COMMONWEALTH OF MASSACHUSETTS | **STANDARD CONTRACT FORM**

This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at macomptroller.org/forms or mass.gov/lists/osd-forms.

**CONTRACTOR INFORMATION**

Contractor Legal Name: Correctional Psychiatric Services | d/b/a:

Legal Address (As entered on Form W-9 or Form W-4): 300 Congress St. Unit 405, Quincy, MA 02169

Contract Manager Name: Beth Cheney

Phone: 617-470-9990 | Email: bcheney@cpsmh.org | Fax:

Vendor Code: VC 6000180258

Vendor Code Address ID: AD
e.g. "AD001". Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.

**COMMONWEALTH INFORMATION**

Department: PLYMOUTH COUNTY SHERIFF'S OFFICE | MMARS Code: SDP

Contract Manager Name: Christyn Bartlett | Business Mailing Address: 24 Long Pond Rd, Plymouth, MA 02360

Billing Address (If Different):

Phone: 508-830-6239 | Email: cbartlett@pcsdma.org | Fax: 508-830-6371

MMARS Doc ID(s):

RFR/Procurement or Other ID Number: Medical Services

**NEW CONTRACT**

Procurement or Exception Type (Check one option only)
- ☐ Statewide Contract (OSD or an OSD-designated department.)
- ☐ Collective Purchase (Attach OSD approval, scope, and budget.)
- ☐ Department Procurement - includes all Grants 815 CMR 2.00. (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)
- ☐ Emergency Contract (Attach justification for emergency, scope, and budget.)
- ☐ Contract Employee (Attach Employee Status Form, scope, and budget.)
- ☐ Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.)
- ☑ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)

**CONTRACT AMENDMENT**

Current Contract End Date PRIOR to Amendment:

Amendment Amount (Or Enter "No Change"):

Amendment Type (Check one option only. Attach details of amendment changes.)
- ☐ Amendment to Date, Scope, or Budget (Attach updated scope and budget.)
- ☐ Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.)
- ☐ Contract Employee (Attach any updates to scope or budget.)
- ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)

**TERMS AND CONDITIONS**

The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding (Check ONE option):
○ Commonwealth Terms and Conditions ◉ Commonwealth Terms and Conditions for Human and Social Services ○ Commonwealth IT Terms and Conditions

**COMPENSATION** (Check ONE option.)

The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
◉ Rate Contract (No Maximum Obligation). (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
○ Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended):

**PROMPT PAYMENT DISCOUNTS (PPD)**

Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See Prompt Pay Discounts Policy.

Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within: 10 days ○ % PPD, 15 days ○ % PPD, 20 days ○ % PPD, 30 days ○ % PPD.

If PPD percentages are left blank, identify reason:
☐ Statutory/legal ☐ Ready Payments (M.G.L. c. 29, § 23A) ☑ Agree to standard 45-day cycle ☐ Only initial payment

**BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT**

Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.

Included with this contract is the PREA Agreement-Attachment A, and the ICE Subcontractor agreement-Attachment B.
CPS to provide medical, MOUD and Mental Health Services for inmates at PCCF. See Attachment C for rates for first year of contract. Each year, rates will increase by 3%

**SUPPLIER DIVERSITY PROGRAM (SDP) PLAN**

Does the Supplier Diversity Program apply? ○ YES If YES, the Contractor's annual SDP commitment for this Contract is
○ NO If NO, and the department is an Executive Department, enter the appropriate exemption:

**ANTICIPATED START DATE** (Complete ONE option only.)

The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:
- ○ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.
- ○ 2. may be incurred as of , 20 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
- ◉ 3. were incurred as of Dec. 1 , 2024 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

**CONTRACT END DATE**

Contract performance shall terminate as of Nov. 30 , 20 29 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

**CERTIFICATIONS**

Notwithstanding verbal or other representations by the parties, the "**Effective Date**" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

**AUTHORIZING SIGNATURE FOR THE CONTRACTOR**

Signature and date must be captured at time of signature.

Signature: [signature] Date: 2.18.25

Print Name: JORGE VERA, MD Print Title: CPS Psychiatrist

**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH**

Signature and date must be captured at time of signature.

Signature: [signature] Date: 2.24.25

Print Name: Print Title:

Approved as to Form
Director of Legal Services
Dated: 1/27/25

# Commonwealth of Massachusetts
# Office of the Sheriff

## Competitive Procurement Exception Explanation Form

The Office of the Sheriff's Competitive Procurement Exception Explanation form is an internal form that should be included in the vendor procurement file for commodities or services that are identified below. These commodities and services are exempt from competitive procurement in accordance with section .05, *Competitive Procurement Exceptions* of this Office of the Sheriff's policy entitled, "Policy Governing the Procurement of Commodities and/or Services".

- ☐ Emergency Contract *(describe nature of emergency below)*
- ☐ Interim Contract *(describe reason for interim contract below)*
- ☐ Contract For Advertising Required Notices
- ☐ Contract For Surety Bonds
- ☐ Expert Witness Contract
- ☐ Attorney and Labor Relations Representative Contract
- ☑ Contract For Ambulance Service, for Health Care Providers, Medications
- ☐ Contract for Training, Education Or career development services *(briefly describe services provided)*
- ☐ Proprietary contract for educational material & subscriptions & correctional products/services *(describe how it was determined that only one practicable source exists)
- ☐ Proprietary contract of less than $50,000 *(describe how it was determined that only one practicable source exists)*
- ☐ The services of a religious organization or an individual representing a religious organization.
- ☐ Energy Contract

Identify Procurement (such as vendor, goods/services, contract number, MMARS encumbrance Doc ID, dates, etc.):
Correctional Psychiatric Services to provide Medical Services, MOUD Services and Mental Health Services

~~* Exception Explanation (when indicated above):~~
at the Plymouth County Correctional Facility.

(attach additional sheets if necessary)

Authorized Signatory

2.24.25
Date

Attachment A

AGREEMENT BETWEEN
THE COMMONWEALTH OF MASSACHUSETTS
PLYMOUTH COUNTY SHERIFF'S OFFICE AND
CORRECTIONAL PSYCHIATRIC SERVICES

This Agreement is effective the first day of December, 2024, and is entered into on 2.18.25, including subsequent amendments and modifications thereto (hereinafter referred to as "Agreement"), by and between Plymouth County Sheriff's Office, (hereinafter referred to as the "Sheriff's Office"), and CORRECTIONAL PSYCHIATRIC SERVICES, hereinafter referred to as "CPS").

NOW THEREFORE, the parties hereby agree to the addition of the following provision:

CPS hereby agrees to comply with the provisions set forth in the Department of Justice (DOJ) Prison Rape Elimination Act of 2003 (PREA), 42. U.S.C. 15601 et seq. and the Department of Home Land Security (DHS) Prison Rape Elimination Act of 2014 (PREA), 6 CFR Part 115 and with all applicable PREA standards, the Plymouth County Sheriff's Office policies related to PREA and the State of Massachusetts standards related to PREA for preventing, detecting, monitoring, investigating and eradicating any form of sexual abuse within the Plymouth County Correctional Facility, in which CPS provides contractual services. CPS acknowledges that failure to comply with PREA standards may result in termination of its contract with the Sheriff's Office.

CPS hereby agrees to comply with the requirements of the Americans with Disabilities Act of 1990 ("ADA") and the Sheriff's Office Policies related to the ADA that prohibit discriminate against qualified individuals with disabilities on the basis of disability in its hiring, employment, services, programs, or activities. CPS acknowledges that failure to comply with the requirements of the ADA may result in termination of its contract with the Sheriff's Office.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be legally executed on the 19th. day of Feb., 2025.

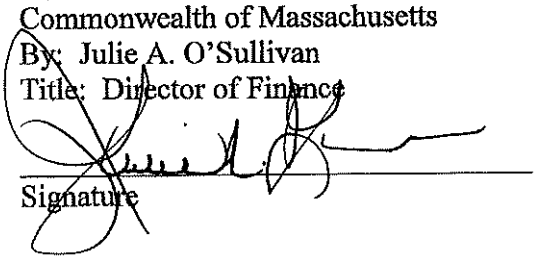
CORRECTIONAL PSYCHIATRIC SERVICES

By: Jorge Veliz, MD

Title: CPS Physician

Signature

Plymouth County Sheriff's Office
Commonwealth of Massachusetts
By: Julie A. O'Sullivan
Title: Director of Finance



Signature

Attachment B

AGREEMENT BETWEEN
THE COMMONWEALTH OF MASSACHUSETTS
PLYMOUTH COUNTY SHERIFF'S OFFICE AND
CORRECTIONAL PSYCHIATRIC SERVICES

This Agreement is effective the first day of December, 2024, and is entered into on 2.18.25, including subsequent amendments and modifications thereto ("Agreement"), by and between Plymouth County Sheriff's Office ("Sheriff's Office") and CORRECTIONAL PSYCHIATRIC SERVICES (CPS).

The provisions in this attachment apply to all subcontractors which perform work related to the Sheriff's Office's agreement with Immigration and Customs Enforcement (ICE) only. To the extent the contractor provides goods or services related to the ICE contract, the parties agree that the contractor will comply with all applicable provisions attached.

IN WITNESS WHEREOF, the parties hereto have cause this agreement to be legally executed on the 18th day of Feb, 2024.25

CORRECTIONAL PSYCHIATRIC SERVICES

Printed Name: Jorge Veliz, MD.

Title: CPS President

Signature

Plymouth County Sheriff's Office
Commonwealth of Massachusetts
By: Julie A. O'Sullivan
Title: Director of Finance

Signature

**Records Management Obligations**

A. Applicability: This Article applies to all service providers whose employees create, work with, or otherwise handle Federal records, as defined in Section B, regardless of the medium in which the record exists.

B. Definitions

"Federal record" as defined in 44 U.S.C. § 3301, includes all recorded information, regardless of form or characteristics, made or received by a Federal agency under Federal law or in connection with the transaction of public business and preserved or appropriate for preservation by that agency or its legitimate successor as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities of the US Government or because of the informational value of data in them.

The term Federal record:

1. includes DHS or ICE records.
2. does not include personal materials.
3. applies to records created, received, or maintained by a service provider pursuant to their ICE agreement.
4. may include deliverables and documentation associated with deliverables.

C. Requirements

1. The service provider shall comply with all applicable records management laws and regulations, as well as National Archives and Records Administration (NARA) records policies, including but not limited to the Federal Records Act (44 U.S.C. chs. 21, 29, 31, 33), NARA regulations at 36 CFR Chapter XII Subchapter B, and those policies associated with the safeguarding of records covered by the Privacy Act of 1974 (5 U.S.C. 552a). These policies include the preservation of all records, regardless of form or characteristics, mode of transmission, or state of completion.

2. In accordance with 36 CFR 1222.32, all data created for Government use and delivered to, or falling under the legal control of, the Government are Federal records subject to the provisions of 44 U.S.C. chapters 21, 29, 31, and 33, the Freedom of Information Act (FOIA) (5 U.S.C. 552), as amended, and the Privacy Act of 1974 (5 U.S.C. 552a), as amended and must be managed and scheduled for disposition only as permitted by statute or regulation.
3. In accordance with 36 CFR 1222.32, service provider shall maintain all records created for Government use or created in the course of performing the agreement and/or delivered to, or under the legal control of the Government and must be managed in accordance with Federal law. Electronic records and associated metadata must be accompanied by sufficient technical documentation to permit understanding and use of the records and data.

Attachment C



# Plymouth County Sheriff's Office

# Medical, MOUD and Mental Health Services

**January 3, 2025**

CPSHEALTHCARE
Correctional Psychiatric Services

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## Overview of Services

### Medical Services

CPS currently provides a comprehensive program of medical services to all incarcerated individuals at the Plymouth County Correctional Facility. We are intimately familiar with ACA, NCCHC, MADOC and ICE standards for medical services and will provide care under those standards and regulations. As is standard practice for CPS at all sites, we will monitor our work through on-going QA/CQI, self-auditing and implementation of corrective action plans (CAPs). Administrative duties related to the delivery of medical services provided include but are not limited to the following:

1. 24/7 on-call medical provider support and consultation
2. Administrative support services to coordinate scheduling of the medical providers
3. Recruiting, screening, hiring and administrative oversight of CPS staff
4. Credentialing and monitoring CME/CEU requirements
5. Annual Peer review and performance evaluations of employees.
6. Routine administrative meetings between Department staff and CPS administrative staff, and clinical staff.
7. Training and education to staff to meet annual ACA, NCCHC, and BSAS training requirements
8. Human Resources and benefits
9. Payroll services

Medical services will be integrated with mental health services and other treatment programs. CPS will maintain collaborative efforts between medical staff, Department staff and mental health staff to ensure that each incarcerated individual receives continuity of care with little to no delay in care.

In coordination with and under the direction of the Health Services Administrator and the Medical Director while collaborating with Department staff, CPS Medical Providers will provide the following services relevant to medical care for incarcerated individuals at PCCF: .

- Triage and evaluate routine, urgent, and emergent sick call requests
- Perform Initial Health Assessments
- Perform Periodic Health Assessments
- Review past medical history, order diagnostic tests based on most recent guidance on medical management of incarcerated individuals, prescribe medications, and prescribe therapeutic diets.

- Order, review, and interpret reports from laboratory studies, radiology studies, and other diagnostic tests. Implement clinical interventions when needed based on results of a diagnostic study and most recent clinical guidance on management of the condition.

- Triage and medical management of acutely ill incarcerated individuals leading up to referral and transfer to a higher level of care.
- Refer to outside specialists for consultation when clinically indicated.
- Provide clinical guidance and consultation to Department nursing staff and incarcerated individuals when needed.
- Maintain accuracy of the medical record through thorough and concise documentation of encounters with incarcerated individuals.
- Maintain open and honest communication with Department staff when there are concerns regarding nursing, medical, pharmaceutical, and diagnostic service as they are identified.
- The Medical Director will provide clinical supervision/consultation to Nurse Practitioners that have not met the 2-year requirement of working under the supervision of a physician. A Physician Assistant will continue to receive clinical supervision/consultation from a physician and/or the medical director, physical presence of a physician or Medical Director for ongoing supervision/consultation is not required.
- The Medical Director in conjunction with the Health Services Administrator will review health care policies and procedures annually.
- Providers will meet quarterly and as requested with correctional health care personnel to maintain regular QA/CQI meetings with the purpose to review and improve medical care.
- Providers will meet as requested with correctional health care personnel to maintain Mortality Review meetings with the purpose to review and improve medical care.
- All services provided will be in compliance with ACA, NCCHC, MADOC, DPH, BSAS, MA Board of Registration in Medicine and DMH's standards of care.

**MOUD Services**

MOUD Services is one of the most recent additions to our contracted services. CPS obtained BSAS OTP licensure, SAMHSA Certification, and NCCHC-OTP accreditation at PCCF and will maintain all licenses/certifications in

accordance with state and federal regulations. CPS has remained dedicated to providing well rounded services to this cohort of at-risk incarcerated individuals. CPS has an obligation to remain in compliance with accrediting bodies and therefore will foresee changes to the requirements and staffing patterns for the Opioid Treatment Program in which MOUD Services are provided. Services include but are not limited to:

- While under the supervision of the MAT Nurse Manager, MAT Dosing Nurses perform intakes, assessments, carry out provider orders, medication administration, maintain accurate narcotic count logs, and maintain all records and counts in accordance with DEA.
- BSAS standards for staffing will be followed per 105 CMR 164.000 et seq. ("Licensure and Substance Abuse Treatment Programs").
- Clinical Supervision for clinical staff.
- An Addiction Specialist Physician/ Program Medical Director providing ongoing supervision of Nurse Practitioner and/or Physician Assistant specializing in the Addiction Medicine field in accordance with BSAS regulations for Opioid Treatment Programs.
- Nurse Practitioner specializing in addiction to perform admissions, dose adjustments, order and interpret labs, and provide medical guidance to nursing staff as it relates to patient care.
- Program Director to oversee day-to-day clinical and medical operations of the OTP while collaborating with Department staff.
- Nurse Manager that provides ongoing supervision to all nursing staff while providing direct patient care when needed. Nurse manager ensures all requirements relevant to nursing operations within an OTP of DEA, NCCHC, SAMHSA, and BSAS are met.
- Monthly and annual training in accordance with BSAS and NCCHC.
- Weekly multidisciplinary meetings to ensure patients of the OTP are receiving adequate treatment, also in accordance with BSAS regulations.

- Maintain accuracy of the medical record through thorough and concise documentation of encounters with incarcerated individuals.

CPS presents 2 new positions to MOUD Services within this proposal for services, a senior clinician and discharge planner.

Per 105 CMR 164.005 a Senior Clinician is defined as an individual who is a LADC I, or other independently licensed individual who has at least a master's degree in one of the following disciplines or a closely related field: clinical psychology, education-counseling, medicine, mental health, psychology, psychiatric nursing, rehabilitative counseling, social work; and two years of supervised substance use disorder counseling experience; and at least one year full time equivalent year of clinical supervisory experience. (1) Prior to January 1, 2026, Senior Clinicians may include an individual who possesses at least a master's degree in one of the following disciplines or a closely related field: clinical psychology, education-counseling, medicine, mental health, psychology, psychiatric nursing, rehabilitative counseling, social work; and two years of supervised substance use disorder counseling experience; at least one year full time equivalent year of clinical supervisory experience; and has acted as Senior Clinician for more than two years. (2) This role may also be known as the Clinical Director or the Clinical Supervisor.

A full-time equivalent Senior Clinician among direct service staff shall be responsible for the clinical and educational operations of the OTP. All treatment plans are to be reviewed and signed by the Senior Clinician.

The Senior Clinician provides clinical supervision. Clinical supervision is a regular and specified time set aside to provide training, education and guidance to direct care staff and to oversee the provision of patient and resident services. Supervision must be delivered by a staff member qualified to deliver supervision, preferably in the discipline of the supervisee; must be sufficient to meet the needs of supervised staff, patients, and residents; and may be provided on an individual or group basis.

CPS plans to promote a MAT/MOUD Clinician that meets the requirements outlined by 105 CMR 164.005 to Senior Clinician while carrying a caseload. As the program grows where the clinician and supervisor are both carrying caseloads of up to 40 patients each, a Clinician will be hired to backfill the Clinician position left open by the Clinical Supervisor to adjust to the census-driven demands of the program.

## Mental Health Services

Mental Health Services have been provided by CPS for over a decade at Plymouth County Correctional Facility. CPS will implement a mental health program for the evaluation, treatment, and/or referral of the mentally ill incarcerated individuals in accordance with MADOC, NCCHC, ACA, and contractual requirements. We will dedicate resources and clinicians to the CJ reform position situated within Unit G at the facility to include regular daily check-ins, individual sessions, group sessions, and coordinating behavioral plans. CPS will provide mental health coverage from Monday through Friday until 7pm and on Saturday and Sunday from 8am to 4pm.

The all encompassing services of the Mental health program and CJ Reform Clinician have merged and services that CPS will provide include but are not limited to:

- The mental health professionals perform psychotropic non-compliance monitoring, segregation and special management housing assessments, triage and evaluation of sick slips and monitoring of the mental health caseload.
- Mental health evaluation to incarcerated individuals with a history of mental illness admitted to the facility. .
- Maintain working caseload, individualized treatment planning, supportive contacts, and trauma informed care all provided by duly licensed qualified mental health professionals.
- Psychiatric consultation for identified incarcerated individuals.
- Referral to the Psychiatrist or mid-level psychiatric provider for the detection, diagnosis, and treatment of mental illness
- Initial mental health psychiatric evaluations on new referrals.
- Psychiatric follow up for active mental health cases, 30, 60 or 90 days depending on clinical presentation and mental health needs. Includes both mental health clinician's follow up and psychiatric visits for medications and treatment reviews.
- Follow up psychiatric evaluations of patients already on psychotropic medications. Continuous monitoring and periodic evaluations at any interval and not limited to (30, 60 or 90 days) depending on clinical

judgment and or administrative requirements by the Department, medical, correctional, or mental health staff.

- Obtaining and documenting informed consent
- Crisis intervention and management of acute psychiatric episodes
- Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
- Referral and transfer to higher level of care when clinically indicated

- CPS will provide a psychiatrist through on-call availability at PCCF, twenty-four (24) hours per day, seven (7) days per week.
- Incarcerated individuals are designated as having a Serious Mental Illness (SMI) if they are currently being prescribed psychotropic medications and/or have significant a history or mental illness/presentation.
- SMI incarcerated individuals are tracked and medication compliance (if relevant) is reviewed daily.
- A mental health professional will be available on Saturdays to evaluate the Mental Health Watches and to perform routine Mental Health Services.
- The Psychiatric Prescriber and/or the mental health professionals will attend clinical and administrative meetings with Department, medical, and CPS administrative staff.

For Incarcerated Individuals housed in Unit G, CPS will provide the following services:

- Mental health professionals will be assigned to Unit G for no less than eight hours per day, seven days per week.
- The mental health professional will perform rounds at least once each day.
- Out-of-cell meetings for full evaluation will take place unless contraindicated.
- The mental health professional will see new admissions to Unit G within 24 hours and will screen incarcerated individuals for SMI or whether placement in administrative segregation is contraindicated.
- The mental health professionals will see incarcerated individuals on their active caseload, to include SMI, as needed.
- The mental health professional will provide mental health counseling to incarcerated individuals in the last 180 days of their sentence as requested or referred to assist with the transition.
- The mental health professional will participate in placement reviews.

- Maintain accuracy of the medical record through thorough and concise documentation of encounters with incarcerated individuals.

A Mental Health Director is being presented within this proposal for services. A Mental Health Director is a Qualified Mental Health Clinician designated by CPS to oversee the administration, management, supervision, and development of mental health programs and delivery of behavioral health services.

The Mental Health Director provides full time, 40 hour a week oversight of the mental health team onsite at PCCF. The duties and responsibilities of the Mental Health Director include the following:

- Provide mental health screening, referral, evaluation and treatment services to the patient population.
- Participate in case conferences for special needs patients regarding management within the facility, transition from jail to a psychiatric hospital and vice versa.
- Participate in continuous quality improvement.
- Provide administrative supervision and direction to the psychiatric prescriber(s) regarding the requirements of documentation and treatment planning.
- Provide supervision and direction to each mental health clinician.
- Ensure that all qualified mental health professionals receive consistent adequate clinical supervision in accordance with professional standards.
- Manage all aspects of mental health services from including but not limited to groups and special management units.
- Manage a patient caseload in providing assessments and diagnoses of the patients seen.

## CJ Reform

Examination for Substance Abuse Disorder by a qualified addiction specialist of each inmate sentenced for 30 days or more. An "Addiction Specialist" is a licensed physician who specializes in the practice of psychiatry or addiction medicine, licensed psychologist, a licensed independent social worker, licensed mental health counselor, licensed psychiatric clinical nurse specialist, licensed alcohol and drug counselor I, or any other professional considered qualified by DPH to evaluate whether an individual is a drug dependent person.

- Required reentry programming for housing in administrative segregation inmates with less than 180 days

in sentence:

Resocialization programming in a group setting; Regular mental health counseling to assist with the transition; Programming designed to help the person rebuild interpersonal relationships, which may include but not limited to anger management, parenting courses and other reentry planning services offered to general population

- Enhanced mental health care:

  a. A mental health counselor assigned to Unit G for no less than eight hours per day, seven days per week, split shift (10 to 6 or 12-8) to cover day and evening shifts.

  b. The counselor will perform rounds at least once each day.

  c. Counselor will conduct out of cell meetings if warranted in his or her professional judgment. The counselor will evaluate under DOC standards and professional judgment whether the inmate has a serious mental illness (SMI) and if housing in administrative segregation is contraindicated.

  d. Counselor will see new admissions to Unit G within 24 hours and will screen inmates for SMI or whether placement in administrative segregation is contraindicated.

  e. Counselors will see inmates on their active caseload, to include all SMI, as needed.

  f. Counselor will provide periodic testing and counseling as clinically indicated under supervision of the psychiatrist and DMH.

  g. Counselor will provide regular mental health counseling to inmates in the last 180 days of their sentence to assist with the transition

  h. Counselors will participate in placement reviews.

  i. Counselors will conduct re-entry programming as assigned.

  j. A Psychiatrist will provide periodic psychiatric testing and treatment as clinically indicated under the supervision of the DMH.

SMI shall include:

schizophrenia and other psychotic disorders, major depressive disorders ,all types of bipolar disorders ,a neurodevelopmental disorder, dementia or other cognitive disorder

- any disorder commonly characterized by breaks with reality or perceptions of reality, all types of anxiety disorders trauma and stressor related disorders; or
- severe personality disorders: or a finding by a qualified mental health professional that the prisoner is at serious risk of substantially deteriorating mentally or emotionally while confined in administrative segregation, or already has so deteriorated while confined in administrative segregation, such that diversion or removal is deemed to be clinically appropriate by a qualified mental health professional.

## Quality Assurance and Continuous Quality Improvement

Policy

It is the policy of Correctional Psychiatric Services (CPS) to have a quality assurance (QA)/ continuous quality improvement (CQI) program to monitor and improve the health care delivered at PCCF.

Objective

The objective of this policy is to ensure that CPS has a structured process at PCCF to identify areas in its health care delivery system that need improvement and that when such areas are found, staff develop and implement strategies for improvement. CPS takes an interdisciplinary approach by coordinating QA/CQI with PCSO staff.

# Proposed Plymouth Rates
# CPS Correctional Healthcare
# September 23, 2024

**Medical Program Services**

| Position Title | FTEs/Hours Per Week | CPS' Hourly Rate |
|---|---|---|
| HSA | 1.0/40 | $100.00 |
| MD | 1.0/40 | $286.89 |
| Medical NP/PA | 0.90/36 | $119.53 |
| Podiatrist | .07/3 | $159.38 |
| Optometrist | .10/4 | $199.23 |
| Phleb (PRN) | .20/8 | $38.25 |
| Medical NP/PA (PRN) | up to .60/24 | $80.50 |
| **TOTAL:** | 3.2/131 | |

**Mental Health Program Services**

| Position Title | FTEs/Hours Per Week | CPS' Hourly Rate |
|---|---|---|
| Mental Health Director | 1.0/40 | $84.47 |
| MH Clinician | 2.2/88 | $65.35 |
| Psych NP | .5/20 | $133.88 |
| CJ Reform MH | 2.0/80 | $70.00 |
| Mental Health Clinician(PRN) | up to .80/32 | $57.50 |
| Psych NP (PRN) | up to .30/12 | $109.00 |
| **TOTAL:** | 5.7/228 | |

**MAT Program Services**

| Position Title | FTEs/Hours Per Week | CPS' Hourly Rate | CPS' Hourly OT Rate | Rate when working beyond salaried hours |
|---|---|---|---|---|
| MD | 0.2/8 | $294.86 | N/A | N/A |
| MAT NP (for induction) | 0.5/20 | $127.51 | N/A | N/A |
| MAT Nurse Manager RN | 1.0/40 | $85.84 | N/A | $128.76 |
| MAT Nurse Manager LPN | 1.0/40 | 70.13 | N/A | $105.19 |
| MAT Program Director | 1.0/40 | $66.94 | N/A | N/A |
| MAT Clinical Supervisor | 1/40 | $63.75 | N/A | N/A |
| MAT Clinician | 2.0/80 | $65.35 | N/A | N/A |
| **TOTAL:** | 6.7/268 | | | |

*Proposed positions for BSAS regulations and program expectations.

**MAT Dosing Nursing Services**

| Position Title | FTEs/ Hours Per Week | CPS' Hourly Rate | CPS' Hourly OT Rate |
|---|---|---|---|
| MAT Dosing LPN | 1.0/40* | $94.72 | $111.00 |
| MAT Dosing RN | 1.0/40* | $102.40 | $157.50 |
| PRN LPN | N/A | $84.00 | $126.00 |
| PRN RN | N/A | $90.00 | $135.00 |
| **TOTAL:** | 2.0/80 | | |

*An RN and an LPN may fill a dosing position. Alternatively, dosing positions may be filled by just LPNs , just RNs or a combination of the two.

**Ancillary and Other Services**

| | |
|---|---|
| Laboratory Services | Cost Plus 10% Administrative Fees |
| Radiology Services | Cost Plus 10% Administrative Fees |
| On-Call Medical | $1500/month |
| On-Call Psychiatric Services, Supervision & 18A | $3500/month |
| OTP Licensure and Administrative Services | $35,000/annually |
| Methasoft Licensure | $700/month |

Accreditation- Plymouth County will reimburse CPS the cost of any and all accreditation fees. CPS will invoice the County when the invoice is received. Copies of the invoices will be available to the County upon request.

**Access to Timekeeping**

All CPS employees will be required to punch in and out at the start and end of the shifts and that information will be directly forwarded to PCCF. The HSA will provide all timecards generated from ADP at the beginning of the week for the previous weeks' hours worked and at the close of each pay period. Access to view timecards in real time will be granted to one designee at PCCF.