

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

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May 1, 2018

ADDENDUM NO. 2
Inmate Medical & Pharmacy Services for
Muscogee County Jail (Annual Contract)
RFP No. 18-0019

Proposals should include acknowledgement of receipt for all Addenda.

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

I. PROPOSAL DUE DATE:

The due date is extended to **Friday, May 18, 2018 no later than 5:00 PM.**

II. QUESTIONS/RESPONSES:

A. Answer 7 from the 2013 Questions and Answers, as updated with current information, indicates that MCJ is subject to a 1999 Consent Decree that includes requirements for healthcare.

1. Please provide a copy of the original Consent Decree and any subsequent addenda or modifications thereto.

Response: Please find attached the original Consent Decree and the last signed DOJ report. Mental Health and High Suicide Precaution (HSP) are the only remaining areas under DOJ scrutiny. All areas of the jail have been met the requirements of DOJ and are no longer being reviewed.

2. Please indicate how the Consent Decree is currently monitored.

Response: Since 1999 DOJ made two site-visits annually. In 2016, the MCJ was substantially in compliance in all areas and is in the final month of a two year period in which we must maintain the standard. No additional DOJ visits are scheduled at this time and was suggested that the final review would not be on-site and that the MCJ would be removed from DOJ review.

3. If there is active Court monitoring, please provide the most recent Court monitor report for this action.

Response: There is no current monitoring.

- B. Several answers from the 2013 Questions and Answers, as updated with current information, suggest that the current healthcare contractor is providing a proprietary electronic medical record.
1. Does the MCSO have an agreement with the current healthcare provider for transitioning the EHR in the event the contract is not re-awarded to the incumbent? If so, please describe the transition plan
Response: Current contract calls for the current vendor, upon termination of the contract, to gather and deliver all physical medical records to the SHERIFF, and shall be property of the Sheriff's Office. Electronic records will be made available, upon request by the SHERIFF or COUNTY.
 2. Is the MCSO satisfied with the current EHR and does it meet all requirements for reporting and interfacing with other information systems?
Response: The current EHR meets all requirements needed for the clinic needs.
 3. Please identify the electronic interfaces currently in operation for the EHR. Does it interface with pharmacy? Laboratory? Radiology?
Response: The Jail Management System is an antiquated system that does not fully integrate with EHR. A new JMS system is in the works that should be able to work with any EHR used. The current EHR interfaces with pharmacy, laboratory and partial jail system. It does not interface with radiology.
 4. Is an EHR *required* under the RFP? If so, is the MCSO prepared to increase its healthcare budget to acquire an EHR that is not tied to a particular healthcare contractor?
Response: Use of the EHR is not required for the RFP, however there is an expectation for vendors to have a recording method that suits the needs of a large jail. The Muscogee County Sheriff's Office is not open to increasing the budget for EHR.
- C. Does the MCSO utilize any Health Information Exchanges to obtain or share healthcare-related information and support continuity of care? For example, is there any electronic database through which inmate-reported medications can be verified?
Response: No, they do not. Medications are verified via telephone from the patients' pharmacy.
- D. RFP page 15, at Section 4, paragraph B, requires bidders to provide names and titles of professional staff to be dedicated to the contract. Typically, most existing staff transition to a new healthcare contractor and it is not appropriate for non-incumbent bidders to contact these staff ahead of award. For non-incumbent bidders, is it permissible to provide job descriptions in lieu of resumes where needed?
Response: We would like information on the company's senior staff/management team, as well as job descriptions for each of the different type of positions you plan to use.
- E. Answer 19 from the 2013 Questions and Answers, as updated with current information, indicates that MCJ does not have any negative pressure rooms. When a patient is suspected of harboring infectious disease such as tuberculosis that require placement in negative pressure room, what steps are currently taken to ensure the risk of contagion is minimized? Where is the patient placed?
Response: The inmate is isolated in a Holding Cell (HD Cell), out of general population to minimize exposure. They are issued masks to wear and officers dealing with the inmate will

also have masks. When it is determined that the inmate may need a higher level of healthcare, they are transported to Piedmont Medical Center for treatment.

- F. Answer 25 from the 2013 Questions and Answers, as updated with current information, indicates that MCJ provides methadone to pregnant inmates who are already on methadone or require withdrawal management. Is the MCSO considering expansion of this program to provide medication assisted therapy for other inmates? If so, please describe.

Response: Not at this time.

- G. Answer 37 from the 2013 Questions and Answers, as updated with current information, indicates that there is an electronic grievance system in place.

1. Does this system utilize kiosks accessed by the inmates? If so, please identify the kiosk system.

Response: Our current commissary vendor is Legacy. They use a kiosk system for grievances, sick call, commissary, inmate requests, etc. They use the JailATM system for these functions.

2. Is there a similar electronic sick call submission process?

Response: Yes, same system.

- H. Answer 52 from the 2013 Questions and Answers, as updated with current information, indicates that on average there are four inmates on suicide watch each day. Answer 74 from the 2013 Questions and Answers, as updated with current information, indicates that “suicide is managed by a MT.”

1. Please confirm that “MT” is an abbreviation for “medical technician.”

Response: MT is Medical Technician.

2. Please confirm that the healthcare contractor (not the mental health contractor, and not MCSO officers) is responsible for providing the staff to monitor patients on suicide watch.

Response: The monitoring of HSP inmates are currently supervised by personnel employed by the healthcare contractor.

3. If the healthcare contractor is responsible for providing the staff to monitor patients on suicide watch, please indicate:

- a. All of the locations where patients may be placed on watch

Response: HSP inmates are held in the intake/release area in holding cells (HD Cells) there are (13) total HD cells. Four (4) dedicated to male inmates on HSP and (2) dedicated to female inmates. However, all (13) may be used if needed. One cellblock in the 2002 tower, (4G), houses our problem inmates. They are deemed our worse inmates and are kept from general population inmates. The inmates are housed in a designated cell within the cellblock and checked on by the officers working the floor, not by clinic staff.

- b. Whether a single staff member, tasked with observing patients on watch, may monitor more than one patient at a time (and if so, what limit, if any, the MCSO places on the number of patients that can be monitored by a single staff member).

Response: One healthcare employee will monitor all inmates placed on HSP. The exception is if an inmate is placed on DIRECT SUPERVISION, then an officer will be used to monitor that inmate.

c. Whether the MCJ uses CCTV to supplement suicide watch monitoring.

Response: We do not use CCTV to supplement HSP monitoring.

I. Does the County intend to seek and accreditation?

Response: No

J. When is the next DOJ review for the facility?

Response: The date initially given to us was April 2018. However, they have not scheduled any visits or meetings. So we do not currently have a date for the next DOJ visit.

K. Are Dialysis services performed on-site or off-site?

Response: Dialysis is done off site.

L. Do you currently have mobile x-ray services or is there x-ray equipment on-site?

Response: We utilize a mobile X-ray service.

M. RFP Page 20, item j.24 refers to “penalties for non-compliance”.

1. Please clarify if any penalties have been imposed over the past 24 calendar months.

Response: No penalties were assessed during that period. The penalties for non-compliance requirement was added to this new RFP.

2. Please provide examples or a description of the penalties referenced.

Response: Refer to page five (5) of this Addendum for an example provided by CCS.

III. FORTHCOMING ADDENDUM:

The Purchasing Division has received a plethora of questions regarding this annual contract. Within the next several business days, Columbus Consolidated Government will release another addendum to answer questions that are not included in this Addendum.

Andrea J. McCorvey,
Purchasing Division Manager

EXHIBIT 3 – Performance Expectations

The County may assess performance fees in the event CCS fails to perform the particular services as outlined below. Prior to the imposition of fees under this Exhibit, the County shall issue specific written notification of failure to achieve the Minimum Score on any Key Clinical Indicator ("KCI"). CCS shall implement a Corrective Action Plan and have 30 days to cure following receipt of written notice (the "Corrective Action Plan Period"). In the event such deficiency is not cured within the Corrective Action Plan Period, the County, in its discretion, may impose fees as further set forth below:

KEY CLINICAL INDICATORS

KEY CLINICAL INDICATOR	AUDIT CRITERIA				
	Review Frequency	Minimum Score	Penalty Amount per Occurrence		
			80%-89%	70% - 79%	Below 70%
1. Receiving Screening	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
2. Health Assessments - Initial	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
3. Sick Call	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
4. Laboratory	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
5. CIWA/COW Protocols	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
6. Medication Administration Records	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
7. Initiation of Essential Medications	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
8. Controlled Substance Log	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
9. Segregation Rounds	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
10. Continuity & Coordination of Care During Incarceration	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00
11. Medication Services	Monthly	90.0%	\$ 100.00	\$ 150.00	\$ 200.00

GENERAL NOTES

- a. CCS will review 10% of the activity in each KCI area for Scoring in accordance with its own Quality Improvement Standards in order to assess compliance with KCI's.
- b. Audits shall begin for services upon the Effective Date of the Agreement.
- c. Following the Corrective Action Plan Period, Penalties may be assessed based on occurrence if scoring falls below the acceptable threshold for the month being reported. No Penalties shall be assessed for the Corrective Action Plan Period.

Memorandum of Agreement

**Between the United States Department of Justice and the
Consolidated Government of Columbus, Georgia
Regarding the Muscogee County Jail**

*Memorandum of Agreement between the U.S. Department of Justice and Columbus, Georgia
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MEMORANDUM OF AGREEMENT

This Memorandum of Agreement (“MOA”) is between the United States, by and through the United States Department of Justice, Civil Rights Division (“United States”); and Columbus, Georgia, a consolidated government, acting by and through the Sheriff of Muscogee County, in his official capacity, and the Columbus City Manager, in his official capacity, as authorized by the Columbus Council (collectively, “Columbus”). The United States and Columbus are parties to a Settlement Agreement entered by the district court in 1999 to resolve the United States’ investigation and litigation of conditions at the Muscogee County Jail, pursuant to the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997 *et seq.* The Settlement Agreement contains remedies in the areas of security, environmental health and safety, medical care, and mental health care. Columbus has made considerable progress since 1999 in the areas of security, medical care, and environmental health and safety, and it has substantially complied with most of the Settlement Agreement’s provisions. Significant concerns remain, however, in the provision of mental health care at the Muscogee County Jail (“the Jail”). The Parties therefore enter into this MOA to complete the necessary reforms in mental health care in an expeditious manner, while ensuring continued compliance with all areas where Columbus has achieved substantial compliance with the Settlement Agreement.

I. INTRODUCTION

1. The United States began its investigation of the Muscogee County Jail in October 1994. On December 1, 1994, United States Department of Justice attorneys and their consultants in the fields of penology, correctional health care, and environmental health and safety, toured the Jail pursuant to the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997 *et seq.*
2. On June 1, 1995, the United States issued a findings letter regarding conditions of confinement at the Jail based upon the Justice Department investigation and expert tour of the facility. The United States’ findings letter was sent to the Sheriff of Muscogee County and Columbus. This document detailed numerous constitutional deficiencies affecting the life, health, and safety of inmates in the Jail.
3. The parties entered into a settlement agreement to resolve their dispute over the United States’ claims and findings. The District Court approved and entered that agreement on September 30, 1999. Since that time, the United States, with the assistance of its expert consultants, has regularly monitored Columbus’ compliance with the settlement agreement.
4. During the last two compliance tours, conducted October–November 2011 and September 2012, the United States identified significant improvement in a number of important areas, including security staffing, use of force, maintenance, and sanitation. The United States also identified a number of deficiencies of constitutional import in the areas of mental health care and suicide prevention that remained unresolved.
5. To resolve these remaining issues in mental health care, and in recognition of Columbus’ progress towards substantial compliance with the other provisions of the Agreement, the

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parties agree to modify the Agreement in accordance with the provisions set forth in this MOA.

6. The parties agree that the provisions of this MOA are a reasonable, lawful, and fundamentally fair resolution that will assist Columbus and the Sheriff's Office to come into compliance with all of its obligations under the original Agreement.

II. DEFINITIONS

The following definitions are used for the purposes of this MOA:

1. The term "Muscogee County Jail" (Jail) includes the existing Jail facilities (the "new jail," the "old jail," the "Annex," and the "Stockade"), as well as any other institutions built, leased, or otherwise used, to replace the existing Jail facilities.
2. The term "Jail Staff" shall include the Sheriff, in his official capacity, and any employees of his office or contracted companies or individuals hired to provide custodial or medical or mental health care for inmates at the Jail.
3. "Acute mental health contraindications" refer to observations that an inmate appears acutely psychotic, is actively suicidal or has made a recent serious suicide attempt, or is otherwise in need of immediate placement on suicide watch or otherwise held in a safe area to be seen by MH provider within 24 hours.
4. "Adequate" shall mean that level of service required for compliance with the Constitution of the United States.
5. "Effective Date" means the date this MOA is signed by all Parties.
6. "Extraordinary and exceptional circumstances" refer to a substantial and imminent risk to the safety of the inmate or other persons.
7. "Implement" or "implementation" means putting a remedial measure into place and into practice by all necessary means, including, inter alia, staffing augmentation, training impacting personnel, and maintaining data.
8. "Include" or "including" means "include, but not be limited to" or "including, but not limited to."
9. "Segregation" means the involuntary confinement in a locked room or cell for at least the majority of waking hours per day. This shall not include specialized secure mental health housing or suicide watch.
10. "Long-term segregation" means a period of segregation intended to last or does last more than fourteen (14) consecutive days.

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11. The terms “inmate” or “inmates” shall refer to one or more individuals sentenced to, incarcerated in, detained at, or otherwise confined at either the existing Muscogee County Jail or any institution that is built or used to replace the Jail or any part of the Jail. The term “special needs inmates” shall refer to those inmates who are suicidal, mentally ill, mentally retarded, intoxicated, or otherwise a danger to themselves or others.
12. “Qualified health professional” means a physician, physician assistant, nurse practitioner, a registered nurse, a practical nurse, or an EMT who is currently licensed by the State of Georgia to deliver those health services he or she has undertaken to provide.
13. “Qualified mental health professional” means an individual with a minimum of masters level education and training in psychiatry, psychology, social work, or psychiatric nursing who has received instruction and supervision in identifying and interacting with individuals in need of mental health services and is currently licensed by the State of Georgia to deliver those mental health services he or she has undertaken to provide.
14. “Qualified mental health staff” shall refer to individuals with a minimum of a bachelor’s degree and two years of experience providing mental health services.
15. “Quality Assurance” means a system of self-audit and improvement to assess the implementation and effectiveness of remedies instituted pursuant to this Settlement Agreement, to identify deficits that exist, and to effectuate new measures to cure deficits identified.
16. “Remedial Measure” includes each and every measure detailed in the substantive provisions of this Agreement geared toward achieving the Agreement’s goals, including new policies, procedures, training curricula, and outcome measures. However, the term does not refer to specific operational decisions.
17. “Secure mental health housing” refers to one or more housing units dedicated to providing the necessary mental health services and other accommodations needed by inmates who have been identified as having a serious mental illness and a significantly reduced capacity to accomplish the activities of daily living in the general population of the jail. Admission to this unit or return to general population from this unit is at the discretion of a mental health professional.
18. “Self harm” is an act by an inmate that inflicts damage to, or threatens the integrity of, his or her body. Such acts include, but are not limited to, hanging, self-strangulation, asphyxiation, cutting, self-mutilation, ingestion of a foreign body, insertion of a foreign body, head banging, drug overdose, jumping, and biting.
19. A “sentinel event” is an unexpected occurrence involving death or life threatening physical or psychological injury, or the imminent risk thereof.
20. An inmate with a “serious mental illness” (or “SMI”) is a person with a mental, behavioral,

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or emotional disorder of mood, thought, or anxiety; diagnosable currently or within the last year; that significantly impairs judgment, behavior, capacity to recognize reality, and the ability to cope with the demands of life in the general population facilities of the Jail.

21. "Serious suicide attempt" means a suicide attempt that is either potentially life-threatening or that requires medical treatment or hospitalization.
22. "Suicide Precautions" means any level of watch, observation, or measures to prevent self-harm.
23. "Sustained Substantial Compliance" means to achieve and maintain a prolonged and continuous practice consistent with a level of "substantial compliance," as that term is defined in Section VI (Monitoring and Enforcement).
24. "Train" means to instruct in the skills addressed to a level that the trainee has a documented post-training level of proficiency. "Trained" means to have achieved such proficiency in the skills and to implement those skills regularly.
25. A "treatment plan" is a series of written statements specifying a patient's particular course of therapy and the roles of qualified mental health professionals in carrying it out. Such a plan is individualized, may be multidisciplinary, and is based on an assessment of the patient's needs. It contains a statement of short-and long-term goals as well as the methods by which those goals will be pursued. This includes consideration of cultural and language differences.

III. SUBSTANTIVE PROVISIONS

A. Mental Health Care and Suicide Prevention

Columbus shall provide adequate mental health services to inmates at the Jail, in accordance with constitutional standards. To that end, Columbus agrees to the following:

1. ***Policies, procedures, and training:*** Jail Staff shall develop and implement adequate mental health policies, procedures, forms, and training regarding the following areas:
 - a. mission and goal of the Jail's mental health program;
 - b. administrative structure of the Jail's mental health program;
 - c. staffing, including staff-to-inmate ratios, job descriptions, credentials, and privileging;
 - d. training of mental health staff regarding correctional or security procedures that are necessary for the delivery and accessibility of mental health care;

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- e. Crisis Intervention Team (CIT) training of correctional staff that includes training on (1) understanding and recognizing psychiatric signs and symptoms to identify inmates who have or may have SMI, (2) using de-escalation techniques to calm and reassure inmates who have or may have SMI before resorting to use of force, discipline, or isolation, and (3) making appropriate referrals of such inmates to mental health staff;
- f. strategies for effective communication with inmates with SMI in a respectful and supportive manner to promote pro-social behavior
- g. collaboration between mental health staff and correctional staff in the classification, housing, use of force, and discipline of inmates with SMI;
- h. reliable and valid methods for identifying inmates with SMI, including mental health screening, assessments, evaluations, and appropriate timeframes for completion;
- i. housing of inmates with SMI, including limits on the use of segregation;
- j. daily management of inmates with SMI and related safety and security procedures, including protection from inmate-on-inmate violence, constant direct supervision of actively suicidal inmates, and close supervision of special needs inmates with lower levels of risk;
- k. treatment planning;
- l. sick call, including
 - i. availability of written or electronic sick call request slips without advance charges;
 - ii. a collections method where the requests are directly sent to a qualified health or mental health professional;
 - iii. daily review of inmate requests by a qualified health or mental health professional to determine level of urgency;
 - iv. appropriate timeframes for responding to sick call requests depending on level of urgency;
 - v. logging procedures to record the date, time, and nature of each sick call request and responsive action; and
 - vi. documentation of the nature and response to each sick call request in an inmate's medical or mental health record;

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- m. suicide prevention and treatment;
 - n. use of psychotropic medications, including verification, continuity, and medication non-compliance;
 - o. involuntary treatment, including the use of seclusion, restraints, forced medications, and involuntary hospitalization;
 - p. medicolegal issues, including confidentiality, informed consent, and the right to refuse treatment;
 - q. collaboration with community services and discharge planning;
 - r. maintenance of medical and mental health records; and
 - s. quality assurance measures to regularly assess and ensure compliance with the terms of this MOA.
2. ***Mental Health Services (generally):*** The Jail Staff shall ensure that qualified mental health professionals provide adequate 24-hour on-call consultation as well as adequate in-person intervention and evaluation. The Jail Staff shall provide adequate evaluation, therapy, counseling, and array of other programs; adequate staff levels; and adequate space for programming consistent with other requirements of this MOA.
3. ***Psychology and Psychiatry Hours:*** The Jail Staff shall ensure that at least one psychiatrist or nurse practitioner with prescriptive authority will provide at least thirty hours of services every week, and that a psychologist shall provide at least twenty hours of services at the Jail every week. These hours shall be clearly documented and logged. The psychologist hours may be averaged over a four week period to determine compliance. The Jail Staff shall include an adequate number of qualified mental health professionals and mental health staff—as determined by an annual staffing analysis—to enable it to address the serious mental health needs of all inmates with timely and adequate mental health care.
4. ***Psychiatry-Psychology Collaboration:*** The psychiatrists and nurse practitioners shall collaborate with the psychology staff in mental health services management and clinical treatment, and both psychologists and psychiatrists shall communicate problems and resource needs to the Commander and Director of Mental Health Services.
5. ***Screening:*** The Jail Staff shall utilize qualified mental health staff or a qualified health professional with documented mental health screening training to administer a mental health/suicide screen for all inmates upon arrival at the Jail. The screening form shall provide for the identification and assessment of the following factors:
- a. past suicidal ideation or attempt;
 - b. current suicidal ideation, threat, or plan;
 - c. prior mental health treatment or hospitalization;

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- d. recent significant loss such as the death of a family member or close friend;
 - e. history of suicidal behavior by family members or close friends;
 - f. suicide risk during any prior confinement;
 - g. any observations by the transporting officer, court, transferring agency, or similar individuals regarding the inmate's potential suicidal risk or mental health;
 - h. substance(s) or medication(s) used, including the amount, time of last use, and history of use;
 - i. any physical observations, such as shaking, seizing, or hallucinating; and
 - j. history of drug withdrawal symptoms, such as agitation, tremors, seizures, hallucinations, or delirium tremens;
 - k. history or serious risk of delirium, depression, mania, or psychosis.
6. **Assessments:** Upon admission to the Jail, based on the results of the initial screening set forth in paragraph 5 above, the Jail Staff shall provide mental health assessments to inmates and refer inmates to qualified mental health professionals for treatment in accordance with the following:
- a. Emergent/Urgent Referrals: These referrals will be held in the clinic or HD area and a mental health assessment shall be provided by a qualified mental health professional for each inmate within 4 hours if during normal business hours, but no later than within 24 hours if outside of normal business hours, after the following triggering events:
 - i. signs and symptoms of acute mental illness;
 - ii. disorientation/confusion;
 - iii. jail history of placement on mental health units;
 - iv. inability to respond to basic requests or give basic information;
 - v. recent suicide attempt; and
 - vi. inmates who report any suicidal ideation or intent, or who attempt to harm themselves, or the arresting officer indicates threats or attempts to harm themselves, or who are so psychotic they are at imminent risk of harming themselves.
 - b. Routine Referrals: Mental health assessments shall be provided by a qualified mental health professional within 5 business days for each inmate whose mental health/suicide screening triggers the following assessment factors:
 - i. any past suicide attempt;

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- ii. any suicidal ideation, with intent or plan within the past 30 days;
- iii. any combination of the following:
 - 1. suicidal ideations within the past year, with or without intent or plan;
 - 2. suicidal gestures, current or within the last year;
 - 3. a diagnosis of one or more of the following: bipolar disorder, depressed, major depression with or without psychotic features, schizophrenia, schizoaffective disorder, any diagnosis within the pervasive developmental disorder spectrum, and any other factor(s) contributing to suicide risk (e.g., recent loss, family history, etc.)
- c. All other inmates shall receive an initial mental health assessment within 14 days of admission conducted by a qualified mental health professional or qualified health professional with mental health training.
- d. Mental health assessments shall include a structured, face-to-face interview with inquiries into the following:
 - i. a history of
 - 1. psychiatric hospitalization, psychotropic medication, and outpatient treatment,
 - 2. suicidal behavior,
 - 3. violent behavior,
 - 4. victimization,
 - 5. special education treatment,
 - 6. cerebral trauma or seizures, and sex offenses;
 - ii. the current status of
 - 1. mental health symptoms and psychotropic medications,
 - 2. suicidal ideation,
 - 3. drug or alcohol abuse, and
 - 4. orientation to person, place, and time;
 - iii. emotional response to incarceration; and
 - iv. a screening for intellectual functioning (e.g., mental retardation, developmental disability, learning disability).

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7. **Referrals:** Any jail staff member may refer an inmate to Mental Health based on observed changes in behavior, increase or appearance of psychotic symptoms, or other concern and these referrals shall be seen as follows:
- a. An inmate designated “Emergent/Urgent Referral” will be held in the clinic or HD area where they can be directly observed and supervised and be seen for assessment or treatment by a qualified mental health professional within 4 hours if during normal business hours, and within 24 hours if outside of normal business hours. The on-call qualified mental health professional must be notified within one hour of an Emergent Referral and advise with regard to course of treatment, housing, observation, medication, property restriction, and other appropriate care. Emergent Referrals will remain in the clinic/HD until seen and cleared by a qualified mental health professional. Triggering events for emergent/urgent referrals shall include the following:
 - i. increase or emergence of psychotic symptoms;
 - ii. inability to care for self appropriately;
 - iii. signs and symptoms of acute mental illness;
 - iv. disorientation/confusion; and
 - v. inability to respond to basic requests or give basic information.
 - b. An inmate designated as a “Routine Referral” will be seen for assessment or treatment by a qualified mental health professional within 5 business days, and a psychiatrist, when clinically indicated (e.g., for medication and/or diagnosis assessment). Routine referrals may include individuals who previously refused mental health treatment or medication or exhibit concerning but not emergent increases in symptoms, or raise concerns about medication compliance. The written policies and procedures governing referrals will include criteria for determining if a referral is not subject to this timeline requirement (e.g., a face-to-face contact is not clinically indicated).
8. **Mental Health Sick Call:** The Jail Staff shall ensure inmates’ access to adequate care in accordance with the following:
- a. Inmates submitting sick call requests shall be seen for assessment or treatment by a qualified health or mental health professional in a timely and adequate manner, as clinically appropriate.
 - b. Inmates with emergent/urgent mental health needs shall be seen for assessment or treatment by a qualified mental health professional or a qualified health professional with documented mental health screening training within 24 hours, and shall be placed in a setting with adequate monitoring pending the evaluation.

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Inmates with routine mental health needs shall be seen for assessment or treatment within 5 business days.

- c. Jail Staff shall permit inmates who are illiterate, non-English speaking, or otherwise unable to submit written or electronic sick call requests to verbally request care. Such verbal requests shall immediately be documented by the staff member who receives the request on an appropriate form and transmitted to a qualified medical or mental health professional for response in the same priority as those sick call requests received in writing or electronically.
 - d. The Jail Staff shall develop and implement an effective system for documenting, tracking, and responding to all sick call requests.
9. **Treatment Plans:** The Jail Staff shall ensure that each inmate on the mental health caseload receives a comprehensive, individualized treatment plan developed by a clinician with participation from the inmate and from others, as appropriate (e.g., mental health, medical, or correctional staff) within 10 days of his/her initial intake evaluation. Generally all treatment plans will meet the following requirements.
- a. Each individual treatment plan shall direct the mental health services needed for every patient on the mental health caseload and includes the treatment goals and objectives.
 - b. The Director of Mental Health provides guidelines for individual treatment plan review, which shall occur per the following frequency:
 - i. For inmates on a designated mental health unit, every 30 days;
 - ii. For all other inmates, every 6 months, or whenever there is a substantial change in mental health status or treatment.
 - c. Individual treatment planning is initiated on referral at the first visit with a qualified mental health professional.
 - d. Mental health treatment plans include, at a minimum:
 - i. Frequency of follow-up for evaluation and adjustment of treatment modalities;
 - ii. Adjustment of psychotropic medications, if indicated;
 - iii. Referrals for psychological testing, medical testing and evaluation, including blood levels for medication monitoring as required;
 - iv. When appropriate, instructions about diet, exercise, personal hygiene issues, and adaption to the correctional environment; and
 - v. Documentation of treatment goals and notation of clinical status progress (stable, improving, or deteriorating).

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- e. All aspects of the standard shall be addressed by written policy and defined procedures.

10. Medication Administration: The Jail Staff will develop and implement policies and procedures to ensure that all medications are appropriately prescribed, stored, controlled, dispensed, and administered in accordance with all applicable laws and through the following:

- a. ensuring that initial doses of prescribed medications are delivered to inmates within 48 hours of the prescription, unless it is clinically required to deliver the medication sooner;
- b. ensuring that inmates entering the Jail continue to receive previously prescribed medications or acceptable alternate medications, within 48 hours of entry, unless the facility physician makes an alternative clinical judgment;
- c. ensuring that medical staff who administer medications to inmates document in the inmate's Medical Administration Record (1) name and dosage of each dispensed medication, (2) each date and time medication is administered, and (3) the date and time for any refusal of medication; and
- d. ensuring that the inmate's unified health record is updated within one week of the end of each month to include a copy of the inmate's Medical Administration Record for that month.

11. Psychiatric Hospitalization/Crisis Services: Jail Staff shall ensure that inmates requiring emergency psychiatric hospitalization or who are acutely mentally ill receive timely and adequate treatment either on site or by agreement with a hospital offering the needed services.

12. Housing: Inmates shall be housed in an appropriate environment that ensures adequate staff supervision, mental health care and treatment, and personal safety in accordance with the following:

- a. Housing options for inmates with SMI shall include general population, a secure mental health unit, and a step-down unit for inmates with serious mental illness that is similar to a general population unit in which inmates are out of their cells during the day by default. Jail staff shall develop and implement these housing options with the technical assistance of the United States and its expert consultant(s).
- b. Jail Staff shall ensure that segregation is not used as an alternative to adequate mental health care and treatment.

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- c. All locked housing decisions for inmates with SMI shall include the input of a qualified mental health professional who has conducted a face-to-face evaluation of the inmate in a confidential setting, is familiar with the details of the available clinical history, and has considered the inmate's mental health needs and history.
- d. Segregation shall be presumed contraindicated for inmates with SMI.
- e. Within 24 hours of placement in any form of segregation, all inmates on the mental health caseload shall be screened by a qualified mental health professional to determine whether the inmate has a SMI, and whether there are any other acute mental health contraindications to segregation.
- f. If a qualified mental health professional finds that an inmate has a SMI or other acute mental health contraindications to segregation, that inmate shall not remain in segregation absent extraordinary and exceptional circumstances.
- g. Inmates who are placed in a secure mental health unit or a step-down unit shall be offered a minimum of:
 - i. at least 10 hours of out-of-cell structured time each week, with every effort made to provide two scheduled out-of-cell sessions of structured individual or group therapeutic treatment and programming Monday through Friday and one session on Saturdays, with each session lasting approximately one hour, with appropriate duration to be determined by a qualified mental health professional and detailed in that inmate's individualized treatment plan, and
 - ii. at least two hours of unstructured out-of-cell recreation with other inmates each day, including exercise, dining, and other leisure activities that provide opportunities for socializing, for a total of at least 14 hours of out-of-cell unstructured time each week.
- h. All out-of-cell time in the secured mental health or step-down units shall be documented, indicating the type and duration of activity.
- i. Policies and procedures shall detail the criteria for admission into the secure mental health housing or step-down units and levels of care provided to inmates in those units.
- j. Any determination not to divert or remove an inmate with SMI from segregation shall be documented in writing and include the reasons for the determination.
- k. Inmates with SMI who are not diverted or removed from segregation shall be offered a heightened level of care that includes the following:
 - i. If on medication, shall receive at least one daily visit from a qualified health care professional.
 - ii. Shall be offered a face-to-face, therapeutic, out-of-cell session with a qualified mental health professional at least once per week.

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- iii. Qualified mental health professionals shall conduct rounds at least once a week to assess the mental health status of all inmates in segregation and the effect of segregation on each inmate's mental health to determine whether continued placement in segregation is appropriate.
 - iv. Rounds shall not be a substitute for treatment and shall be documented.
 - l. Inmates with SMI who are placed in segregation for more than 24 hours shall have their cases reviewed by the Commander or the presiding Captain and the Director of Mental Health Services on a weekly basis at the critical management meeting.
 - m. Inmates with SMI shall not be placed into long-term segregation absent extraordinary and exceptional circumstances, and inmates with SMI currently subject to long-term segregation shall immediately be referred for appropriate assessment and treatment from a qualified mental health care professional who will recommend appropriate housing.
 - n. If an inmate on segregation develops signs or symptoms of SMI where such signs or symptoms had not previously been identified, or decompensates, the inmate shall immediately be referred for appropriate assessment and treatment from a qualified mental health care professional who will recommend appropriate housing.
 - o. If an inmate with SMI on segregation suffers a deterioration in his or her mental health, engages in self-harm, or develops a heightened risk of suicide, that inmate shall immediately be referred for appropriate assessment and treatment from a qualified mental health care professional who will recommend appropriate housing.
 - p. Muscogee County shall document the placement and removal of all inmates to and from segregation.
- 13. Collaboration between Mental Health and Security Staff:** Within six months of the effective date of this Agreement, the Jail Staff shall develop adequate training curricula, and within twelve months of the effective date of this Agreement, all relevant staff shall receive documented adequate training, regarding security and supervision issues specific to inmates with mental illness, including but not limited to
- a. use of force on inmates with mental illness;
 - b. pill call procedures to prevent inmates with serious mental illness, inmates on the mental health units, and inmates with mental illness in segregation units from hoarding or hiding pills;

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- c. safe shaving procedures to prevent inmates with serious mental illness, inmates on the mental health units, and inmates with mental illness in segregation units from hiding or misusing razor blades; and
- d. proper procedures in instances in which one inmates threatens to harm another with whom he/she is being placed in a suicide watch cell or a cell in a mental health unit, *i.e.*, the need for officers to immediately consult with the classification unit for a determination, based on a review of the inmates' history and interviews, as to whether such placement should occur.

14. Disciplinary Action: The Jail Staff shall ensure that disciplinary charges against inmates with a SMI are reviewed by a qualified mental health professional to determine the extent to which the charge was related to mental illness or a developmental disability and to ensure that an inmate's mental illness or developmental disability is used as a mitigating factor, as appropriate, when punishment is imposed and to determine whether placement into segregation is appropriate. The amount of time since a previous placement in segregation and any history of decompensation in segregation also shall be considered in determining whether placement is appropriate or would have a deleterious effect on the inmate's mental health. Prior history of decompensation in segregation shall be a contraindication to placement in such confinement.

- a. Jail Staff shall consider suggestions by mental health staff for minimizing the deleterious effect of disciplinary measures on the mental health status of the inmate. Any punishment must work within the inmate's mental health treatment plan.
- b. The hearing officer shall document the participation of mental health staff and the hearing officer's consideration of the mental health staff's recommendations, including treatment alternatives considered in the disciplinary process.
- c. Disciplinary measures taken against specially housed inmates with SMI shall be reviewed on a quarterly basis.
- d. Inmates shall not be subject to discipline for refusing treatment or medications or for engaging in self-injurious behavior or threats of self-injurious behavior.

15. Suicide Prevention: Jail Staff shall ensure that suicide prevention measures are in place at the Jail and shall also develop and implement adequate written policies, procedures, and training on suicide prevention and the treatment of special needs inmates.

- a. These procedures shall include provisions for constant direct supervision of actively suicidal inmates when necessary and close supervision of special needs inmates with lower levels of risk (e.g., 15 minute checks). Officers shall document their checks.
- b. Suicide prevention policies shall include procedures to ensure the safe housing and supervision of inmates based on the acuity of their mental health needs.

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- c. Jail Staff shall develop and implement an adequate suicide screening instrument that includes adequate screening for suicide risk factors and assessment triggers.
- d. A risk management system shall identify levels of risk for suicide and self-injurious behavior that requires intervention in an adequate and timely manner to prevent or minimize harm to inmates. The system shall include but not be limited to the following processes:
 - i. Incident reporting, data collection, and data aggregation to capture sufficient information to formulate reliable risk assessment at the individual and system levels regarding inmates with mental illness and developmental disabilities.
 - 1. Incidents involving pill hoarding or razor blades and injuries involving pills or razor blades shall be tracked and analyzed by the Jail Staff on a quarterly basis.
 - 2. Incidents involving weapons, self-harm, use of force, suicide, suicide attempts, or inmate-on-inmate assaults shall be tracked and analyzed by the Jail Staff on a quarterly basis.
 - 3. All such incidents shall be reviewed, including a psychological reconstruction for suicides, as part of a regularly scheduled suicide prevention committee composed of security, nursing, medical staff, and qualified mental health staff. Jail Staff shall develop a corrective action plan where appropriate, and the Staff's response shall be clearly documented.
 - ii. Identification of at-risk inmates in need of clinical or multidisciplinary review or treatment.
 - iii. Identification of situations involving at-risk inmates that require review by a multidisciplinary team and/or systemic review.
 - iv. A hierarchy of interventions that corresponds to levels of risk.
 - v. Mechanisms to notify multidisciplinary teams and the risk management system of the efficacy of interventions.
 - vi. Development and implementation of interventions that adequately respond appropriately to trends.
- e. Jail Staff shall ensure that placement on suicide precautions is made only pursuant to adequate, timely (within four (4) hours of identification, or sooner if clinically indicated), and confidential assessment and is documented, including level of observation, housing location, and conditions of the precautions.
- f. Inmates requiring crisis level of care will be seen by a qualified mental health care professional within 4 hours of being placed on suicide precautions or crisis level care if during normal business hours, or within 24 hours if outside of normal

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business hours. The on-call qualified mental health professional must be notified within one hour of being placed on suicide precautions or crisis level care and advise with regard to course of treatment, housing, observation, medication, property restriction, and other appropriate care.

- g. Jail Staff shall develop and implement an adequate system whereby inmates, upon evaluation and determination by a qualified mental health professional, may, where clinically appropriate, be released gradually from more restrictive levels of supervision to less restrictive levels for an appropriate period of time prior to their discharge from suicide precautions. Step-down placements should continue to be suicide-resistant and located in such a way as to provide full visibility to staff. Jail Staff shall ensure that inmates are placed on a level of observation that is not unduly restrictive.
- h. Inmates on suicide precautions shall be provided out-of-cell time for clinically appropriate structured activities and showers.
- i. Qualified mental health staff shall assess and interact with (not just observe) inmates on suicide precautions on a daily basis and shall provide adequate treatment to such inmates.
- j. Jail Staff shall ensure that inmates are discharged from suicide precautions or crisis level care as early as possible. Jail Staff shall ensure that all inmates discharged from suicide precautions or crisis level of care continue to receive timely and adequate follow-up assessment and care, specifically at a minimum of within 24 hours and 7 days following discharge. A qualified mental health professional may schedule additional follow-ups within the first 7 days of discharge if clinically indicated. A qualified mental health professional will develop a treatment plan within 7 days following discharge.

16. *Morbidity/Mortality Reviews:* Jail Staff shall conduct a written interdisciplinary review (critical incident report) of any suicide, serious suicide attempt or other sentinel event within thirty (30) days of the incident. The Morbidity/Mortality Review shall include a corrective action plan with timetables for completion.

17. *Discharge Planning:* Inmates on the mental health caseload shall be provided adequate discharge planning, including a sufficient amount of prescribed medications and appropriate referrals to community mental health services. The Jail shall develop relationships with and solicit input from community mental health organizations and providers regarding inmates' mental health needs in the Jail and upon discharge from the Jail.

18. *Confidentiality:* Jail Staff shall ensure that discussion of patient information and clinical encounters are conducted with adequate sound privacy in an office-like setting and carried out in a manner designed to encourage subsequent use of health services. All assessments shall be confidential. Because it may be necessary that Custody staff be present during clinical encounters, the Jail Staff shall ensure that Custody staff receives adequate and documented training on how to maintain patient confidentiality.

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19. Health Records: The Jail Staff shall maintain complete, legible, confidential, and well-organized mental health records as part of the medical records at the Jail, separate from the inmate record.

- a. Access to individual inmate mental health records shall be restricted to medical and mental health personnel, and mental health information shall be shared with jail officers only when the medical or mental health staff believes this is necessary or in the event of investigation of a critical incident.
- b. Jail Staff shall be instructed not to divulge inmate mental health information to other inmates.

20. Quality Assurance: Muscogee County shall develop and implement, with the technical assistance of the United States and its expert consultant(s), a quality assurance plan to regularly assess and take all necessary measures to ensure compliance with the terms of this MOA. The quality assurance plan shall include, but is not limited to, the following:

- a. creation of a multi-disciplinary review committee;
- b. periodic review of screening, assessments, use of psychotropic medications, emergency room visits and hospitalizations for inmates with SMI,
- c. periodic review of housing of inmates with SMI;
- d. periodic review of the use of segregation;
- e. tracking and trending of data on a quarterly basis;
- f. morbidity and mortality reviews with critical analyses of causes or contributing factors, recommendations, and corrective action plans with timelines for completion; and
- g. corrective action plans with timelines for completion to address problems that arise during the implementation of this MOA and prevent those problems from reoccurring.

IV. CONSTRUCTION

1. This MOA shall be applicable to and binding upon all parties, their officers, agents, employees, assigns, and their successors in office.
2. Within 30 days of the effective date of this modified Agreement, the Sheriff shall distribute copies of this MOA to all relevant staff, including all medical and mental health staff, and all security staff on the mental health units, and shall explain it as appropriate. Jail Staff shall provide a copy of the MOA to any future staff. Columbus and the Sheriff shall require strict compliance with this MOA from all employees, agents, assigns, or successors.

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3. The Parties shall notify each other of any court challenge to this MOA or the 1999 Settlement Agreement.
4. In the event any provision of this MOA is declared invalid for any reason by a court of competent jurisdiction, said finding shall not affect this Agreement's remaining provisions.
5. Failure by either Party to enforce this entire MOA or any provision thereof with respect to any deadline or any other provision herein shall not be construed as a waiver of its right to enforce other deadlines or provisions of this Agreement.

V. IMPLEMENTATION

1. The Jail Staff shall develop and begin implementing all policies, procedures, and training curricula required by this MOA within six months of the effective date. The Sheriff shall ensure that all staff receives the training required by this MOA within twelve months of the effective date.
2. All policies, procedures, plans, protocols, and training required by, or referenced in, this MOA shall be consistent with the MOA's substantive terms. Columbus shall submit all policies, procedures, plans, protocols, and training required by, or referenced in, this MOA to the United States for its review and approval. The United States shall review and comment on any such plans, policies, procedures, protocols, or training submitted under this provision within 60 days of receipt. The United States shall not unreasonably withhold approval. Absent unforeseen circumstances beyond the Parties' control, if the United States does not provide a written objection to said materials within 60 days of receipt, the materials will be deemed approved by the United States.
3. Columbus shall not retaliate against any person because that person has filed or may file a complaint, provided information or assistance, or participated in any other manner in an investigation or proceeding relating to this MOA.
4. Columbus shall make all good faith efforts to immediately implement and achieve substantial compliance with all substantive requirements of this MOA.
5. Except where otherwise specifically indicated, Columbus shall in good faith make all efforts to complete implementation of all the provisions of this MOA within one year of the effective date.

VI. MONITORING AND ENFORCEMENT

1. The United States will monitor compliance with this MOA.
2. The following terms will be used when discussing compliance:
 - a. "Substantial Compliance" indicates that Columbus has complied with all or most components of the relevant provision of the MOA and that no significant work remains to accomplish the goal of that provision.
 - b. "Partial Compliance" indicates that Columbus with some components of the relevant provision of the MOA and that significant work remains to reach substantial compliance.
 - c. "Noncompliance" indicates that Columbus has not complied with most or all of the components of the relevant provision of the MOA and that significant work remains to reach partial compliance.
 - d. "Unratable" shall be used to assess compliance of a provision for which the factual circumstances triggering the provision's requirements have not yet arisen to allow for meaningful review. Provisions assessed as "unratable" shall not be held against Columbus in determining overall substantial compliance with this MOA in accordance with the termination procedures outlined below.
3. Within 30 days of the Effective Date, Columbus will submit a Status Report to the United States, listing all provisions where it believes it is already in Substantial Compliance, as defined in Paragraph VI.2. above, and describing the actions Columbus has taken to implement each provision of this MOA. Thereafter, Columbus may, but is not required to, submit additional Status Reports outlining additional actions or measures it has taken to implement the MOA when it believes it has reached substantial compliance in additional areas.
4. Within 30 days of receipt of each Status Report or 60 days in advance of each onsite compliance inspection, the United States may request any necessary documents or other information that demonstrate that Columbus has taken actions or measures to implement the MOA, including but not limited to policies, procedures, protocols, training materials, investigations, logbooks, medical/mental health records, and incident reports. Columbus shall provide such documents or information within 30 days of the United States' request.
5. The United States and its representatives, including its expert consultant(s), shall conduct periodic on-site compliance inspections, the first of which shall occur within 6 months of the Effective Date and every 6 months thereafter. The United States shall determine the dates and duration of each on-site compliance inspection in consultation with Columbus.
6. Columbus shall provide the United States and its representatives with reasonable access to the Muscogee County Jail, inmates, staff, documents, and all other information related

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to implementation of this MOA. The United States shall have the right to conduct confidential interviews with inmates, and to conduct interviews with facility staff outside the presence of other staff or supervisors.

7. Within 45 days of each on-site compliance inspection, the United States shall issue a compliance report describing the steps Columbus has taken to implement this MOA, evaluating the extent to which Columbus has successfully implemented each substantive provision of the MOA, and recommending specific actions Columbus must make to achieve substantial compliance with the MOA.
8. Jail Staff shall keep such records as will fully document that the requirements of this MOA are being properly implemented and shall produce such records or provide a written response as to when the requested records will be produced within 5 business days of the United States' request.
9. Columbus shall immediately notify the United States of any misrepresentations or inaccuracies, whether deliberate or inadvertent, that it discovers staff to have made or implied to the United States and shall provide updated information.
10. Jail Staff will promptly (within 48 hours) notify the United States upon the death of any inmate or sentinel event. Should any such incident occur, Columbus will provide the United States any related documentation.
11. Within 30 days of receipt of written questions from the United States concerning implementation of this Stipulated Order, Columbus will provide the United States with written answers.
12. If the United States believes that Columbus has failed to comply with any obligation under this MOA, the United States will, prior to pursuing an enforcement action, give Columbus written notice of the failure. The Parties shall engage in good-faith negotiations to attempt to resolve the dispute. These negotiations will last for a maximum of 30 days from the date of the United States' written notice. The United States commits to work in good faith with Columbus to avoid enforcement actions. However, in the case of an emergency posing an immediate threat to the health and safety of inmates, the United States may seek enforcement action without regard to the notice and negotiation requirements herein.

VII. TERMINATION

1. This MOA shall not terminate until Columbus fully and faithfully implements all provisions of this MOA and maintains substantial compliance for a period of 2 years.
2. The Parties agree that the substantive provisions of the 1999 Settlement Agreement shall be exempt from continued monitoring and enforcement until this MOA is terminated. Until this MOA is terminated, Muscogee County shall maintain substantial compliance

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with those areas of the 1999 Settlement Agreement where substantial compliance has been achieved, namely Security, Medical Care (not including provisions overlapping with Mental Health Care), and Environmental Health and Safety. The United States reserves the right to seek enforcement, in accordance with Paragraph VI.12 above, of those provisions of the 1999 Settlement Agreement for which the County regresses into noncompliance that results in serious harm or the substantial risk of serious harm to inmates at the Jail.

3. This MOA will become terminable when the United States finds that Columbus has sustained substantial compliance with each substantive term of this MOA for 2 years. The Parties agree that when this MOA becomes terminable, they will move jointly in the district court to terminate all relief in both this MOA and the 1999 Settlement Agreement. However, nothing herein shall preclude Columbus from moving unilaterally in the district court for termination of the MOA in the event that it believes it has been in compliance with its terms for two years.

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For the UNITED STATES OF AMERICA:

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Attorney General

VANITA GUPTA
Acting Assistant Attorney General
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MARK J. KAPPELHOFF
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JONATHAN M. SMITH
Chief
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Deputy Chief
Special Litigation Section

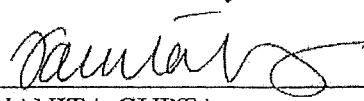
DATED this ____ day of January, 2015

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*Memorandum of Agreement between the U.S. Department of Justice and Columbus, Georgia
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DATED this 16 day of January, 2015

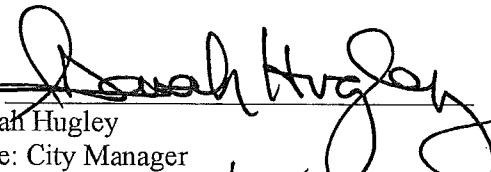
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Memorandum of Agreement between the U.S. Department of Justice and Columbus, Georgia
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For the CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA:

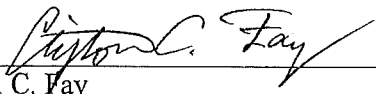
By: 
John Darr
Title: Sheriff

Date: 1-12-15

By: 
Isaiah Hugley
Title: City Manager

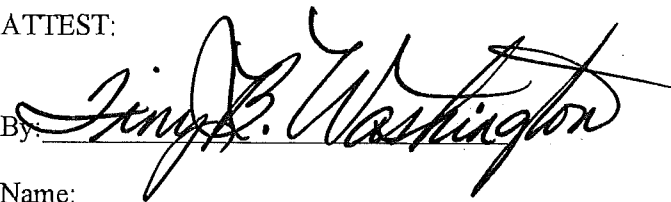
Date: 1/14/15

APPROVED AS TO LEGAL FORM:

By: 
Clifton C. Fay
Title: City Attorney

Date: 1/14/15

ATTEST:

By: 

Name: _____
Tiny B. Washington
Title: Clerk of Council

Date: 1/14/15

AGREEMENT

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I. INTRODUCTION

1. This agreement is made in light of the provisions of the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997 et seq., with which the United States has complied.

2. Venue over any action that might be filed would be in the Middle District of Georgia pursuant to 28 U.S.C. § 1391 (b).

3. Jurisdiction in the federal court would be pursuant to 28 U.S.C. § 1345.

II. DEFINITIONS

4. Party of the first part shall refer to the United States of America, which hereinafter shall be referred to as the United States.

5. Parties of the second part shall refer to Muscogee County, Georgia; the Sheriff of Muscogee County, in his official capacity; the Mayor of Columbus, in his official capacity; the Columbus City Manager, in his official capacity; members of the Columbus Council, in their official capacities; and their agents and successors in office. The City of Columbus and Muscogee County are a consolidated government, and parties of the second part are hereinafter referred to as the City/County. This Agreement is between the United States and the City/County.

6. The term "Muscogee County Jail" (Jail) includes the three existing Jail facilities (the "new jail," the "old jail," and the "stockade") as well as any other Muscogee County institutions built, leased, or otherwise used, to replace the current Jail or Jail components.

7. The terms "inmate" or "inmates" shall refer to one or more individuals sentenced to, incarcerated in, detained at, or otherwise confined at either the existing Muscogee County Jail or any institution that is built or used to replace the Jail or any part of the Jail. The term "special needs inmates" shall refer to those inmates who are suicidal, mentally ill, mentally retarded, intoxicated, or otherwise a danger to themselves or others.

8. "Qualified professional" shall refer to an individual qualified to render the requisite and appropriate care, treatment, judgment(s), training and service, based on credentials recognized in the specific field.

III. BACKGROUND

9. The City/County owns and operates the Jail, located in Columbus, Georgia.

10. The Sheriff is responsible for the day-to-day operation of the Jail. In his official capacity, the Sheriff has the custody, rule, and charge of the Jail and Jail inmates.

11. On December 1, 1994, United States Department of Justice attorneys and their consultants in the fields of penology, correctional health care, and environmental health and safety, toured the Jail pursuant to the Civil Rights of Institutionalized Persons Act. 42 U.S.C. § 1997 et seq.

12. On June 1, 1995, the United States issued a findings letter regarding conditions of confinement at the Jail based upon the Justice Department investigation and expert tour of the facility. The United States' findings letter was sent to the

City/County. This Document detailed numerous alleged constitutional deficiencies allegedly affecting the life, health, and safety of Muscogee County inmates.

13. The parties to this Agreement recognize the constitutional rights of inmates confined in the Jail. These rights include, but are not limited to, the right to: (1) adequate supervision to ensure reasonable inmate safety, (2) adequate medical and mental health care, (3) a safe and sanitary physical plant which does not pose an unreasonable threat to safety, (4) reasonable opportunity for exercise, and (5) meaningful access to the courts.

14. In order to avoid protracted litigation regarding the constitutionality of conditions of confinement at the Jail, the parties agree to the provisions set forth in this Agreement.

15. The parties agree that the provisions of this agreement are a reasonable, lawful, and fundamentally fair resolution of this case.

IV. SUBSTANTIVE PROVISIONS

OVERALL JAIL CONDITIONS

16. By July 1, 1999, the City/County shall complete or will have contracted for or budgeted for the following building projects to ensure a safe, sanitary, and healthy environment at the jail (any projects planned, contracted, or budgeted for shall be completed in a timely manner):

a) Repair or replace old and damaged plumbing, electrical, lighting and ventilation systems.

b) A plan to expand kitchen facilities or contract out food service. A Request for Proposal (RFP) is currently being developed to pursue contracting out the food service.

c) A plan to provide adequate clinical space and inmate medical (including isolation) housing.

d) Construct, lease, or otherwise obtain additional housing space for the number of inmates incarcerated. Adequate housing shall be provided to ensure that every inmate has a place to sleep off the floor and away from plumbing. Additionally, housing units shall contain adequate showers, toilets, lighting and other fixtures to allow adequate sanitation and humane living conditions. Any housing used for inmates must meet the requirements of this agreement and constitutional standards, and the United States shall have reasonable inspection rights for any facilities used as allowed by this agreement.

17. In ensuring City/County compliance with this section on overall jail conditions, City/County officials shall require that

construction and renovations be conducted in compliance with the National Fire Protection Association's Life Safety Code, state and local building codes, American Correctional Association (ACA) standards, the Americans with Disabilities Act (ADA), and ADA regulations.

18. The City/County shall retain qualified personnel to assist them with the renovation, construction, and facility replacement process. The City/County and their personnel shall regularly consult with the United States during this process as to the appropriate renovations, construction, services and staffing needed. The City/County shall also provide the United States with timetables, architectural plans, building inspections, legislation, and other documents related to this process as part of the Compliance system described in Section V.

19. Any renovations or construction shall be done by qualified personnel.

CORRECTIONAL ISSUES

A. Policies and procedures.

20. The City/County shall develop and implement, appropriate, comprehensive policies and procedures for Jail Operations. The City/County shall base their policies and procedures on professional standards. All staff shall have access to a copy of a staff manual containing Jail policies and procedures and shall sign a statement indicating that they have read and understood the

provisions of the manual. Jail policy and procedure manuals shall be reviewed annually and updated by the City/County as necessary. The City/County shall consult with the United States in the ongoing development of these policies and procedures.

B. Inmate Handbook.

21. Inmates shall receive an inmate handbook upon arrival summarizing policies applicable to them including, but not limited to: 1) Jail rules, 2) visitation and exercise policies, 3) a description of the process for obtaining bond and an attorney, 4) a description of the disciplinary procedure, 5) an explanation regarding how to access sick call, medications, and emergency assistance, and 6) a list of all legal materials available to inmates.

C. Classification.

22. Inmates shall be classified and housed based upon sound professional, penological principles.

D. Training.

23. The City/County shall develop an adequate training program which includes at least 40 hours of in-service training every year and which, in addition, requires all current jailers to complete the state jailer school program within one year of employment. All new jailers shall have attended the state jailer school program prior to working at the jail. If the City/County develops a local jailer training program which meets state credentialing standards and provides the same level of training

offered by the state school, they may use this local training program in lieu of the state jailer school. Staff shall be adequately trained to carry out the terms of this Agreement.

E. Security and supervision.

24. All use of force, including the use of chemical agents (e.g., pepper spray), shall be adequately documented. Adequate documentation includes the use of incident reports and summaries. All weapons will be kept in the custody of supervisors, carefully inventoried and monitored for unauthorized usage, and will not be distributed without documentation. Weapon inventories will be tracked and monitored to identify inappropriate or excessive use of force by officers. Each use of force shall be reviewed by Jail supervisors, and staff will be disciplined for violations of use of force policies. The City/County shall identify all known persons for whom chemical agents pose a danger to health, and chemical agents shall not be targeted at such persons. Persons subjected to chemical agents shall be afforded the opportunity to cleanse themselves of the chemical agent and shall be provided with prompt medical attention, if necessary. As part of the training process, staff shall be instructed on de-escalation techniques and use of force rules. Jail policies and procedures shall establish clear standards governing use of force. These standards shall be based on relevant law and professional practice. The amount of force used must be proportionate given the situation faced by an officer, and escalations in force levels must be appropriate.

25. The City/County no later than July 1, 1999 shall hire and retain or budget for staff to adequately supervise and operate all Jail facilities (old and new). Positions budgeted for shall be filled in a timely manner. Corrections staffing shall be sufficient to carry out the terms of this Agreement and minimum requirements shall include the following:

a) The City/County shall ensure that there is always at least one officer present, at all times, on every jail housing floor. Thus, at least one officer shall be present at all times on each floor of the "new jail," at the officers' post in the "stockade," and on each floor of the "old jail."

b) The City/County shall also provide sufficient staff to ensure adequate backup in the event of emergencies, to transport inmates to the medical unit and sick call, and to provide adequate inmate exercise.

c) Rounds will be conducted at least once every half hour at irregular intervals (e.g., 20, 25, 30, 15 minutes), and shall include a logged, visual inspection of all housing areas.

F. Exercise.

26. Beginning September 1, 1999, inmates shall be given outdoor exercise 5 days each week, 1 hour per day, weather permitting. Until that time, weather permitting, inmates shall be given outdoor exercise as facilities and staffing permit.

G. Reading materials and access to the courts.

27. At their own expense, inmates may receive by mail direct from the publisher, a reasonable number of periodicals, legal

research materials, newspapers, books and other reading materials which may be kept in an inmate's cell so long as such materials do not create a fire hazard.

28. The City/County shall provide inmates with prompt access to appropriate legal materials as identified in Attachment A.

29. Legal materials shall be available for use by inmates no less than five days per week between 9:00 a.m. and 4:00 p.m. Inmate requests for access to legal materials shall be honored within two working days after receipt of the request, or earlier if the inmate faces a specific court deadline. The City/County shall ensure that qualified staff make reasonable efforts to meet inmate requests for legal materials even when an inmate is unable to provide a specific legal cite for the materials the inmate needs. Inmates may be required to pay the City/County for any legal materials they damage, steal, or destroy.

30. Inmates shall be provided with sufficient time and legal materials for a reasonable opportunity to conduct legal research. In the event that an inmate is facing a specific court deadline, the City/County shall make reasonable efforts to allow the inmate additional access to legal materials upon request.

H. Use of trustees (runarounds).

31. Jailers are responsible for the care and supervision of inmates. Those duties shall not be delegated to inmates, and no inmate shall have authority over other inmates. No inmate shall serve as the conduit for transmitting inmate requests for assistance to jail staff. The kitchen trustees shall always be

supervised by at least one jailer or civilian employee, even on weekends.

MEDICAL, DENTAL AND MENTAL HEALTH CARE

A. Medical policies and procedures.

32. The City/County shall implement medical policies and procedures that include, but are not limited to, provisions regarding: 1) initial screening and health assessments, 2) communicable disease testing and control, 3) access to medical care and sick call, 4) pill call and medication management, 5) medical records, 6) staff training, 7) mental health care, 8) emergency dental care, 9) emergency medical care and transport, and 10) inmate co-payments.

B. Medical staffing.

33. The City/County shall issue requests for proposals to ensure timely and competent medical care. The medical staffing shall be sufficient to carry out the requirements of this Agreement. A qualified medical professional shall oversee Jail medical and mental health services as the Responsible Healthcare Authority (RHA). Inmate medical and mental health treatment, nursing staff, and medical policy development, shall be supervised by qualified licensed physicians.

C. Referrals for outside medical care.

34. The City/County shall ensure, thru requirements in the medical provider contract or otherwise, that inmates who are referred to sub-specialty medical providers by a physician or

registered nurse shall receive medical evaluation and medical care from such specialists. Procedures and practices must ensure that timely emergency medical care is provided when necessary, and the City/County shall monitor, drill, and evaluate emergency response.

D. Medical decisions.

35. Adequate space, supplies, and equipment shall be provided for medical care. Jail officials shall not overrule medical decisions made by medical staff.

E. Intake screenings.

36. The City/County shall ensure that receiving screening includes screening for alcohol abuse, serious medical problems, mental health problems, and communicable diseases.

F. Health assessment.

37. Within two weeks of intake, inmates shall receive a health assessment which includes taking an initial medical history and identification of any known allergies, and a physical examination consisting of blood pressure, pulse, temperature, and respiration tests. The health assessment results shall be recorded on a standardized form that is placed in the inmate's medical record along with inmate's intake screening form.

G. Communicable disease screening.

38. The City/County shall continue implementing and refining their communicable disease testing, monitoring, and treatment program. The City/County shall continue to test for tuberculosis all inmates arriving at the jail upon booking and will follow-up on

test results as medically indicated. In the event a communicable disease, such as tuberculosis, is identified by the Jail's communicable disease screening program, the City/County will notify the relevant public health authorities and the United States about the incident.

H. Sick call.

39. The City/County shall implement a sick call policy and procedure that includes, at a minimum, the following:

(1) written sick call request slips; (2) a collections method where the request slips are carried by jail staff directly to a qualified health professional i.e., registered nurse, physician, or licensed practical nurse (LPN); (3) logging procedures to record each request for sick call services; (4) review of inmate requests by a registered nurse or physician on a daily basis to determine urgency of the need to be examined; (5) a sick call clinic held at least once per week conducted by a licensed physician, or registered nurse (RN) under the supervision of a licensed physician; and (6) a policy requiring medical staff to record the results of sick call in an inmate's record. At least three times a week, documented rounds will be conducted in segregation. Inmates submitting sick call requests shall be seen by qualified medical professionals in a timely manner.

40. The City/County shall permit illiterate inmates orally to request medical care through medical staff. Such requests will be processed in a timely fashion and properly documented by the medical staff who receive the request.

I. Staff medical training.

41. Staff shall be adequately trained to identify inmates with special mental health needs, identify medical emergencies, give first aid, and give CPR. Only qualified medical staff (i.e., not security staff) shall handle pill call and the administering of medications.

J. Emergency care.

42. Inmates requiring emergency medical care shall receive such care immediately. Inmates must be able to contact an officer for assistance on a timely basis.

K. Mental health care and suicide prevention.

43. The City/County shall provide adequate mental health services to the inmates by requests for proposals. To that end, the City/County shall ensure that the contracted, qualified mental health professionals shall provide 24-hour on-call consultation as well as in-person intervention and evaluation. Furthermore, mentally ill inmates shall be housed in an appropriate environment that facilitates staff supervision and personal safety. Inmates with special mental health needs shall be evaluated by a qualified mental health professional within twenty-four hours. Inmates requiring psychiatric hospitalization shall be transferred promptly to adequate psychiatric hospital facilities. The City/County shall ensure that a psychiatrist and a psychologist provide services at the jail for at least twenty hours per week each.

44. The City/County shall ensure that suicide prevention measures are in place at the Jail and shall also develop and implement written policies and procedures on suicide prevention and the treatment of special needs inmates. These procedures shall be consistent with professional standards and shall include provisions for constant direct supervision of actively suicidal inmates and close supervision of special needs inmates with lower levels of risk (e.g., 15 minute checks). Officers shall document their checks. Suicide prevention policies shall include procedures to ensure the safe housing and supervision of inmates based on the acuity of their mental health needs. Cells for suicidal inmates shall be retrofitted to render them suicide-resistant (e.g., elimination of protrusive shower heads, exposed bars, unshielded lighting or electrical sockets). Staff will be trained on suicide response, prevention, and detection. Staff posts will be equipped with 911 rescue tools.

L. Medication management and pill call

45. All medications shall be appropriately managed and securely stored at the Jail pursuant to a medication management policy. Drug prescription practices shall be in compliance with professional standards. To that end, medication orders must be reviewed by a physician or pharmacist, distribution of medications shall be properly logged, nurses shall not be allowed to remove medications from the pharmacy, only legally authorized personnel shall be permitted to distribute medications from the pharmacy, and staff shall be trained regarding medication side effects and pill

call procedures. Medication logs must be co-signed by inmates, and when an inmate is supposed to receive more than one medication, the forms should identify whether an inmate has received each medication prescribed during pill call. The City/County shall ensure that adequate supplies of medications are available. In particular, inmates on "PRN" medications shall receive their medications as ordered by medical staff.

M. Medical records.

46. The City/County shall ensure that the RHA Maintains complete, confidential, and well-organized medical records at the Jail, separate from the inmate record. To ensure continuity of care, medical record information shall be submitted to outside medical providers when inmates are sent out of the Jail for medical care, and reports and records from those providers will be returned with the inmates to the jail. Access to individual inmate medical records shall be restricted to medical personnel, and medical information shall be shared with jail officers only when the RHA believes this is necessary. Jail staff shall be instructed not to divulge inmate medical information to other inmates.

N. Dental care.

47. Inmates with emergency dental needs shall receive such care immediately. Dental care shall not be limited to extractions. Adequate dentist hours will be provided to avoid unreasonable delays in dental care. At least 30 hours of dental care shall be provided per week.

ENVIRONMENTAL HEALTH AND SAFETY

A. Environmental health and safety policies and procedures.

48. The City/County shall develop and implement environmental health and safety policies and procedures which include, but are not limited to, provisions regarding: 1) fire safety and drills, 2) general housekeeping plan, 3) maintenance plan, 4) safe use of cleaning agents, 5) food handling and nutrition, and 6) inmate laundry, mattresses and personal hygiene.

B. General housekeeping and maintenance.

49. The City/County shall regularly clean and maintain any Jail facilities pursuant to a general housekeeping plan. The City/County may continue to provide inmates with cleaning materials on a daily basis, but the City/County are ultimately responsible for the Jail's cleanliness and physical condition. Any new, renovated, or replacement Jail facilities must also be kept clean and in good physical condition.

C. Pest extermination.

50. The City/County shall continue to contract for professional exterminator services for the jail, and shall keep the jail reasonably pest free. A copy of this contract shall be retained as part of the compliance monitoring requirements of Section V below.

D. Fire and electrical hazards.

51. The City/County shall eliminate fire and electrical hazards (e.g., exposed wiring, excessive flammable debris),

routinely test and maintain the fire alarm and smoke detection system, continue to service all extinguishers, and keep updated a fire evacuation plan developed with the assistance of a qualified fire safety consultant (e.g., fire chief). The City/County shall ensure that keys are properly marked and organized for ready use during emergencies, and will conduct fire and disaster drills on every shift at least four times a year. Drill results will be documented, reviewed by management, and incorporated into staff training. The City/County shall ensure that the Jail is inspected every six months by a qualified fire safety inspector. Copies of any fire marshall or inspector reports and corrective actions taken in response shall be provided to the United States as part of the compliance monitoring process in Section V.

E. Plumbing.

52. The City/County shall continue to repair, replace, and maintain any leaking or inoperative plumbing fixtures in the current Jail facility. The City/County shall ensure that the water supply to living areas is adequate and that water temperatures meet health and safety standards.

F. Lighting.

53. The City/County shall provide inmates with lighting adequate for working, reading, security, and health (e.g., 20 foot candles minimum in work and reading areas).

G. Ventilation.

54. The City/County shall ensure that inmates receive an adequate supply of fresh air and heating. The ventilation systems shall be kept in good working condition.

H. Food sanitation.

55. The City/County shall ensure that the kitchen is operated in a manner consistent with public health standards. To that end, staff and trustees shall be adequately trained in safe food handling practices. A qualified, professional, food service supervisor shall be present at all hours of kitchen operation. Food shall be prepared, served, and stored in a clean, healthful manner. Food temperatures shall be adequate to minimize the possible transmission of food borne illnesses. Kitchen trustees will be supervised at all times by staff. Quarterly inspections of the kitchen shall be conducted by qualified inspectors.

I. Mattresses, mattress covers, towels, and personal hygiene items.

56. The City/County shall provide each arriving inmate with adequate bedding and washing materials to include no less than mattresses, mattress covers, towels, and personal hygiene items. All bed linen, towels, inmate clothes and uniforms shall be in good condition and cleaned at least once per week. The City/County shall ensure that each arriving inmate receives a standard, institutional, fire-resistant mattress which is in good condition. Mattresses will be sanitized before distribution to an inmate. The

City/County shall replace all torn mattresses with standard, institutional, fire-resistant mattresses.

57. The City/County shall provide inmates with an adequate supply of soap, hair shampoo, toothbrushes, toothpaste, toilet paper, combs, deodorant, feminine hygiene items, and shaving equipment.

J. Training and chemical cleaners.

58. The City/County will provide Jail staff with adequate training regarding environmental health and safety policies.

59. All brooms and hazardous chemicals shall be removed from housing areas after use. Chemical cleaning agents shall be safely stored, used, and mixed. Inmates provided cleaning agents shall receive training on the safe storage, use, and mixture of chemical cleaners.

60. The City/County will provide inmates with 3 nutritionally adequate meals per day. The menus of all meals served at the Jail must be approved by a trained dietician as meeting generally accepted nutritional guidelines. Nutritionally adequate, equivalent substitutions in the menu can be made.

V. CONSTRUCTION, IMPLEMENTATION, AND TIMING OF COMPLIANCE

61. This agreement shall be applicable to and binding upon all parties, their officers, agents, employees, assigns, and their successors in office.

62. This agreement shall remain in effect until the City/County fully and faithfully implement all provisions of this agreement. If the City/County fails to comply with the

requirements of this agreement in a timely manner, the United States has the right to seek relief from the United States District Court for the Middle District of Georgia.

63. Except where otherwise specifically indicated, the City/County shall complete implementation of all the provisions of this agreement within one hundred and eighty (180) days of the date of this agreement.

64. The City/County shall submit semi-annual compliance reports to the United States, the first of which shall be filed within 180 days after the date of this agreement. Thereafter, the reports shall be filed fifteen (15) days after the termination of each six-month period ending on July 1 and January 1 continuing until the agreement is terminated. The reports shall describe the actions the City/County has taken during the reporting period to implement this agreement and shall make specific reference to the agreement provisions being implemented.

65. The City/County shall submit upon request records or other documents to verify that they have taken such actions as described in their compliance reports (e.g., census summaries, staffing summaries, contracts, bills, incident reports) and will also provide all documents reasonably requested by the United States.

66. All parties shall bear their own costs, including attorney fees.

67. The City/County shall keep such records as will fully document that the requirements of this agreement are being properly

implemented and shall make such records available at the Jail at all reasonable times for inspection and copying by the United States.

68. The United States and its attorneys, consultants, and agents shall have unrestricted access to the Jail, Jail inmates, Jail staff, and documents as reasonably necessary to address issues affected by this agreement.

69. All Jail staff members and other individuals responsible for implementing this agreement shall be apprized of the contents of this agreement, and strict compliance with this agreement be required of employees, agents, assigns, or successors.

VI. STIPULATION PURSUANT TO THE PRISON LITIGATION REFORM ACT,

18 U.S.C. § 3626.

70. For purposes of this agreement only and in order to settle this matter, the City/County stipulates that this agreement complies in all respects with the provisions of 18 U.S.C. § 3626(a). The parties further stipulate and agree that the prospective relief in this agreement is narrowly drawn, extends no further than necessary to correct the violations of federal rights alleged by the United States, is the least intrusive means necessary to correct these violations, and will not have an adverse impact on public safety or the operation of a criminal justice system. Accordingly, the parties agree and represent that the agreement complies in all respects with the provisions of 18 U.S.C. § 3626(a).

71. The issue of liability has not been litigated.

72. This agreement is not intended to have any preclusive effect except between the parties. Should the issue of the preclusive effect of this agreement be raised, the parties agree to certify that this agreement was intended to have no such preclusive effect.

VII. TERMINATION

73. The City/County shall not seek to terminate this Agreement until after January 1, 2000. The parties agree that the systemic and comprehensive nature of this Agreement shall require that implementation of its terms take place over a number of years as provided in this document.

74. If the City/County does not comply with the requirements of this Agreement, the United States reserves the right to seek enforcement of the inmates' constitutional rights and the appropriate terms of this Agreement by filing a Motion to Restore and then seeking relief from the Court. The Agreement shall be subject to final termination as soon as the City/County has complied with all the requirements of the Agreement.

75. Once the City/County has determined that the termination requirements of paragraphs 73-74 have been met, the City/County shall advise the United States of its determination in writing. Thereafter, the parties anticipate a period of consultation, evaluation, and conferral. If the parties concur that the final termination requirements have been met, the parties anticipate filing a Joint Motion for Final Dismissal of this action. If the United States objects to Final Dismissal, the City/County may file

a Motion for Final Dismissal. Once such a unilateral Motion is filed, a hearing shall be held to evaluate whether the conditions for final dismissal identified in paragraphs 73-74 (above) have been met. Nothing in this Agreement precludes the parties from jointly stipulating to termination of portions of this Agreement at any time.

FINDING PURSUANT TO THE PRISON LITIGATION REFORM ACT

Having considered the foregoing Agreement, and the associated Joint Motion for Conditional Dismissal and Order of Conditional Dismissal, and based on the stipulation of the parties, the Court hereby finds:

- i. The prospective relief in the Agreement is necessary to correct the violations of the federal rights of Muscogee County Jail inmates alleged by the United States.
- ii. The Agreement is narrowly drawn, extends no further than necessary to correct these violations, and is the least intrusive means necessary to correct these violations.
- iii. The Agreement will not have an adverse impact on public safety or the operation of a criminal justice system.

4. The Agreement complies with the requirements of the Prison Litigation Reform Act, 18 U.S.C. § 3626 et seq.

5. The parties have worked to settle this matter without the Court's intervention and have submitted a Joint Motion for Conditional Dismissal of this case pursuant to Federal Rule of Civil Procedure 41(a)(2).

Wherefore, this Agreement is entered as a judgment of the Court. An Order of Conditional Dismissal is being entered separately. The Agreement is not an adjudication on the merits and therefore shall have no preclusive effect except between the

parties to this matter.

So Ordered, the _____ day of _____, 199_.

UNITED STATES DISTRICT JUDGE

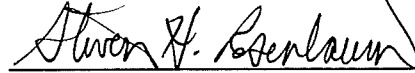
AGREED TO BY:

COUNSEL FOR THE UNITED STATES:

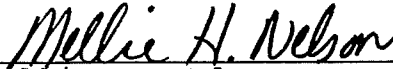
Date: Sept. 21, 1999

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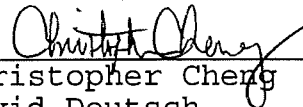
Bill Lann Lee
Acting Assistant Attorney General
U.S. Department of Justice
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Special Litigation Section

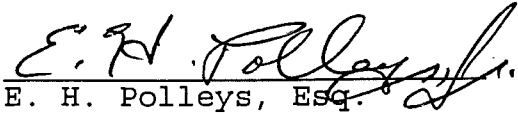


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