

COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



FINANCE DEPARTMENT PURCHASING DIVISION

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November 10, 2021

ADDENDUM NO. 3

Comprehensive Inmate Healthcare Services for Muscogee County Jail (Annual Contract) RFP No. 22-0016

Use the form provided in the solicitation to acknowledge receipt of this addendum. Failure to do so may result in your submittal being deemed non-responsive and not receiving further consideration for award.

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

I. Due Date

The RFP due date is extended; proposals must be submitted via DemandStar no later than **5:00 PM on December 3, 2021.**

II. Questions/Responses

Question 1: Please provide a copy of the current contract, including any exhibits, attachments, and amendments since inception of the contract. If possible, please provide a copy of the winning proposal.

Response: The current contract was procured via RFP No. 18-0019. The contract, which is inclusive of the winning proposal, is available at [https://www.columbusga.gov/finance/purchasing/docs/AnnualContracts/Current Annual Contracts.htm](https://www.columbusga.gov/finance/purchasing/docs/AnnualContracts/Current%20Annual%20Contracts.htm).

Question 2: Is Mental Health included in this RFP.

Response: The Muscogee County Sheriff's Office is not requesting mental health services through this RFP.

Question 3: May we provide an alternate proposal?

Response: Firms may provide alternate staffing; see the following specification changes:

Highlighted specification change for page 17, Section 9, Recommendation:

F. Staffing:

1. Indicate if you will adhere to the Staffing Matrix on page 30.
2. Provide a chart with the staff you are committing to the contract and the number of hours along with shifts that the staff will be scheduled. Show lines of authority and communication and provide a brief role description with responsibilities for each person as they relate to the contract.
3. In addition, the Respondent should discuss recruitment practices, equal employment opportunities, licensure/certification requirements, training including in-service, staff and continuing education, orientation of new personnel, employee assistance program and performance review.

G. Alternate Staffing (if applicable):

Provide a chart with the proposed alternate staff and the number of hours along with shifts that the staff will be scheduled. Show lines of authority and communication and provide a brief role description with responsibilities for each person as they relate to the contract.

Highlighted specification change for page 18, Section 11, Cost Proposal (subject to negotiations)

- A. Use **Form 5** to provide guaranteed annual fees for medical services, which will be paid in twelve (12) equal monthly installments, and the percentage for pharmacy services.
- B. Delineate other associated costs that are required to provide the services but are not included in the annual fee.
- C. Provide a detailed plan for the implementation and operation of a cost containment and incentives-based programs. Addressed in this section shall be the mechanism by which the Respondent plans to control healthcare costs, areas in which cost savings will be achieved, and evidence of the success of such a program at other contract sites, and billing of insurance companies, and other third parties to recover costs associated with healthcare services.

D. Cost Proposal for Alternate Staffing (if applicable):

Provide guaranteed annual fees for medical services, which will be paid in twelve (12) equal monthly installments, and the percentage for pharmacy services.

Question 4: When is the desired start date?

Response: Refer to page 13 of the RFP document.

Question 5: Are any members of the Jail's current health service workforce unionized?

Response: No.

Question 6: Is the Jail currently subject to any court orders or legal directives?

Response: The Jail is not technically under any court order that obligates the Jail to undertake or be monitored for specific items. The last lawsuit was dismissed in 2019; however, a copy of the January 2015 Memorandum of Agreement is attached because the basic standards in the agreement should be met the by successful contractor. The standards should withstand any further Justice Department scrutiny.

Question 7: Will the County allow the top 2 or 3 vendors to make oral presentations after the panel scores the responses?

Response: Refer to page 13 of the RFP document.

III. Forthcoming Addendum

The Purchasing Division has received an unusually large number of questions regarding this RFP; responses to the other questions will be provided in a forthcoming addendum.

Andrea J. McCorvey,
Purchasing Division Manager

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
Regarding the Muscogee County Jail*

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
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Deputy Assistant Attorney General
Civil Rights Division

JONATHAN M. SMITH
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JULIE K. ABBATE
Deputy Chief
Special Litigation Section

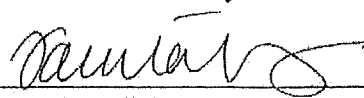
DATED this ____ day of January, 2015

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*Memorandum of Agreement between the U.S. Department of Justice and Columbus, Georgia
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For the UNITED STATES OF AMERICA:

ERIC H. HOLDER, JR.
Attorney General

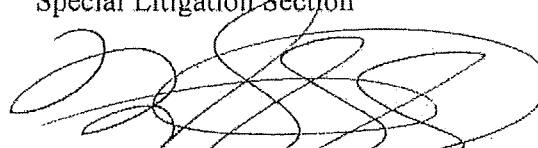


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DATED this 16 day of January, 2015

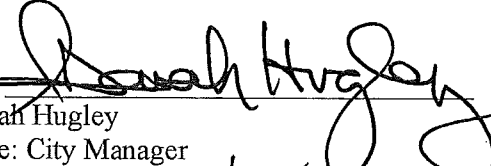
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For the CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA:

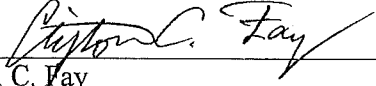
By: 
John Darr
Title: Sheriff

Date: 1-12-15

By: 
Isaiah Hugley
Title: City Manager

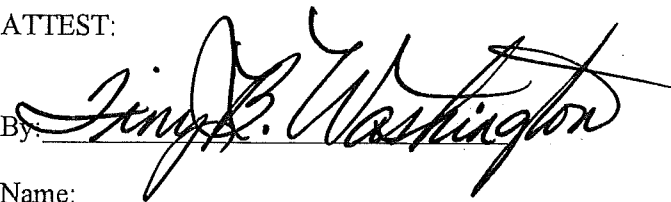
Date: 1/14/15

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