC	$21,636.49	$259,638	$265,023	$272,373	$279,968	$288,055	$296,408	$305,004	$313,849	$322,951	$332,316	**$2,935,586**
Patten	$15,340.93	$184,091	$187,916	$193,466	$199,215	$205,379	$211,335	$217,464	$223,771	$230,260	$236,937	**$2,089,835**
Phillips State Prison	$215,302.34	$2,583,628	$2,637,249	$2,712,566	$2,790,486	$2,873,717	$2,957,055	$3,042,810	$3,131,051	$3,221,852	$3,315,285	**$29,265,698**
Pulaski State Prison	$158,517.26	$1,902,207	$1,941,657	$1,996,745	$2,053,725	$2,114,547	$2,175,869	$2,238,969	$2,303,899	$2,370,712	$2,439,463	**$21,537,793**
Rogers State Prison	$58,349.28	$700,191	$714,698	$734,446	$754,854	$776,572	$799,093	$822,267	$846,112	$870,650	$895,898	**$7,914,782**
Rutledge State Prison	$134,365.49	$1,612,386	$1,645,845	$1,692,966	$1,741,720	$1,793,814	$1,845,835	$1,899,364	$1,954,446	$2,011,125	$2,069,447	**$18,266,949**
Valdosta State	$280,980.27	$3,371,763	$3,441,699	$3,540,251	$3,642,220	$3,751,177	$3,859,961	$3,971,900	$4,087,085	$4,205,611	$4,327,574	**$38,199,242**
Whitworth Woman's Facility	$43,298.98	$519,588	$530,361	$545,310	$560,768	$577,255	$593,995	$611,221	$628,946	$647,186	$665,954	**$5,880,584**
Women's PDC	$15,815.16	$189,782	$193,724	$199,427	$205,333	$211,664	$217,802	$224,118	$230,618	$237,305	$244,187	**$2,153,959**
Integrated Treatment Facility (ITF)												
Appling	$127,556.55	$1,530,679	$1,562,437	$1,607,369	$1,653,866	$1,703,574	$1,752,978	$1,803,814	$1,856,125	$1,909,952	$1,965,341	**$17,346,135**
West Central	$95,689.10	$1,148,269	$1,172,086	$1,205,536	$1,240,141	$1,277,105	$1,314,141	$1,352,251	$1,391,466	$1,431,819	$1,473,341	**$13,006,155**
		2019	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**	**Evaluated Costs (10 Year)**
	Total:	**$38,099,281**	**$38,889,481**	**$39,996,294**	**$41,141,240**	**$42,363,816**	**$43,592,367**	**$44,856,545**	**$46,157,385**	**$47,495,949**	**$48,873,332**	**$431,465,692**

Supplier Name
Supplier Contact Number

State of Georgia
State Entity: Georgia Department of Corrections
Electronic Request for Proposals ("eRFP")
Event Name: Mental Health and Dental Health Services for Offenders
eRFP (Event) Number: ES-RFP-46700-415

Category 2- Dental Services
Evaluated Cost Summary

The costs on this worksheet will be automatically calculated using the information entered on the other worksheets. It is the Vendor's responsibility to ensure that costs on this sheet reflects the full Proposal cost. **Instructions:** Do not edit any cells on this sheet for the yearly totals for personel and overhead. Do edit the yearly amount for software highlighted in yellow on this sheet. Prior to submission, confirm all costs reflect the Proposal cost total.

Description	Fixed Rate for Concurrent Software Per Year	Cost Per Month (Year 1)	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	Total
State Facilities													
ARRENDALE STATE PRISON (LASP)	$0	$45,374	$544,483	$534,854	$549,315	$564,247	$580,084	$596,906	$614,216	$632,029	$650,357	$669,218	$5,935,709
ASMP	$0	$45,954	$551,446	$539,325	$554,278	$569,732	$586,177	$603,176	$620,668	$638,667	$657,189	$676,247	$5,996,905
AUTRY STATE PRISON	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
BALDWIN STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
Bleckley PDC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
BURUSS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CALHOUN STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
CENTRAL STATE PRISON	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
Claxton PDC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
COASTAL STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
Columbia Regional	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
DODGE	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
DOOLEY	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
EMANUEL WOMENS FACILITY	$0	$11,343	$136,121	$133,714	$137,329	$141,062	$145,021	$149,227	$153,554	$158,007	$162,589	$167,304	$1,483,927
Emanual PDC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GA DIAGNOSTIC CLASSIF PRISON	$0	$45,374	$544,483	$534,854	$549,315	$564,247	$580,084	$596,906	$614,216	$632,029	$650,357	$669,218	$5,935,709
GEORGIA STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
HANCOCK SP	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
HAYS STATE PRISON	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
Helms	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
JOHNSON STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
LEE STATE PRISON	$0	$11,343	$136,121	$133,714	$137,329	$141,062	$145,021	$149,227	$153,554	$158,007	$162,589	$167,304	$1,483,927
Long Unit	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
MACON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
METRO SP	$0	$25,271	$303,252	$296,973	$305,138	$313,575	$322,544	$331,898	$341,523	$351,427	$361,618	$372,105	$3,300,052
MONTGOMERY SP	$0	$11,343	$136,121	$133,714	$137,329	$141,062	$145,021	$149,227	$153,554	$158,007	$162,589	$167,304	$1,483,927
PHILLIPS STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
PULASKI STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
ROGERS STATE PRISON	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
RUTLEDGE STATE PRISON	$0	$11,343	$136,121	$133,714	$137,329	$141,062	$145,021	$149,227	$153,554	$158,007	$162,589	$167,304	$1,483,927
SMITH STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
TELFAIR	$0	$35,750	$428,994	$420,876	$432,324	$444,149	$456,702	$469,947	$483,575	$497,599	$512,029	$526,878	$4,673,073
VALDOSTA STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
Walker State Prison	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
WARE	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
WASHINGTON STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
Whitworth	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
WILCOX	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854

State of Georgia

Georgia Department of Corrections

	$0	$803,654	$9,643,845	$9,455,756	$9,714,022	$9,980,808	$10,264,165	$10,561,826	$10,868,119	$11,183,295	$11,507,610	$11,841,331	$105,020,778

Supplier Name
Supplier Contact Number

Request for Clarification

Solicitation #: ES-RFP-46700-415

Solicitation Title*:* Mental Health and Dental Health Services for Offenders

Supplier Name: MHM Services, Inc

Request No.: 01	**Supplier's Authorized Contact: Julia Seder** **Email:** jseder@mhm-services.com
Date of Request: September 10, 2018	**Offeror's Response Due By (Date):** **5:00 pm ET on Monday, September 24th, 2018** **Email Response to Issuing Officer: Carrie Steele** **Email:** carrie.steele@doas.ga.gov

Instructions: For the purposes of evaluation, Georgia Department of Corrections (GDOC) requires that each supplier complete the Clarification Cost Proposal Workbook using sample staffing plan(s) included with this communication. Please complete each worksheet within the cost workbook for the category of service proposed with the initial response (i.e. Mental, Dental, or both).

No deviation may be made to the Sample Staffing Plan. A failure to comply with these instructions may result in elimination from the evaluation process.

Additional instructions are as follows:

1. **Cost Proposal Clarification (Mental Health Services)**

   A. **The following sections must be completed for the Mental Health Services Cost Proposal:**
   - **Mental Health Worksheet must be completed using the Sample Staffing Plan provided.**
   - **Mental Cost Assumptions must include all information requested per instructions to be complete.**
   - **Mental Health Blended Rate Card must include the average hourly rate per position. The average hourly rate must include salary plus fringe benefits.**

2. **Cost Proposal Clarification (Dental Health Services)**

   A. **The following sections must be completed for Dental Health Services Cost Proposal:**
   - **Dental Health Worksheet must be completed using the Sample Staffing Plan provided.**
   - **Dental Cost Assumptions – please complete all information requested per instructions provided on cost sheet**
   - **Dental Health Blended Rate Card – please provide the average hourly rate per position. The average hour rate should include salary plus fringe benefits.**

We have provided as an attachment a completed cost proposal workbook that contains cost clarifications for both Mental Health and Dental Services.

3. **Dental Health Software Clarification**

A. The following sections must be completed for the Dental Health Cost proposals:

- **<u>Dental Health Total Cost</u> – Enter the Fixed Rate for Concurrent Software Per Year per facility.**

There is a total, one-time charge of $163,236.00, which covers the 18 locations (or $9,068.67 per facility), plus an ongoing total annual fixed total rate of $29,486, for the 18 locations (or $1,638.11 per facility each year). This includes Software Assurance and Support.

B. Other than the software licensing cost, what, if any, is the cost for the following activities:

- Data Migration - $2,200
- Training
  - Dentrix Enterprise End User Training per hour (36 days for 90 users) - $33,120
  - Support Desk Training - $6,480
- Go-Live Support - $17,280
- Hosting - $170,000
- Project Management - $18,400

C. GDOC requires a written response to the below questions for clarification of the dental health software solution proposed for RFP ES-RFP-46700-415.

1. **Is the proposed solution capable of facilitating a data exchange through web services (SOAP protocol) including following two elements of the offender management records?** Yes.

   a. **Offender names and essential elements of information to include date of birth etc. (used for identification, & offender reference information) This process would take place from offender management records to the approved dental software.**

Yes, offender names and other essential elements of information can be exchanged with Dentrix Enterprise via HL7 ADT interface.

   b. **Copying scheduling appointments from the dental software to the offender management records (SCRIBE) for offender needs. This information needs to be refreshed as close to real time as possible. Including a Dental Hygiene statistics to be reported with Dentists monthly dental health statistics report in offender management system (SCRIBE).**

Yes, appointments can be sent real-time to SCRIBE if it accepts inbound HL7 SIU messages.

2. **As part of implementation does the supplier agree to provide User Acceptance Testing (UAT) of data exchange? Please provide a narrative to describe the approach to UAT.**

Yes, once the system is configured per GDOC's requirements, the vendor will do interface testing in the UAT environment and the data verification of migrated data. Then, GDOC and Centurion will also perform UAT and will have the opportunity to approve or request more changes. The changes will be handled via Change Requests. After all the Change Requests are completed and validated by Centurion and GDOC, the system is ready for Training and Go-Live.

3. **Does the proposed dental software solution allow for role-based system access via IDs and passcodes?**

Yes. The users will be required to log in with a user name and password. Roles can be provided individually to a user or groups of users.

4. **GDOC personnel accessing the system will require training and user guides. Does the supplier agree to provide the training and user guides to GDC staff? Please provide a brief narrative to describe the training and what will be included with the user guide.**

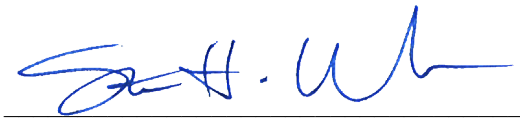
Yes, training and user guides will be provided to GDC staff. The training agenda will be determined after the Work Flow and Form Analysis are completed during the Implementation. Training will be provided on site and Dentrix will prefer to train similar job descriptions together to maximize time and effectiveness. The User Guide is a comprehensive book with hundreds of pages containing information on how to use and configure the software. It will be provided to everyone. Dentrix will also provide training on their online Resource Center at no cost to the state. There will be videos, webinars, and downloadable documents available.

5. **Will the proposed solution allow for scanned copies of dental charts, currently kept on paper?**

Yes. The scanned copies of dental charts can be uploaded to Dentrix and made available in a patient's document center.

6. **Will the proposed solution allow GDC personnel the ability to receive alerts (i.e., extractions need to be done within 30 days), etc. and can GDC set the parameters for these alerts?**

Yes. GDOC personnel will have the ability to receive alerts as well as set the parameters for these alerts.



Signature of Authorized Representative ***9/24/2018*** ***Date***

Steven H. Wheeler, President, MHM Correctional Services, Inc.
Name and Title

State of Georgia

State Entity: Georgia Department of Corrections

Electronic Request for Proposals ("eRFP")

Event Name: Mental Health and Dental Health Services for Offenders

eRFP (Event) Number: ES-RFP-46700-415

Instructions:

The State's intent is to structure the cost format in order to facilitate comparison among all suppliers and foster competition to obtain the best pricing for:
Category 1-Mental Health Services, and
Category 2-Dental Health Services.

Suppliers must provide total fixed pricing for at least 1 of the 2 categories of service and may submit pricing for both categories to be evaluated separately. The Supplier's cost must be in the format outlined in the Cost Proposal Workbook. If only 1 category is selected, please enter NO BID on the worksheets that are to be

Mental Health - Total Cost:

This worksheet will calculate totals using the data entered on the Mental Health Worksheet. Do Not Change or Edit.

Mental Health Worksheet :

The price for personnel and operational expenses for a 10 year period will be considered the total evaluated score for Category 1 - Mental Health Services. Pricing is based on personnel and operational costs entered in total amounts per facility per month. The cost proposal will be evaluated and scored in addition to an evaluation of consistency with the staffing plan proposed in the technical response and for compliance to policy required for inmate to staff ratios.

Personnel Expenses - The costs are to assume staffing levels at no less than 95% for each facility. The Supplier must account for a dedicated staff to provide ongoing operational support appropriate for a contract of this size and complexity. The Supplier should assume cost of living and other increases will be included in the costs proposed.

Operational Expenses - The Supplier should assume Expenses such as licensing, reporting, audits, professional development, equipment, supplies, communications, data compilation, analysis, software, technology, etc. must be outlined in the operational plan included in the technical proposal.

Mental Health Cost Assumptions:

60 Days Implementation- Costs proposed must include the staff positions that will assume responsibility for implementation activities associated with the approach proposed in the technical response. The Supplier must account for operational start up activities appropriate for a contract of this size and complexity. The Supplier should assume a timeline of no more than 60 days. These cost will be factored into the evaluation process; but, will not be included in the estimated total cost score.

60 Days Close Out- Costs proposed must include the staff positions that will assume responsibility for close out activities and transition to an alternative source for services. Supplier must account for staffing, operational and data transition. The Supplier should assume a timeline of no more than 60 days. These cost will be factored into the evaluation process; but, will not be included in the estimated total cost score.

Dental Services - Total Cost:

This worksheet will calculate totals using the data entered on the Dental Services Worksheet. Do Not Change or Edit.

State of Georgia

State Entity: Georgia Department of Corrections

Electronic Request for Proposals ("eRFP")

Event Name: Mental Health and Dental Health Services for Offenders

eRFP (Event) Number: ES-RFP-46700-415

Instructions:

The State's intent is to structure the cost format in order to facilitate comparison among all suppliers and foster competition to obtain the best pricing for:
Category 1-Mental Health Services, and
Category 2-Dental Health Services.

Suppliers must provide total fixed pricing for at least 1 of the 2 categories of service and may submit pricing for both categories to be evaluated separately. The Supplier's cost must be in the format outlined in the Cost Proposal Workbook. If only 1 category is selected, please enter NO BID on the worksheets that are to be

Dental Cost Worksheet:

The price for personnel and operational expenses for a 10 year period will be considered the total evaluated score for Category 2 - Dental Services. Pricing is based on personnel and operational costs entered in total amounts per facility per month. The cost proposal will be evaluated and scored in addition to an evaluation of consistency with the staffing plan proposed in the technical response and for compliance to policy required for inmate to staff ratios.

Personnel Expenses - The costs are to assume staffing levels at no less than 95% for each facility. The Supplier must account for a dedicated staff to provide ongoing operational support appropriate for a contract of this size and complexity. The Supplier should assume cost of living and other increases will be included in the costs proposed.

Operational Expenses - The Supplier should assume Expenses such as licensing, reporting, audits, professional development, equipment, supplies, communications,

Dental Cost Assumptions:

60 Days Implementation - Costs proposed must include the staff positions that will assume responsibility for implementation activities associated with the approach proposed in the technical response. The Supplier must account for operational start up activities appropriate for a contract of this size and complexity. The Supplier should assume a timeline of no more than 60 days. These cost will be factored into the evaluation process; but, will not be included in the estimated total cost score.

60 Days Close Out -Costs proposed must include the staff positions that will assume responsibility for close out activities and transition to an alternative source for services. Supplier must account for staffing, operational and data transition. The Supplier should assume a timeline of no more than 60 days. These cost will be factored into the evaluation process; but, will not be included in the estimated total cost score.

State of Georgia
State Entity: Georgia Department of Corrections
Electronic Request for Proposals ("eRFP")
Event Name: Mental Health and Dental Health Services for Offenders
eRFP (Event) Number: ES-RFP-46700-415

Categ… Evaluated … tal Health Services mary- CLARIFICATION

The costs on this worksheet will be automatically calculated using the information entered on the other worksheets. It is … nsibility to ensure that costs on this sheet reflects the full Proposal cost. **Instructions:** Do not edit any cells on this sheet. Prior to submission, confirm all costs reflect the Proposal cost total.

Description	Cost Per Month (Year 1)	2019	2020	…	…022	2023	2024	2025	2026	2027	2028	Total Costs (10 Year)
State Facilities												
Arrendale State Prison	$272,642.24	$3,271,707	$3,339,541	$3,…	…29,340	$3,632,142	$3,737,474	$3,845,861	$3,957,391	$4,072,156	$4,190,248	**$37,008,724**
Augusta State Medical Prison	$327,550.93	$3,930,611	$4,012,280	$4,…	…54,494	$4,386,686	$4,513,900	$4,644,803	$4,779,502	$4,918,108	$5,060,733	**$44,632,368**
Autry State Prison	$113,072.01	$1,356,864	$1,384,967	$1,…	…63,816	$1,506,534	$1,550,224	$1,595,180	$1,641,440	$1,689,042	$1,738,024	**$15,349,828**
Baldwin State Prison	$191,614.53	$2,299,374	$2,347,084	$2,…	…83,008	$2,556,805	$2,630,952	$2,707,250	$2,785,760	$2,866,547	$2,949,677	**$26,040,353**
Bleckley PDC	$25,119.69	$301,436	$307,681	$3…	…24,995	$334,362	$344,058	$354,036	$364,303	$374,868	$385,739	**$3,407,673**
Bainbridge	$15,340.93	$184,091	$187,916	$1…	…99,215	$205,379	$211,335	$217,464	$223,771	$230,260	$236,937	**$2,089,835**
Burruss CTC	$25,935.64	$311,228	$317,693	$3…	…36,786	$347,200	$357,269	$367,630	$378,291	$389,262	$400,550	**$3,532,981**
Central State Prison	$146,133.42	$1,753,601	$1,789,990	$1,…	…94,036	$1,950,553	$2,007,119	$2,065,325	$2,125,220	$2,186,851	$2,250,270	**$19,864,092**
Coastal State Prison	$82,561.57	$990,739	$1,011,278	$1,…	…68,139	$1,098,892	$1,130,760	$1,163,552	$1,197,295	$1,232,017	$1,267,745	**$11,199,661**
Emanual Women's Facility	$38,566.46	$462,798	$472,388	$4…	…98,565	$512,696	$527,564	$542,864	$558,607	$574,806	$591,476	**$5,227,027**
Emanual PDC	$22,347.84	$268,174	$273,735	$2…	…39,145	$297,481	$306,108	$314,985	$324,120	$333,519	$343,191	**$3,031,771**
Georgia Diagnostic and Classification State Prison	$272,856.21	$3,274,274	$3,342,062	$3,…	…32,173	$3,635,167	$3,740,587	$3,849,064	$3,960,687	$4,075,547	$4,193,737	**$37,038,834**
Georgia State Prison	$200,983.43	$2,411,801	$2,461,772	$2,…	…03,627	$2,680,602	$2,758,339	$2,838,331	$2,920,643	$3,005,341	$3,092,496	**$27,304,459**
Hays State Prison	$129,738.37	$1,556,860	$1,589,146	$1,…	…80,895	$1,730,691	$1,780,881	$1,832,527	$1,885,670	$1,940,355	$1,996,625	**$17,627,896**
Johnson State Prison	$143,624.99	$1,723,500	$1,759,252	$1,…	…60,709	$1,915,766	$1,971,323	$2,028,492	$2,087,318	$2,147,850	$2,210,138	**$19,513,472**
Metro TC	$21,636.49	$259,638	$265,023	$2…	…79,968	$288,055	$296,408	$305,004	$313,849	$322,951	$332,316	**$2,935,586**
Patten	$15,340.93	$184,091	$187,916	$1…	…99,215	$205,379	$211,335	$217,464	$223,771	$230,260	$236,937	**$2,089,835**
Phillips State Prison	$215,302.34	$2,583,628	$2,637,249	$2,…	…90,486	$2,873,717	$2,957,055	$3,042,810	$3,131,051	$3,221,852	$3,315,285	**$29,265,698**
Pulaski State Prison	$158,517.26	$1,902,207	$1,941,657	$1,…	…53,725	$2,114,547	$2,175,869	$2,238,969	$2,303,899	$2,370,712	$2,439,463	**$21,537,793**
Rogers State Prison	$58,349.28	$700,191	$714,698	$7…	…54,854	$776,572	$799,093	$822,267	$846,112	$870,650	$895,898	**$7,914,782**
Rutledge State Prison	$134,365.49	$1,612,386	$1,645,845	$1,…	…41,720	$1,793,814	$1,845,835	$1,899,364	$1,954,446	$2,011,125	$2,069,447	**$18,266,949**
Valdosta State	$280,980.27	$3,371,763	$3,441,699	$3,…	…42,220	$3,751,177	$3,859,961	$3,971,900	$4,087,085	$4,205,611	$4,327,574	**$38,199,242**
Whitworth Woman's Facility	$43,298.98	$519,588	$530,361	$5…	…50,768	$577,255	$593,995	$611,221	$628,946	$647,186	$665,954	**$5,880,584**
Women's PDC	$15,815.16	$189,782	$193,724	$1…	…05,333	$211,664	$217,802	$224,118	$230,618	$237,305	$244,187	**$2,153,959**
Integrated Treatment Facility (ITF)												
Appling	$127,556.55	$1,530,679	$1,562,437	$1,…	…53,866	$1,703,574	$1,752,978	$1,803,814	$1,856,125	$1,909,952	$1,965,341	**$17,346,135**
West Central	$95,689.10	$1,148,269	$1,172,086	$1,…	…40,141	$1,277,105	$1,314,141	$1,352,251	$1,391,466	$1,431,819	$1,473,341	**$13,006,155**
		2019	**2020**	…	**…022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**	**Evaluated Costs (10 Year)**
	Total:	**$38,099,281**	**$38,889,481**	**$39,…**	**…141,240**	**$42,363,816**	**$43,592,367**	**$44,856,545**	**$46,157,385**	**$47,495,949**	**$48,873,332**	**$431,465,692**

Supplier Name
Supplier Contact Number



Georgia

State Entity: Georgia Department of Corrections
Electronic Request for Proposals ("eRFP")
Event Name: Mental Health and Dental Health Services for Offenders
eRFP (Event) Number: ES-RFP-46700-415

CATEGORY 1 - MENTAL HEALTH SERVICES	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 1 (Costs must not include implementation expenses)	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 2	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 3	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 4	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 5	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 6	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 7	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 8	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 9	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 10 (Costs must not include close out activities)
State Correctional Facilities			**2019**			**2020**			**2021**			**2022**			**2023**			**2024**				**2025**			**2026**			**2027**			**2028**
Arrendale State Prison	$228,916	$43,726	$3,271,707	$235,023	$43,272	$3,339,541	$241,400	$44,672	$3,432,863	$248,068	$46,044	$3,529,340	$255,049	$47,629	$3,632,142	$262,446	$49,011	$3,737,474	$270,057	$50,432	$3,845,861	$277,888	$51,894	$3,957,391	$285,947	$53,399	$4,072,156	$294,239	$54,948	$4,190,248
Augusta State Medical Prison	$262,896	$64,655	$3,930,611	$270,373	$63,984	$4,012,280	$278,218	$66,053	$4,131,252	$286,460	$68,081	$4,254,494	$295,131	$70,426	$4,386,686	$303,690	$72,469	$4,513,900	$312,497	$74,570	$4,644,803	$321,559	$76,733	$4,779,502	$330,884	$78,958	$4,918,108	$340,480	$81,248	$5,060,733
Autry State Prison	$94,759	$18,313	$1,356,864	$97,291	$18,123	$1,384,967	$99,936	$18,709	$1,423,736	$102,701	$19,283	$1,463,816	$105,597	$19,947	$1,506,534	$108,659	$20,526	$1,550,224	$111,811	$21,121	$1,595,180	$115,053	$21,734	$1,641,440	$118,390	$22,364	$1,689,042	$121,823	$23,012	$1,738,024
Baldwin State Prison	$158,726	$32,888	$2,299,374	$163,044	$32,547	$2,347,084	$167,559	$33,599	$2,413,896	$172,286	$34,631	$2,483,008	$177,243	$35,824	$2,556,805	$182,383	$36,863	$2,630,952	$187,672	$37,932	$2,707,250	$193,115	$39,032	$2,785,760	$198,715	$40,164	$2,866,547	$204,478	$41,328	$2,949,677
Bleckley PDC	$21,233	$3,887	$301,436	$21,794	$3,846	$307,681	$22,379	$3,971	$316,195	$22,990	$4,093	$324,995	$23,630	$4,234	$334,362	$24,315	$4,356	$344,058	$25,020	$4,483	$354,036	$25,746	$4,613	$364,303	$26,492	$4,747	$374,868	$27,261	$4,884	$385,739
Bainbridge	$12,351	$2,990	$184,091	$12,701	$2,959	$187,916	$13,068	$3,054	$193,466	$13,453	$3,148	$199,215	$13,858	$3,257	$205,379	$14,260	$3,351	$211,335	$14,674	$3,448	$217,464	$15,099	$3,548	$223,771	$15,537	$3,651	$230,260	$15,988	$3,757	$236,937
Burruss CTC	$20,890	$5,045	$311,228	$21,481	$4,993	$317,693	$22,102	$5,154	$327,072	$22,753	$5,313	$336,786	$23,438	$5,496	$347,200	$24,117	$5,655	$357,269	$24,817	$5,819	$367,630	$25,536	$5,988	$378,291	$26,277	$6,161	$389,262	$27,039	$6,340	$400,550
Central State Prison	$120,720	$25,414	$1,753,601	$124,016	$25,150	$1,789,990	$127,464	$25,963	$1,841,129	$131,076	$26,760	$1,894,036	$134,864	$27,682	$1,950,553	$138,775	$28,485	$2,007,119	$142,800	$29,311	$2,065,325	$146,941	$30,161	$2,125,220	$151,202	$31,036	$2,186,851	$155,587	$31,936	$2,250,270
Coastal State Prison	$69,855	$12,707	$990,739	$71,698	$12,575	$1,011,278	$73,622	$12,982	$1,039,242	$75,631	$13,380	$1,068,139	$77,733	$13,841	$1,098,892	$79,988	$14,242	$1,130,760	$82,307	$14,655	$1,163,552	$84,694	$15,080	$1,197,295	$87,150	$15,518	$1,232,017	$89,678	$15,968	$1,267,745
Emanuel Women's Facility	$32,961	$5,606	$462,798	$33,818	$5,548	$472,388	$34,712	$5,727	$485,265	$35,644	$5,903	$498,565	$36,618	$6,106	$512,696	$37,680	$6,283	$527,564	$38,773	$6,466	$542,864	$39,897	$6,653	$558,607	$41,054	$6,846	$574,806	$42,245	$7,045	$591,476
Emanual PDC	$18,895	$3,453	$268,174	$19,394	$3,417	$273,735	$19,915	$3,528	$281,313	$20,459	$3,636	$289,145	$21,029	$3,761	$297,481	$21,638	$3,871	$306,108	$22,266	$3,983	$314,985	$22,912	$4,098	$324,120	$23,576	$4,217	$333,519	$24,260	$4,339	$343,191
Georgia Diagnostic and Classification State Prison	$228,756	$44,100	$3,274,274	$234,863	$43,642	$3,342,062	$241,241	$45,054	$3,435,537	$247,911	$46,437	$3,532,173	$254,894	$48,036	$3,635,167	$262,286	$49,430	$3,740,587	$269,892	$50,863	$3,849,064	$277,719	$52,338	$3,960,687	$285,773	$53,856	$4,075,547	$294,061	$55,418	$4,193,737
Georgia State Prison	$166,974	$34,009	$2,411,801	$171,491	$33,656	$2,461,772	$176,214	$34,745	$2,531,505	$181,157	$35,812	$2,603,627	$186,338	$37,045	$2,680,602	$191,742	$38,119	$2,758,339	$197,303	$39,225	$2,838,331	$203,025	$40,362	$2,920,643	$208,912	$41,533	$3,005,341	$214,971	$42,737	$3,092,496
Hays State Prison	$107,688	$22,050	$1,556,860	$110,608	$21,821	$1,589,146	$113,660	$22,527	$1,634,246	$116,856	$23,219	$1,680,895	$120,206	$24,018	$1,730,691	$123,692	$24,715	$1,780,881	$127,279	$25,431	$1,832,527	$130,970	$26,169	$1,885,670	$134,768	$26,928	$1,940,355	$138,677	$27,709	$1,996,625
Johnson State Prison	$119,333	$24,292	$1,723,500	$122,564	$24,040	$1,759,252	$125,943	$24,818	$1,809,125	$129,479	$25,580	$1,860,709	$133,186	$26,461	$1,915,766	$137,049	$27,228	$1,971,323	$141,023	$28,018	$2,028,492	$145,113	$28,830	$2,087,318	$149,321	$29,666	$2,147,850	$153,651	$30,527	$2,210,138
Metro TC	$18,273	$3,364	$259,638	$18,757	$3,329	$265,023	$19,261	$3,436	$272,373	$19,789	$3,542	$279,968	$20,341	$3,664	$288,055	$20,931	$3,770	$296,408	$21,538	$3,879	$305,004	$22,162	$3,992	$313,849	$22,805	$4,108	$322,951	$23,466	$4,227	$332,316
Patten	$12,351	$2,990	$184,091	$12,701	$2,959	$187,916	$13,068	$3,054	$193,466	$13,453	$3,148	$199,215	$13,858	$3,257	$205,379	$14,260	$3,351	$211,335	$14,674	$3,448	$217,464	$15,099	$3,548	$223,771	$15,537	$3,651	$230,260	$15,988	$3,757	$236,937
Phillips State Prison	$177,930	$37,373	$2,583,628	$182,786	$36,985	$2,637,249	$187,866	$38,181	$2,712,566	$193,187	$39,353	$2,790,486	$198,768	$40,709	$2,873,717	$204,532	$41,889	$2,957,055	$210,463	$43,104	$3,042,810	$216,567	$44,354	$3,131,051	$222,847	$45,640	$3,221,852	$229,310	$46,964	$3,315,285
Pulaski State Prison	$131,609	$26,908	$1,902,207	$135,176	$26,629	$1,941,657	$138,905	$27,490	$1,996,745	$142,809	$28,334	$2,053,725	$146,902	$29,310	$2,114,547	$151,162	$30,160	$2,175,869	$155,546	$31,035	$2,238,969	$160,057	$31,935	$2,303,899	$164,698	$32,861	$2,370,712	$169,474	$33,814	$2,439,463
Rogers State Prison	$49,380	$8,969	$700,191	$50,682	$8,876	$714,698	$52,040	$9,163	$734,446	$53,460	$9,445	$754,854	$54,944	$9,770	$776,572	$56,538	$10,053	$799,093	$58,177	$10,345	$822,267	$59,864	$10,645	$846,112	$61,600	$10,954	$870,650	$63,387	$11,271	$895,898
Rutledge State Prison	$110,821	$23,545	$1,612,386	$113,853	$23,301	$1,645,845	$117,026	$24,054	$1,692,966	$120,351	$24,793	$1,741,720	$123,838	$25,647	$1,793,814	$127,429	$26,390	$1,845,835	$131,125	$27,156	$1,899,364	$134,927	$27,943	$1,954,446	$138,840	$28,754	$2,011,125	$142,867	$29,587	$2,069,447
Valdosta State	$231,648	$49,332	$3,371,763	$237,988	$48,820	$3,441,699	$244,622	$50,399	$3,540,251	$251,572	$51,947	$3,642,220	$258,862	$53,736	$3,751,177	$266,369	$55,294	$3,859,961	$274,094	$56,898	$3,971,900	$282,043	$58,548	$4,087,085	$290,222	$60,245	$4,205,611	$298,639	$61,993	$4,327,574
Whitworth Woman's Facility	$36,123	$7,176	$519,588	$37,096	$7,101	$530,361	$38,112	$7,331	$545,310	$39,175	$7,556	$560,768	$40,288	$7,816	$577,255	$41,457	$8,043	$593,995	$42,659	$8,276	$611,221	$43,896	$8,516	$628,946	$45,169	$8,763	$647,186	$46,479	$9,017	$665,954
Women's PDC	$12,766	$3,050	$189,782	$13,126	$3,018	$193,724	$13,503	$3,116	$199,427	$13,900	$3,211	$205,333	$14,317	$3,322	$211,664	$14,732	$3,418	$217,802	$15,159	$3,517	$224,118	$15,599	$3,619	$230,618	$16,051	$3,724	$237,305	$16,517	$3,832	$244,187
Integrated Treatment Facility (ITF)																														
Appling	$104,834	$22,723	$1,530,679	$107,716	$22,487	$1,562,437	$110,733	$23,214	$1,607,369	$113,895	$23,927	$1,653,866	$117,214	$24,751	$1,703,574	$120,613	$25,469	$1,752,978	$124,110	$26,207	$1,803,814	$127,710	$26,967	$1,856,125	$131,413	$27,749	$1,909,952	$135,224	$28,554	$1,965,341
West Central	$79,096	$16,594	$1,148,269	$81,253	$16,421	$1,172,086	$83,509	$16,952	$1,205,536	$85,872	$17,473	$1,240,141	$88,351	$18,075	$1,314,141	$90,913	$18,599	$1,314,141	$93,549	$19,138	$1,352,253	$96,262	$19,693	$1,391,466	$99,054	$20,264	$1,431,819	$101,926	$20,852	$1,473,341
TOTAL:	$2,629,782	$545,158	$38,099,281	$2,701,290	$539,500	$38,889,481	$2,776,076	$556,949	$39,996,294	$2,854,388	$574,049	$41,141,240	$2,936,498	$593,820	$42,363,816	$3,021,656	$611,041	$43,592,367	$3,109,284	$628,761	$44,856,545	$3,199,454	$646,995	$46,157,385	$3,292,238	$665,758	$47,495,949	$3,387,713	$685,065	$48,873,132

State of Georgia

State Entity: Georgia Department of Corrections

Electronic Request for Proposals ("eRFP")

Event Name: Mental Health and Dental Health Services for Offenders

eRFP (Event) Number: ES-RFP-46700-415

Category 1 - Mental Health Services, Cost Assumptions for Implementation and Close Out Activities

	Implementation Team Staff Positions and associated cost	Number of Positions	Estimated Hours	Average Hourly Rate	Implentation Costs Total	Roles and Responsiblities
1		*0*	0.00	*$0*	*$0*	
2		0	0.00	$0	$0	
3		0	0.00	$0	$0	
4		0	0.00	$0	$0	
5		0	0.00	$0	$0	
6		0	0.00	$0	$0	
7		0	0.00	$0	$0	
8		0	0.00	$0	$0	
9		0	0.00	$0	$0	
10	Other (specify - add rows as needed)	0	0.00	$0	$0	
	Total of Allocated Positions	**0**			**$0**	

	Implementation Team Staff Positions and associated	Number of Positions	Estimated Hours	Average Hourly Rate	$0	Roles and Responsiblities
1		0	0.00	*$0*	$0	
2		0	0.00	$0	$0	
3		0	0.00	$0	$0	
4		0	0.00	$0	$0	
5		0	0.00	$0	$0	
6		0	0.00	$0	$0	

7		0	0.00	$0	$0	
8		0	0.00	$0	$0	
9		0	0.00	$0	$0	
10		0	0.00	$0	$0	
	Other (specify - add rows as needed)	0	0.00	$0	**$0**	
	Total of Allocated Positions	**0**	**0**	**$0.00**	**$0.00**	

State of Georgia

State Entity: Georgia Department of Corrections

Electronic Request for Proposals ("eRFP")

Event Name: Mental Health and Dental Health Services for Offenders

eRFP (Event) Number: ES-RFP-46700-415

Category 1 - Mental Health Services - Blended Rate Card Per Position

		Average Hourly Rate	Comments
1	Mental Health Unit Manager	*$41.63*	
2	Clinical Director/ Psychiatrists	$134.13	
3	Mental Health Counselor	$33.11	
4	Behavior Health Specialist	$33.11	
5	Nurse Practitioner	$66.54	
6	Psychologist	$57.25	
7	Clerk	$20.42	
8	Medication Management Cordinator	$20.42	
9	Activities Therapist	$24.33	
10		$0	
		$0	
	Total of Allocated Positions	**$430.94**	

State of Georgia
State Entity: Georgia Department of Corrections
Electronic Request for Proposals ("eRFP")
Event Name: Mental Health and Dental Health Services for Offenders
eRFP (Event) Number: ES-RFP-46700-415

Category 2- Dental Services
Evaluated Cost Summary

The costs on this worksheet will be automatically calculated using the information entered on the other worksheets. It is the Vendor's responsibility to ensure that costs on this sheet reflects the full Proposal cost. **Instructions:** Do not edit any cells on this sheet for the yearly totals for personel and overhead. Do edit the yearly amount for software highlighted in yellow on this sheet. Prior to submission, confirm all costs reflect the Proposal cost total.

Description	Fixed Rate for Concurrent Software Per Year	Cost Per Month (Year 1)	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	Total
State Facilities													
ARRENDALE STATE PRISON (LASP)	$0	$45,374	$544,483	$534,854	$549,315	$564,247	$580,084	$596,906	$614,216	$632,029	$650,357	$669,218	$5,935,709
ASMP	$0	$45,954	$551,446	$539,325	$554,278	$569,732	$586,177	$603,176	$620,668	$638,667	$657,189	$676,247	$5,996,905
AUTRY STATE PRISON	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
BALDWIN STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
Bleckley PDC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
BURUSS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CALHOUN STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
CENTRAL STATE PRISON	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
Claxton PDC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
COASTAL STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
Columbia Regional	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
DODGE	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
DOOLEY	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
EMANUEL WOMENS FACILITY	$0	$11,343	$136,121	$133,714	$137,329	$141,062	$145,021	$149,227	$153,554	$158,007	$162,589	$167,304	$1,483,927
Emanual PDC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GA DIAGNOSTIC CLASSIF PRISON	$0	$45,374	$544,483	$534,854	$549,315	$564,247	$580,084	$596,906	$614,216	$632,029	$650,357	$669,218	$5,935,709
GEORGIA STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
HANCOCK SP	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
HAYS STATE PRISON	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
Helms	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
JOHNSON STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
LEE STATE PRISON	$0	$11,343	$136,121	$133,714	$137,329	$141,062	$145,021	$149,227	$153,554	$158,007	$162,589	$167,304	$1,483,927
Long Unit	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
MACON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
METRO SP	$0	$25,271	$303,252	$296,973	$305,138	$313,575	$322,544	$331,898	$341,523	$351,427	$361,618	$372,105	$3,300,052
MONTGOMERY SP	$0	$11,343	$136,121	$133,714	$137,329	$141,062	$145,021	$149,227	$153,554	$158,007	$162,589	$167,304	$1,483,927
PHILLIPS STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
PULASKI STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
ROGERS STATE PRISON	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
RUTLEDGE STATE PRISON	$0	$11,343	$136,121	$133,714	$137,329	$141,062	$145,021	$149,227	$153,554	$158,007	$162,589	$167,304	$1,483,927
SMITH STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
TELFAIR	$0	$35,750	$428,994	$420,876	$432,324	$444,149	$456,702	$469,947	$483,575	$497,599	$512,029	$526,878	$4,673,073
VALDOSTA STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
Walker State Prison	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
WARE	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854

State of Georgia

WASHINGTON STATE PRISON	$0	$31,589	$379,065	$371,217	$381,423	$391,969	$403,180	$414,872	$426,903	$439,283	$452,023	$465,131	$4,125,066
Whitworth	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
WILCOX	$0	$22,687	$272,241	$267,427	$274,658	$282,123	$290,042	$298,453	$307,108	$316,014	$325,179	$334,609	$2,967,854
	$0	**$803,654**	**$9,643,845**	**$9,455,756**	**$9,714,022**	**$9,980,808**	**$10,264,165**	**$10,561,826**	**$10,868,119**	**$11,183,295**	**$11,507,610**	**$11,841,331**	**$105,020,778**

Supplier Name
Supplier Contact Number

State Entity: Georgia Department of Corrections
Electronic Request for Proposals ("eRFP")
Event Name: Mental Health and Dental Health Services for Offenders
eRFP (Event) Number: ES-RFP-46700-415

Category 2 - Dental Services	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 1 (Costs must not include implementation expenses)	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 2	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 3	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 4	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 5	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 6	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 7	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 8	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 9	Personnel Expenses Per Facility/Per Month	Operational Expenses (Other than Staff) Per Facility/ Per Month	Total Year 10 (Costs must not include close out activities)
State Correctional Facilities																															
ARRENDALE STATE PRISON (LASP)	$37,548	$7,826	$544,483	$38,521	$6,050	$534,854	$39,535	$6,242	$549,315	$40,591	$6,429	$564,247	$41,694	$6,646	$580,084	$42,903	$6,839	$596,906	$44,148	$7,037	$614,216	$45,428	$7,241	$632,029	$46,745	$7,451	$650,357	$48,101	$7,667	$669,218
ASMP	$37,150	$8,804	$551,446	$38,137	$6,806	$539,325	$39,168	$7,022	$554,278	$40,245	$7,233	$569,732	$41,371	$7,477	$586,177	$42,571	$7,694	$603,176	$43,806	$7,917	$620,668	$45,076	$8,146	$638,667	$46,383	$8,382	$657,189	$47,728	$8,626	$676,247
AUTRY STATE PRISON	$18,774	$3,913	$272,241	$19,261	$3,025	$267,427	$19,767	$3,121	$274,658	$20,296	$3,215	$282,123	$20,847	$3,323	$290,042	$21,452	$3,419	$298,453	$22,074	$3,519	$307,108	$22,714	$3,621	$316,014	$23,373	$3,726	$325,179	$24,050	$3,834	$334,609
BALDWIN STATE PRISON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
Bleckley PDC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
BURUSS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CALHOUN STATE PRISON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
CENTRAL STATE PRISON	$18,774	$3,913	$272,241	$19,261	$3,025	$267,427	$19,767	$3,121	$274,658	$20,296	$3,215	$282,123	$20,847	$3,323	$290,042	$21,452	$3,419	$298,453	$22,074	$3,519	$307,108	$22,714	$3,621	$316,014	$23,373	$3,726	$325,179	$24,050	$3,834	$334,609
Claxton PDC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
COASTAL STATE PRISON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
Columbia Regional	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
DODGE	$18,774	$3,913	$272,241	$19,261	$3,025	$267,427	$19,767	$3,121	$274,658	$20,296	$3,215	$282,123	$20,847	$3,323	$290,042	$21,452	$3,419	$298,453	$22,074	$3,519	$307,108	$22,714	$3,621	$316,014	$23,373	$3,726	$325,179	$24,050	$3,834	$334,609
DOOLEY	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
EMANUEL WOMENS FACILITY	$9,387	$1,956	$136,121	$9,630	$1,513	$133,714	$9,884	$1,560	$137,329	$10,148	$1,607	$141,062	$10,424	$1,661	$145,021	$10,726	$1,710	$149,227	$11,037	$1,759	$153,554	$11,357	$1,810	$158,007	$11,686	$1,863	$162,589	$12,025	$1,917	$167,304
Emanual PDC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
GA DIAGNOSTIC CLASSIF PRISON	$37,548	$7,826	$544,483	$38,521	$6,050	$534,854	$39,535	$6,242	$549,315	$40,591	$6,429	$564,247	$41,694	$6,646	$580,084	$42,903	$6,839	$596,906	$44,148	$7,037	$614,216	$45,428	$7,241	$632,029	$46,745	$7,451	$650,357	$48,101	$7,667	$669,218
GEORGIA STATE PRISON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
HANCOCK SP	$18,774	$3,913	$272,241	$19,261	$3,025	$267,427	$19,767	$3,121	$274,658	$20,296	$3,215	$282,123	$20,847	$3,323	$290,042	$21,452	$3,419	$298,453	$22,074	$3,519	$307,108	$22,714	$3,621	$316,014	$23,373	$3,726	$325,179	$24,050	$3,834	$334,609
HAYS STATE PRISON	$18,774	$3,913	$272,241	$19,261	$3,025	$267,427	$19,767	$3,121	$274,658	$20,296	$3,215	$282,123	$20,847	$3,323	$290,042	$21,452	$3,419	$298,453	$22,074	$3,519	$307,108	$22,714	$3,621	$316,014	$23,373	$3,726	$325,179	$24,050	$3,834	$334,609
Helms	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
JOHNSON STATE PRISON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
LEE STATE PRISON	$9,387	$1,956	$136,121	$9,630	$1,513	$133,714	$9,884	$1,560	$137,329	$10,148	$1,607	$141,062	$10,424	$1,661	$145,021	$10,726	$1,710	$149,227	$11,037	$1,759	$153,554	$11,357	$1,810	$158,007	$11,686	$1,863	$162,589	$12,025	$1,917	$167,304
Long Unit	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
MACON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
METRO SP	$20,575	$4,696	$303,252	$21,118	$3,630	$296,973	$21,683	$3,745	$305,138	$22,274	$3,857	$313,575	$22,891	$3,988	$322,544	$23,555	$4,103	$331,898	$24,238	$4,222	$341,523	$24,941	$4,345	$351,427	$25,664	$4,471	$361,618	$26,408	$4,600	$372,105
MONTGOMERY SP	$9,387	$1,956	$136,121	$9,630	$1,513	$133,714	$9,884	$1,560	$137,329	$10,148	$1,607	$141,062	$10,424	$1,661	$145,021	$10,726	$1,710	$149,227	$11,037	$1,759	$153,554	$11,357	$1,810	$158,007	$11,686	$1,863	$162,589	$12,025	$1,917	$167,304
PHILLIPS STATE PRISON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
PULASKI STATE PRISON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
ROGERS STATE PRISON	$18,774	$3,913	$272,241	$19,261	$3,025	$267,427	$19,767	$3,121	$274,658	$20,296	$3,215	$282,123	$20,847	$3,323	$290,042	$21,452	$3,419	$298,453	$22,074	$3,519	$307,108	$22,714	$3,621	$316,014	$23,373	$3,726	$325,179	$24,050	$3,834	$334,609
RUTLEDGE STATE PRISON	$9,387	$1,956	$136,121	$9,630	$1,513	$133,714	$9,884	$1,560	$137,329	$10,148	$1,607	$141,062	$10,424	$1,661	$145,021	$10,726	$1,710	$149,227	$11,037	$1,759	$153,554	$11,357	$1,810	$158,007	$11,686	$1,863	$162,589	$12,025	$1,917	$167,304
SMITH STATE PRISON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
TELFAIR	$29,391	$6,359	$428,994	$30,157	$4,916	$420,876	$30,956	$5,071	$432,324	$31,789	$5,224	$444,149	$32,659	$5,400	$456,702	$33,606	$5,556	$469,947	$34,580	$5,718	$483,575	$35,583	$5,883	$497,599	$36,615	$6,054	$512,029	$37,677	$6,230	$526,878
VALDOSTA STATE PRISON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
Walker State Prison	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
WARE	$18,774	$3,913	$272,241	$19,261	$3,025	$267,427	$19,767	$3,121	$274,658	$20,296	$3,215	$282,123	$20,847	$3,323	$290,042	$21,452	$3,419	$298,453	$22,074	$3,519	$307,108	$22,714	$3,621	$316,014	$23,373	$3,726	$325,179	$24,050	$3,834	$334,609
WASHINGTON STATE PRISON	$25,719	$5,869	$379,065	$26,397	$4,538	$371,217	$27,104	$4,681	$381,423	$27,842	$4,822	$391,969	$28,614	$4,984	$403,180	$29,444	$5,129	$414,872	$30,298	$5,278	$426,903	$31,176	$5,431	$439,283	$32,080	$5,588	$452,023	$33,011	$5,750	$465,131
Whitworth	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
WILCOX	$18,774	$3,913	$272,241	$19,261	$3,025	$267,427	$19,767	$3,121	$274,658	$20,296	$3,215	$282,123	$20,847	$3,323	$290,042	$21,452	$3,419	$298,453	$22,074	$3,519	$307,108	$22,714	$3,621	$316,014	$23,373	$3,726	$325,179	$24,050	$3,834	$334,609
Total	$658,580	$145,074	$9,643,845	$675,825	$112,155	$9,455,756	$693,799	$115,703	$9,714,022	$712,555	$119,180	$9,980,808	$732,147	$123,200	$10,264,165	$753,380	$126,772	$10,561,826	$775,228	$130,449	$10,868,119	$797,709	$134,232	$11,183,295	$820,843	$138,125	$11,507,610	$844,647	$142,130	$11,841,331

State of Georgia

State Entity: Georgia Department of Corrections

Electronic Request for Proposals ("eRFP")

Event Name: Mental Health and Dental Health Services for Offenders

eRFP (Event) Number: ES-RFP-46700-415

Category 2 - Dental Services, Cost Assumptions for Implementation and Close Out Activities

	Implementation Team Staff Positions	Number of Positions	Estimated Hours	Average Hourly Rate	Implentation Costs Total	Roles and Responsiblities
1		*0*	*0*	*$0*	*$0*	
2		0	0.00	$0	$0	
3		0	0.00	$0	$0	
4		0	0.00	$0	$0	
5		0	0.00	$0	$0	
	Other (specify - add rows as needed)	0	0.00	$0	$0	
	Total of Allocated Positions	**0**			**$0**	

	Close Out Team Staff Positions	Number of Positions	Estimated Hours	Average Hourly Rate	$0	Roles and Responsiblities
1		0	0.00	*$0*	*$0*	
2		0	0.00	$0	*$0*	
3		0	0.00	$0	*$0*	
4		0	0.00	$0	*$0*	
5		0	0.00	$0	*$0*	
	Other (specify - add rows as needed)	0	0.00	$0	*$0*	
	Total of Allocated Positions	**0**	**0**	**$0.00**	**$0.00**	

State of Georgia

State Entity: Georgia Department of Corrections

Electronic Request for Proposals ("eRFP")

Event Name: Mental Health and Dental Health Services for Offenders

eRFP (Event) Number: ES-RFP-46700-415

Category 1 - Dental Health Services - Blended Rate Card Per Position

		Average Hourly Rate	Comments
1	Dental Hygienist	*$37.55*	
2	Dental Assistant	$21.06	
3	Dentist	$82.21	
4		$0	
5		$0	
6		$0	
7		$0	
8		$0	
9		$0	
10		$0	
		$0	
	Total of Allocated Positions	**$140.82**	

Request for Clarification

Solicitation #: ES-RFP-46700-415

Solicitation Title*:* Mental Health and Dental Health Services for Offenders

Supplier Name: MHM Services, Inc

Request No.: 01	**Supplier's Authorized Contact: Julia Seder** **Email:** jseder@mhm-services.com
Date of Request: September 10, 2018	**Offeror's Response Due By (Date):** **5:00 pm ET on Monday, September 24th, 2018** **Email Response to Issuing Officer: Carrie Steele** **Email:** carrie.steele@doas.ga.gov

Instructions: For the purposes of evaluation, Georgia Department of Corrections (GDOC) requires that each supplier complete the Clarification Cost Proposal Workbook using sample staffing plan(s) included with this communication. Please complete each worksheet within the cost workbook for the category of service proposed with the initial response (i.e. Mental, Dental, or both).

No deviation may be made to the Sample Staffing Plan. A failure to comply with these instructions may result in elimination from the evaluation process.

Additional instructions are as follows:

1. **Cost Proposal Clarification (Mental Health Services)**

   A. **The following sections must be completed for the Mental Health Services Cost Proposal:**
   - **Mental Health Worksheet must be completed using the Sample Staffing Plan provided.**
   - **Mental Cost Assumptions must include all information requested per instructions to be complete.**
   - **Mental Health Blended Rate Card must include the average hourly rate per position. The average hourly rate must include salary plus fringe benefits.**

2. **Cost Proposal Clarification (Dental Health Services)**

   A. **The following sections must be completed for Dental Health Services Cost Proposal:**
   - **Dental Health Worksheet must be completed using the Sample Staffing Plan provided.**
   - **Dental Cost Assumptions – please complete all information requested per instructions provided on cost sheet**
   - **Dental Health Blended Rate Card – please provide the average hourly rate per position. The average hour rate should include salary plus fringe benefits.**

We have provided as an attachment a completed cost proposal workbook that contains cost clarifications for both Mental Health and Dental Services.

3. **Dental Health Software Clarification**

A. The following sections must be completed for the Dental Health Cost proposals:

- **<u>Dental Health Total Cost</u> – Enter the Fixed Rate for Concurrent Software Per Year per facility.**

There is a total, one-time charge of $163,236.00, which covers the 32 locations (or $5,101.12 per facility), plus an ongoing total annual fixed total rate of $29,486, for the 32 locations (or $921.43 per facility each year). This includes Software Assurance and Support.

B. Other than the software licensing cost, what, if any, is the cost for the following activities:

- Data Migration - $2,200
- Training
  - Dentrix Enterprise End User Training per hour (36 days for 90 users) - $33,120
  - Support Desk Training - $6,480
- Go-Live Support - $17,280
- Hosting - $170,000
- Project Management - $18,400
- Dentrix staff travel for configuration, installation, training, go-live support - $37,250.00

C. GDOC requires a written response to the below questions for clarification of the dental health software solution proposed for RFP ES-RFP-46700-415.

1. **Is the proposed solution capable of facilitating a data exchange through web services (SOAP protocol) including following two elements of the offender management records?**

   a. **Offender names and essential elements of information to include date of birth etc. (used for identification, & offender reference information) This process would take place from offender management records to the approved dental software.**

Yes, offender names and other essential elements of information can be exchanged with Dentrix Enterprise via HL7 ADT interface.

   b. **Copying scheduling appointments from the dental software to the offender management records (SCRIBE) for offender needs. This information needs to be refreshed as close to real time as possible. Including a Dental Hygiene statistics to be reported with Dentists monthly dental health statistics report in offender management system (SCRIBE).**

Yes, appointments can be sent real-time to SCRIBE if it accepts inbound HL7 SIU messages.

2. **As part of implementation does the supplier agree to provide User Acceptance Testing (UAT) of data exchange? Please provide a narrative to describe the approach to UAT.**

Yes, once the system is configured per GDOC's requirements, the vendor will do interface testing in the UAT environment and the data verification of migrated data. Then, GDOC and Centurion will also perform UAT and will have the opportunity to approve or request more changes. The changes will be handled via Change Requests. After all the Change Requests are completed and validated by Centurion and GDOC, the system is ready for Training and Go-Live.

3. **Does the proposed dental software solution allow for role-based system access via IDs and passcodes?**

Yes. The users will be required to log in with a user name and password. Roles can be provided individually to a user or groups of users.

4. **GDOC personnel accessing the system will require training and user guides. Does the supplier agree to provide the training and user guides to GDC staff? Please provide a brief narrative to describe the training and what will be included with the user guide.**

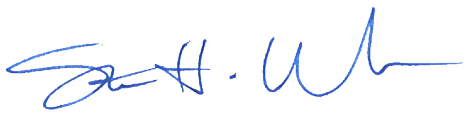
Yes, training and user guides will be provided to GDC staff. The training agenda will be determined after the Work Flow and Form Analysis are completed during the Implementation. Training will be provided on site and Dentrix will prefer to train similar job descriptions together to maximize time and effectiveness. The User Guide is a comprehensive book with hundreds of pages containing information on how to use and configure the software. It will be provided to everyone. Dentrix will also provide training on their online Resource Center at no cost to the state. There will be videos, webinars, and downloadable documents available.

5. **Will the proposed solution allow for scanned copies of dental charts, currently kept on paper?**

Yes. The scanned copies of dental charts can be uploaded to Dentrix and made available in a patient's document center.

6. **Will the proposed solution allow GDC personnel the ability to receive alerts (i.e., extractions need to be done within 30 days), etc. and can GDC set the parameters for these alerts?**

Yes. GDOC personnel will have the ability to receive alerts as well as set the parameters for these alerts.



Signature of Authorized Representative ***12/19/2018*** ***Date***

Steven H. Wheeler, President, MHM Correctional Services, Inc.
Name and Title