

**RFP 23-73025
TECHNICAL PROPOSAL
ATTACHMENT F**

Respondent:

Liberty Behavioral Health Corporation
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Overview:

Request for Proposal (RFP) 23-73025 is a solicitation by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization's proposal will be completed by a team of State of Indiana employees and your organization's score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the scope of work detailed in the RFP document and supplemental attachments.

Instructions:

Please carefully review the requirements in the Scope of Work (Attachment K). Please describe your relevant experience and explain how you propose to perform the work. Please explain how you propose to execute each Section in its entirety, including but not limited to the specific elements highlighted below by Section, and describe all relevant experience. Respondents are strongly encouraged to submit inventive proposals for addressing the Program's goals that go beyond the minimum requirements set forth in the Scope of Work of this RFP.

Respondents must organize their proposal in the exact order of questions provided in this document followed by their answers. While text boxes have been provided below, the Respondent may respond in the format of their choosing provided their response maintains the order proposed in this template. Diagrams, certificates, graphics, and other exhibits should be referenced within the relevant answer field and included as legible attachments. Attachments and exhibits may be provided in a separate file; however, the technical proposal must contain an adequate description of the contents. In other words, the technical proposal should stand on its own and must contain enough information to understand separate exhibits and attachments.

A completed Technical Proposal is a requirement for proposal submission. Failure to complete and submit this form may impact your proposal's responsiveness.

Please submit your Technical Proposal in 10-point font with standard margins. If submitted in PDF format, the files should not be locked.

1. Overview of Project

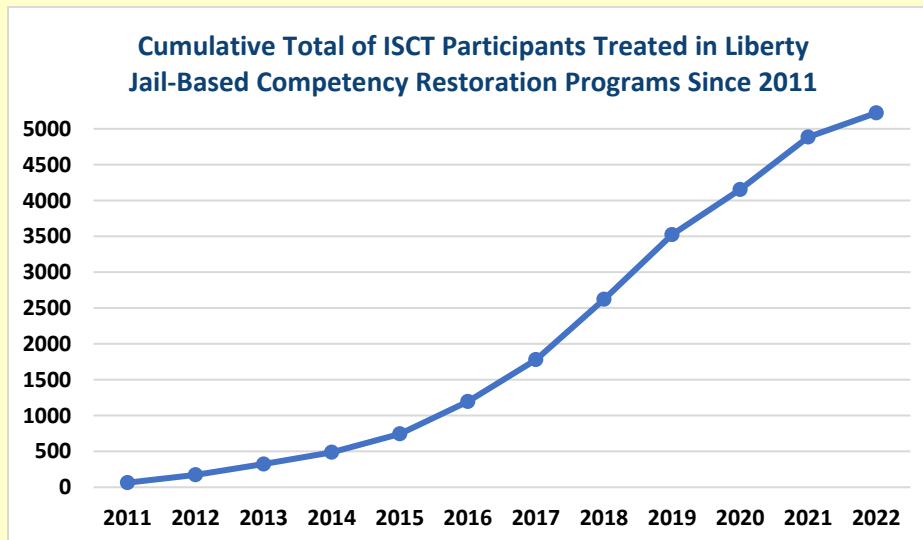
- a. Provide a high-level summary of how you will execute this project and why you are best positioned to conduct the jail-based competency restoration services in the Scope of Work.
- b. Provide a brief description of your company and proposed project staff's background and experience.
- c. Confirm your understanding of the State's and County Sheriff's Department's role for this project and affirm your commitment to working in coordination with both entities. Explain how you will coordinate with a County Sheriff's Department.
- d. State any instances in which you or any related holding company, parent company, subsidiary, or intermediary company have been subject to any of the conditions listed below during the past five (5) years for services that relate to those contemplated by this RFP. If any of the following conditions apply, please provide full details of each occurrence.
 - i. Contracts that were terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before the completion of the originally contracted term.
 - ii. Occurrences where the Respondent has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to the default or notice of default including the other party's name and contact information.
 - iii. Formal sanctions or complaints.
 - iv. Corrective actions.
 - v. Damages, penalties, or related assessments, or payment withholds not earned. Include the estimated value of each incident with the details of the occurrence.
 - vi. Known litigation, administrative or regulatory proceedings, or similar matters.

1. Overview of Project

Indiana's "Competency Crisis": Like many states across the country, Indiana has been challenged by the ever-increasing demand for competency restoration services for persons ordered incompetent to stand trial (ICST). This has caused a significant waiting period for available State Psychiatric Hospital (SPH) beds, a backlog of ICST defendants waiting in jails, increased liability and demand for mental health services in under-resourced local jails, and lengthening wait times for psychiatric stabilization and competency restoration. Collectively, all of these factors have resulted in litigation from Indiana Protection and Advocacy and are driving the imperative for swift and decisive action.

The Indiana Division of Mental Health and Addiction (DMHA) seeks to implement up to five regionally-based Jail-Based Competency Restoration (JBCR) units in selected jails across the state. By creating an appropriate alternative option for capacity restoration for ICST defendants, this JBCR project can strengthen and enhance the statewide forensic system and help resolve the challenges above. However, setting these programs up is challenging and it is critical to choose a vendor who has direct JBCR experience and will allocate the necessary staffing and resources to succeed. Given our proven track record of performance in Indiana and in partnering with California to address its ICST waiting list challenges, Liberty is the ideal choice for successful implementation and operation of this vanguard program.

As the pioneering and continued leader in the field of jail-based competency restoration (JBCR), Liberty has published multiple articles about the national “competency crisis” above and defined the crucial role of the JBCR model in resolving systemic challenges by delivering timely, humane, and effective competency restoration treatment within jail settings (see page 25 of Technical Proposal). We are the company that piloted the first JBCR unit in 1997, the first company to publish outcomes to show its efficacy in 2014, and the only company to publish a large-scale empirical study of nearly 2,000 ICST defendants across four treatment program sites and seven years of operation in 2021. With 16 years of direct operational experience that includes **five successful first-time JBCR implementations** with multiple county jails, Liberty brings the same team of experts and expertise to this crucial project for the Indiana DMHA.



Local Advantage to Project Implementation: In addition to our national JBCR experts, three supporting members of our JBCR project implementation team **are already based in Indiana** where we currently manage the statewide Indiana Sex Offender Management and Monitoring program for the Indiana Department of Correction (for 23 years) and provide statewide quality oversight of home and community-based services for the Division of Disability and Rehabilitative Services (for 9 years). Moreover, Liberty has 14 years of experience with DMHA in which we provided up to nine psychiatrists and two psychologists for several Indiana state psychiatric hospitals, including forensic clinicians for the former 50-bed Isaac Ray Forensic Unit at Logansport (1993 to 2007). We also provided clinicians and/or facility management for Indiana’s former state developmental centers for 13 years (1994 to 2007). Additionally, Todd Graybill, our operations support professional, previously served as Superintendent for Logansport State Hospital and Larue Carter Memorial Hospital. In short, given Liberty’s established office in Indianapolis, long record of service to multiple Indiana state agencies, footprint in every region, and strong relationships in the state, we can mobilize quickly to implement this JBCR project.

Early Success will Support Future Growth and Long Term Solution: The most urgent imperative for DMHA is to hasten access to restoration of competency treatment for as many ICST defendants as possible to reduce the waitlist to zero and vacate litigation. Although the actual number of regional JBCR sites and the size/capacity of the given jail sites is yet to be determined, we believe that achieving swift and resounding success with a proven JBCR provider will be critical for optimizing the initial size of the statewide program, as well as for fostering the speed and magnitude of future growth for a long-term solution to the ICST waiting list.

a. High Level Summary of Project Execution and Why Liberty is Best Positioned

Provide a high-level summary of how you will execute this project and why you are best positioned to conduct the jail-based competency restoration services in the Scope of Work.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

b. Brief Description of Company and Project Staff Experience

Provide a brief description of your company and proposed project staff's background and experience.

Brief Company Description: As a national health and human services company with 36 years of experience, Liberty provides a diverse array of programs and services, which are categorized as three core service offerings:

- **Program Management:** We manage behavioral health treatment facilities and community-based programs for individuals with mental illness, intellectual and developmental disabilities (IDD), co-occurring disorders, long-term care, and forensic/offending populations. Our 20-year contract with the Indiana DOC to provide facility-based and community-based Sex Offender Management and Monitoring services – and this Indiana JBCR project – would be examples of this line of business.
- **Population Health Management:** We help health and human service agencies, Medicaid agencies, health systems, and managed care organizations make care management decisions that lead to improved clinical and financial outcomes. We provide independent assessments to determine eligibility for Medicaid services and assess the quality of the home and community-based services and supports. An example of this line of business is our current contract with the Indiana Division of Disability and Rehabilitation Services to provide statewide quality management services for a population of about 16,500 individuals with IDD.

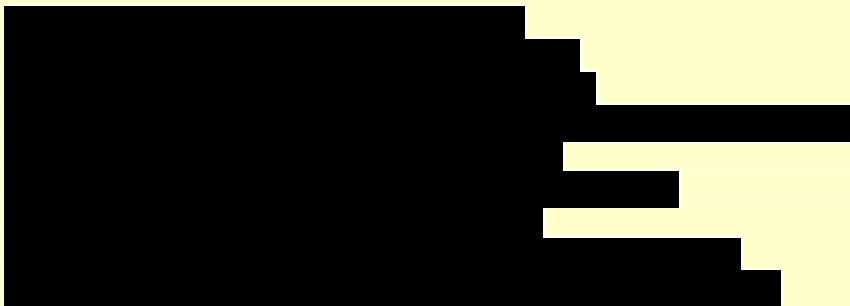
- **Health Workforce Outsourcing:** Historically, Liberty began operations with a focus on recruiting and managing clinicians on behalf of public agencies and private customers. Today, we continue to provide a wide range of professionals who work in diverse treatment settings. Our provision of psychiatrists and psychologists to Indiana’s State Psychiatric Hospitals for 14 years is an example of this line of business.

Proposed JBCR Project Team: Liberty will marshal a project implementation team that includes (1) operational expertise in JBCR installation and management, (2) project assistance from local Indiana managers, and (3) support from corporate managers responsible for recruiting, credentialing, human resources, payroll, information technology, quality improvement, accounts payable/receivable, legal services, and more. By managing administrative support services centrally from our corporate office, our project management structure optimizes efficiency and **enables our Project Leader and local JBCR Location Leader(s) and staff to focus entirely on service delivery.**

By assigning our highest ranking Senior Vice President (with expertise in the JBCR model and forensic/correctional behavioral health) to implement this contract, Liberty offers executive-level accountability for the project that is only one level removed from the company’s president and that is provided by a clinician/administrator who knows the model and operation in depth. Liberty’s onsite JBCR Program Director(s) is positioned to handle issues related to direct operations and service delivery, while our Senior VP is available to respond to any higher-level administrative issues that may arise.

Liberty’s JBCR Project Team for Indiana includes the most experienced experts in implementation and real-world operation of the JBCR model in the USA, as well as Indiana-based resources.

The expert members of Liberty’s JBCR project team include the following:



[REDACTED]

[REDACTED]

[REDACTED]

c. Coordination with State and County Sheriff

Confirm your understanding of the State's and County Sheriff's Department's role for this project and affirm your commitment to working in coordination with both entities. Explain how you will coordinate with a County Sheriff's Department.

Confirmation: Liberty confirms its understanding of the respective roles of the DMHA and the selected County Sheriff's Department(s) and is fully committed to working collaboratively with both entities.

A. Role of DMHA and the State: It is our understanding that the DMHA is responsible for:

- i. Screening and sending participants to the JBCR program.
- ii. Providing available documents about every individual screened. Such documents may include:
 - 1) A clinical assessment and psychological tests.
 - 2) Description of the participant's medical and mental health diagnoses.
 - 3) Participant's complete list of medications.
 - 4) Participant's treatment plan.
 - 5) Any special needs the participant may have, such as translation services, accommodations, requirement for a blocked room, and dietary limitations.
 - 6) Participant's pending charges.
 - 7) Complete history of past criminal convictions.
 - 8) All records in the State's possession regarding any history of violence or at-risk behavior.
- iii. Serving as a liaison between Liberty, the County Sheriff's Department, the jail administration, the participants' attorneys, and the courts and other sheriff's departments.
- iv. Contracting with the County Sheriff's Department for use of the jail as the location for JBCR services.
- v. Making an ultimate determination, in consultation with Liberty, of whether each participant's competency has been restored.

B. Role of County Sheriff's Department: It is our understanding that the County Sheriff's Department is responsible for:

- i. Providing the facility (jail) for the provision of JBCR programming. (The specifics for the cost for the location will be defined in a separate contract between the State and County Sheriff's Department. Liberty will not be responsible for paying for the location/setting of its provision of JBCR services).
 - 1) The furnished facility will include at least one room for individual-based JBCR services and one room for group-based JBCR services.
 - 2) The jail will provide secured office space, phone, internet access and all utilities necessary for the performance of JBCR services.
 - 3) If possible, the jail may provide a dedicated wing or unit to house the population of participants receiving JBCR services. (This cannot be guaranteed nor expected).
- ii. Providing all cleaning and maintenance of the facility.
- iii. Providing for the needs of the participants receiving JBCR, to include lodging, food, hygiene, and medical (i.e., non-mental health) care for the participants.
- iv. Providing adequate security to protect Liberty staff while they are providing JBCR services.
- v. Providing training for Liberty's JBCR staff in all relevant security and jail policies of the County Sheriff's Department so that they may function consistently with those policies.
- vi. Providing full access to and full utilization by Liberty's staff of the Jail's Medical Records System during the term of the agreement and for seven years thereafter, as well as access as required by the State or any other governmental or judicial entity, to all medical information of all participants who have participated in the program, to the extent authorized by law.
- vii. Providing an appropriate representative at meetings conducted at the jail of all stakeholders related to a participant and their case.
- viii. Notifying Liberty in advance of any inspections or review by any appropriate inspecting or reviewing entities.
- ix. Providing a designated contact person and additional backup person who can be reached 24/7 for emergencies and other important occurrences or communications. The Jail will have the authority to act immediately when safety requires immediate action for participants.
- x. Complying with all federal and state laws pertaining to the administration of the jails and keeping of inmates.
- xi. Administering psychotropic medications as prescribed and dispensed by authorized and licensed Liberty staff.
- xii. Coordinating and providing participant transportation entering the JBCR program from home jail to the JBCR jail location.

- xiii. Coordinating and providing transportation back to a jail or other designated location after the completion of JBCR services or who otherwise require transfer to a jail because of a discontinuation of JBCR services.

How Liberty will coordinate with the selected County Sheriff's Department

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

d. Negative Events in Past Five Years

State any instances in which you or any related holding company, parent company, subsidiary, or intermediary company have been subject to any of the conditions listed below during the past five (5) years for services that relate to those contemplated by this RFP. If any of the following conditions apply, please provide full details of each occurrence.

Liberty Behavioral Health Corporation is not part of a holding company parent company, subsidiary or intermediary company.

i. Contracts Terminated for Negative Performance – None

Contracts that were terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before the completion of the originally contracted term.

Liberty Behavioral Health Corporation has never had a contract terminated for non-performance or other reasons before the completion of the originally contracted term.

ii. Occurrences of Default – None

Occurrences where the Respondent has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to the default or notice of default including the other party's name and contact information.

Liberty Behavioral Health Corporation has never been subject to default or received notice of default or failure to perform on a contract.

iii. Formal sanctions or complaints – None

Liberty Behavioral Health Corporation has never incurred any formal sanctions or complaints.

iv. Corrective actions – None

Liberty Behavioral Health Corporation has never been subject to corrective actions.

v. Damages and Penalties – None

Damages, penalties, or related assessments, or payment withholds not earned. Include the estimated value of each incident with the details of the occurrence.

Liberty Behavioral Health Corporation has never been subject to damages, penalties, or related assessments, or payment withholds not earned.

vi. Litigation

Known litigation, administrative or regulatory proceedings, or similar matters.

Please see Appendix 4 for information surrounding litigation.

2. Mandatory and Desired Contractor Qualifications (Attachment K- Section 2)




Confirm you meet mandatory qualifications in Section 2.A and whether you meet the desired qualifications in section 2.B.

2. Mandatory and Desired Contractor Qualifications (Attachment K- Section 2)


Confirm you meet mandatory qualifications in Section 2.A and whether you meet the desired qualifications in section 2.B.

A. Mandatory Qualifications

Liberty will meet or exceed all three of the minimum qualifications. Of note, these are the same criteria that we have fulfilled in other contracts of this kind.

-  **i. Proof of required licensure:** Liberty has provided proof of any required licensure to provide services in the State of Indiana in Appendix 1 - Business license.
-  **ii. Proof of training and licensure:** Liberty's Joint Commission-accreditation of a Healthcare Staffing Services requires that we verify that clinical staff are licensed to practice in the State of Indiana. We will also use our electronic Liberty Learning Management System to track completion of all training required for this contract for individual staff, both facility and contractual.
-  **iii. Ability to prescribe and fill prescriptions:** Liberty will ensure that our psychiatrists have the ability to prescribe and fill prescriptions.

B. Desired Qualifications

-  **i. Minimum 2 years of jail-based competency restoration experience or related fields:**
Liberty exceeds the desired qualification by having **16 years** of direct experience in operating JBCR units.

3. Duties of Contractor – Receipt and Admission of Participants (Attachment K- Section 4)

Confirm your acceptance of the requirements in Section 4 as written, and please describe your approach to meeting all the requirements as defined in Section 4 of the Scope of Work. Specifically describe your approach to the items in the following subsections.

a. Intake and Initial Assessment (Section 4.A)

- i. Describe the processes and tools to be used to accurately assess each program participant within twenty-four (24) hours of admission.
- ii. Describe how you will ensure that each program participant is assigned to the appropriate track (Restoration or Stabilization).

3. Duties of Contractor – Receipt and Admission of Participants (Attachment K-Sec. 4)

Confirm your acceptance of the requirements in Section 4 as written, and please describe your approach to meeting all the requirements as defined in Section 4 of the Scope of Work. Specifically describe your approach to the items in the following subsections.

Confirmation: Liberty confirms our acceptance of the requirements in Section 4 as written and will meet all the requirements as defined in Section 4 of the Scope of Work. We acknowledge that DMHA has the sole authority to determine which individuals are sent to Liberty for receipt of JBCR services. Only individuals who have been committed by a court due to incompetency to stand trial are eligible. DMHA will send individuals for psychiatric treatment and competency restoration based on the individual's needs, geographic proximity, severity of psychiatric condition(s), and availability of treatment resources. Initial priority will be given to those individuals most likely to respond positively to treatment in a jail-based setting.

It is further acknowledged that, upon admission of a program participant, the State grants to Liberty all the express and implied authority the State has related to the provision of competency restoration services as contemplated by Indiana Code 35-36-3 and/or any court order, as applied to that participant.

Approach to Scope of Work in Section 4: Since DMHA will refer potential participants to the regional JBCR units, we will establish strong communication and coordination with DMHA and the designated State Hospital Psychologist to collaboratively screen participant referrals and facilitate admissions, diversions, and discharges, and to anticipate and problem-solve especially complex cases. Our approach to the initial assessment and assignment to the appropriate Stabilization and Restoration tracks is described below.

a. Intake and Initial Assessment (Section 4.A)

i. Initial Assessment within 24 hours of admission

Describe the processes and tools to be used to accurately assess each program participant within twenty-four (24) hours of admission.

The answer to question #24 from Addendum 2, Response to Written Questions, states that admissions are "defined as the first time the Contractor meets with a participant." When Liberty's JBCR staff first meet with each newly admitted ISCT participant, the participant will receive an initial assessment by the care team and psychiatry within 24 hours for appropriateness for the program, current mental status, suicidal ideation, and the possibility of violent behavior. As required, the initial assessment includes the following elements:

- | | |
|---------------------------------|-----------------------------------|
| 1. Mental status | 8. Homicide and assault risk |
| 2. Vital signs | 9. Substance abuse |
| 3. Pain | 10. Escape risk |
| 4. Skin color and condition | 11. Maladaptive behaviors |
| 5. Nutrition | 12. Vulnerability |
| 6. Rest and sleep | 13. Medical needs |
| 7. Suicide and self-injury risk | 14. Psychotropic medication needs |

The interdisciplinary members of the JBCR team will conduct a broad initial assessment but will focus on particular areas according to their respective disciplines. Thus, the **psychiatrist** will focus on mental status, suicide and self-injury risk, assault risk, substance abuse, psychiatric history, psychotropic medication needs, and related medical conditions and needs. The **nurse** will assess vital signs, pain, skin color, nutrition, rest and sleep, current/recent medications, and current medical conditions and health needs. The **psychologist** will focus on mental status, suicide and self-injury risk, assault risk, substance abuse, psychiatric history, escape risk, maladaptive behaviors, vulnerability, and a preliminary evaluation of competency status and capacity for restoration. The **clinical therapist/social worker** will focus on , psychosocial history, potential strengths and supports, substance abuse, maladaptive behaviors, leisure/recreational skills, and vulnerability.

The purpose of the initial assessment is to meet with the participant, discuss the program, and make a recommendation as to whether the participant is capable of restoration in a jail-based setting or in a state hospital setting.

Liberty will provide the DMHA with all documentation and conclusions for every Initial Assessment within three business days of the assessment's completion.

Need to coordinate initial assessment with each host jail: Two factors will figure prominently in the provision of the initial assessment: program size and jail-specific admission protocols.

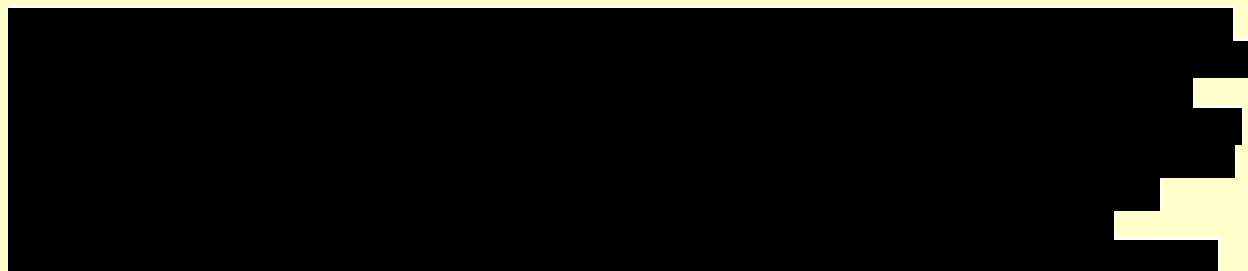
With regard to **program size and capacity**, the professional disciplines and number of clinicians who contribute to the initial assessment (and subsequent comprehensive assessments) will be limited if the JBCR jail site has less than eight beds of capacity and a small staff. Larger sized JBCR jail sites will have more clinical staff and greater flexibility and availability to complete the initial 24-hour assessment.

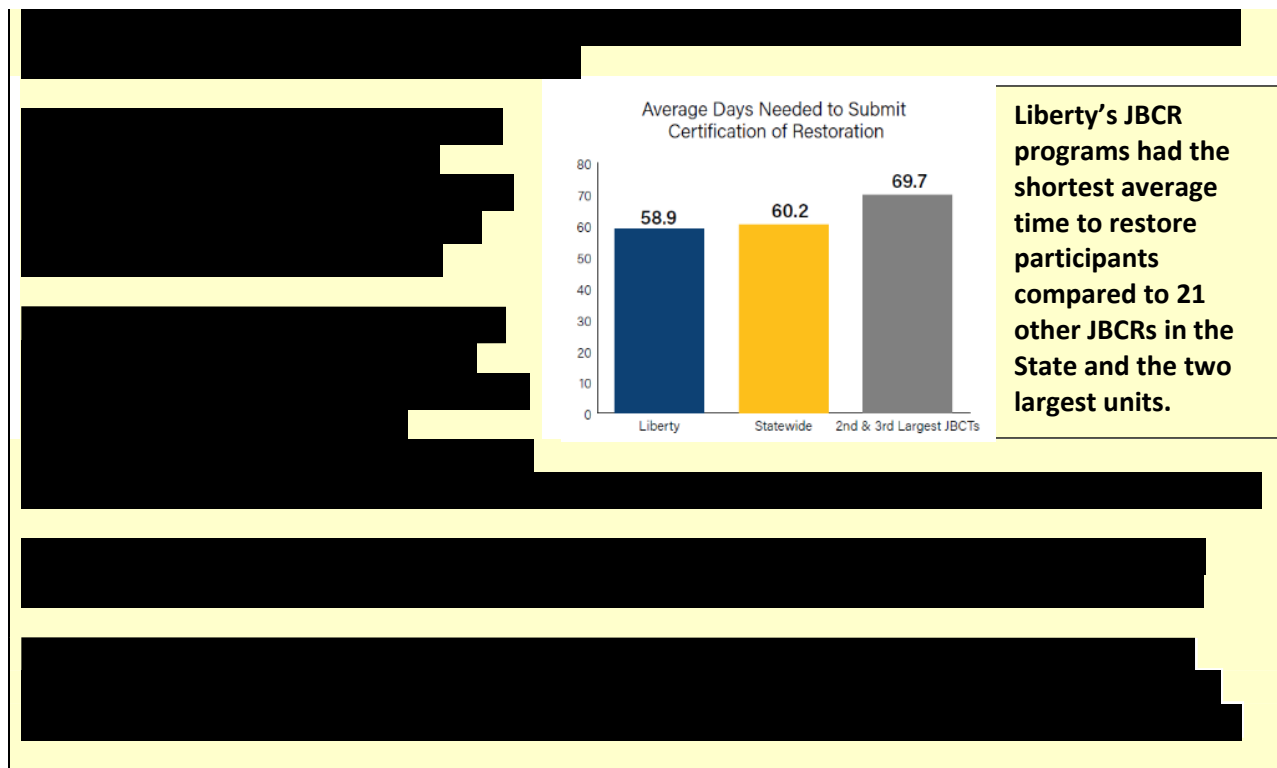
With regard to **jail-specific admission requirements**, it must be remembered that every Sheriff's Department jail facility will have its own specific established protocols for admitting and processing offenders (along with the ISCT participants under the JBCR program). While some ISCT participants may already be admitted to the given Regional JBCR jail, there will be other ISCTs being transported from other county jurisdictions for admission. Nearly all jails mandate an initial medical examination to be performed by a qualified nurse or medical professional, but there will be variations in the timing, procedures, content, and follow-up requirements for the jail's admission evaluation. Therefore, Liberty understands that we will need to work closely with the medical professionals (and sometimes with the jail's mental health provider) of the host jail to coordinate their initial assessment, particularly the medical aspects, which will be the responsibility of the host jail. This includes coordinating the space/room used for the initial assessment, adjusting to scheduling and space conflicts, and follow-up procedures.

Of note, Liberty has consistently met and exceeded the initial assessment requirements for our various California JBCR programs for years.

ii. Accurately assigning participant to appropriate track

Describe how you will ensure that each program participant is assigned to the appropriate track (Restoration or Stabilization).





b. Psychiatric and Mental Health Treatment (Section 4.B)

- i. Describe your plan for providing psychiatric and mental health treatment, including treatment after hours, on weekends, and in emergencies, and how your proposed staffing model will allow for the provision of treatment.
- ii. Describe the methodology that will be used in the development and delivery of psychiatric and mental health treatment.
- iii. Describe any specific processes, tools, assessments, materials, programs, or models you will use in the provision of psychiatric and mental health treatment.
- iv. Describe the timeline of treatment for program participants on both the Restoration and Stabilization tracks.
- v. Describe how you will measure program participants' progress toward competency restoration.
- vi. Describe how you will ensure all psychiatric and mental health treatment is trauma-informed, evidence-based, and person-centered.

b. Psychiatric and Mental Health Treatment (Section 4.B)

i. Staffing and Plan for Providing Psychiatric and Mental Health Treatment

Describe your plan for providing psychiatric and mental health treatment, including treatment after hours, on weekends, and in emergencies, and how your proposed staffing model will allow for the provision of treatment.

Confirmation: Liberty will provide treatment according to all applicable laws and rules governing the host jail, staff, and treatment, including but not limited to licensure, accreditation, and scopes of practice. Liberty will share its treatment protocol with DMHA upon request. As described in subsection 3.b.iv. below, our treatment protocol will incorporate trauma-informed, evidence-based, and person-centered practices. Further, Liberty will provide psychiatric services for each participant, to include assessment and treatment with psychotropic medications and prompt response to psychiatric emergencies after hours, including weekends. A licensed psychiatrist will provide these services.

Staffing plan for psychiatric and mental health treatment: Depending on the size/capacity of a given regional JBCR program site, Liberty will have a multidisciplinary treatment team that can include psychiatrists, psychologists, social workers, nurses, psychiatric technicians, competency trainers, and recreation therapists. Each Regional site team is required to have a psychiatrist to prescribe medications and a psychologist to perform competency assessments.

Liberty's JBCR treatment team will be onsite to perform services during weekday business hours. We will not be providing onsite coverage for evenings, nights and weekends (see staffing matrix in Section 7.a.iii). Liberty's staff will vary in accordance with the final size/capacity of the given Regional JBCR program. Thus, a large program with 16 beds or more will have more total staff positions and more full-time employees than a small JBCR program with 5 or fewer beds.

The Program Director is responsible for maintaining consistent staff coverage; monitors caseloads, supervises work assignments, and manages the 24/7 on-call and crisis coverage. A psychiatrist will be available on-call to consult on emergency situations on a 24/7 basis.

Members of the interdisciplinary JBCR team will share responsibilities for ongoing assessment and for delivering individual and group-based treatment activities but will also have areas of concentration appropriate to their clinical disciplines. Thus, the **psychiatrist** will focus on psychiatric evaluation and medication monitoring, while the **nurse** will focus on individual guidance and groups dealing with health, wellness, nutrition, medication self-management and symptom self-management. The **psychologist** will focus on mental status, psychiatric diagnosis, suicide and assault risk, neuropsychological and cognitive functioning, positive behavior management, and competency evaluation. The master's level **clinical therapist** will focus on individual counseling and groups dealing with psychosocial rehabilitation, life skills, substance abuse, leisure/recreational skills, and competency restoration, as well as discharge planning and coordination. The **competency trainer** will focus on leading competency restoration groups and one-to-one restoration sessions.

The **Administrative Assistant** will manage data collection, coordinate the receipt of medical records from DNHA, coordinate scheduling and court dates, and submission of monthly reports.

ii. Methodology for Providing Psychiatric and Mental Health Treatment

Describe the methodology that will be used in the development and delivery of psychiatric and mental health treatment.

Liberty will provide ongoing and consistent treatment in accordance with established best practices and based on the individual needs of the participants, which will include the following:

- Timely and relevant forensic assessments by qualified psychiatric and mental health staff
- Psychiatric services including the prescribing of appropriate psychiatric medications.
- Mental health treatment including ongoing treatment planning conducted by an interdisciplinary team which includes measurable outcomes, action steps, and timeframes for re- assessment of the individual's needs.
- Restoration of competency including provision of daily individual and group CR services, recreation and social activities, and treatment planning activities.

Treatment team: Depending on the size/capacity of a given regional JBCR program site, Liberty has a multidisciplinary treatment team that can include psychiatrists, psychologists, social workers, nurses, psychiatric technicians, competency trainers, and recreation therapists. Each team is required to have a psychiatrist to prescribe medications and a psychologist to perform competency assessments. The team delivers a multi-modal program that includes pharmacotherapy, psychoeducational groups, experiential discussion groups, social and physical exercise groups, video presentations of court scenarios, competency education, games, and one-to-one sessions with different clinical staff.

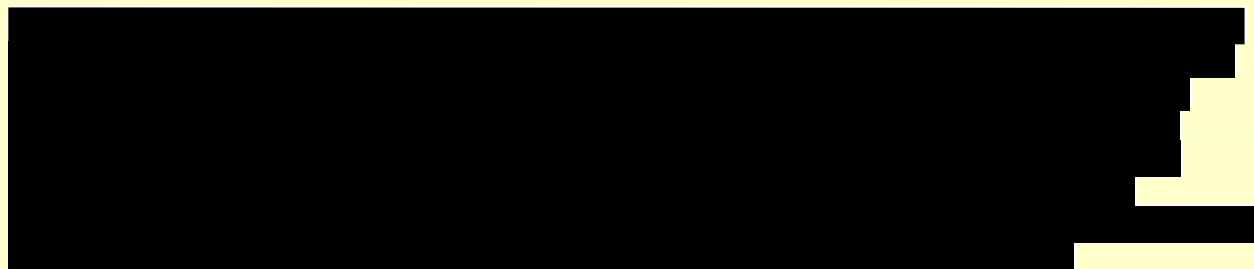
Our recovery-oriented approach uses individualized assessment and multiple interventions that promote improved cognitive functioning and likelihood of becoming competent to stand trial. Thus, our team combines the proactive use of psychiatric medications, motivation to participate in rehabilitative activities, and multi-modal cognitive, social and physical activities that address competency in a holistic fashion, rather than a narrow focus on legal concepts and court-room protocol. Our team works in collaboration with specially selected and trained correctional officers to maintain a safe, secure therapeutic environment.

Individualized mental health treatment: The JBCR program will offer a menu of therapeutic groups, psychoeducational modules, activities, and interventions, including medications, from which the treatment team and the participant can select an individualized rehabilitative recovery plan that will best address his specific deficits and needs. In the case of competency education and other cognitive groups, the treatment team further determines which groups best serve the participants' needs. Individual sessions, staff contacts, and medication monitoring are delivered at a frequency and intensity appropriate to the individual participant's needs and progress over time. But treatment planning continues to be flexible and vigorous. It is common for the treatment team to discuss the treatment plan informally on a daily basis, as well as to discuss treatment issues in a formal setting at least once a week.

Psychiatric treatment: If the psychiatric evaluation determines that the inmate is in need of psychiatric medication/treatment, the psychiatrist will participate with the treatment team in generating an Individualized Treatment Plan, which will detail the recommended treatment, including such things as psychotropic regimen and dosages; related referrals for needed medical, substance abuse and psychological assessment/services; lab studies; follow-up care; and other related interventions/services.

iii. Specific Processes, Tools and Programming

Describe any specific processes, tools, assessments, materials, programs, or models you will use in the provision of psychiatric and mental health treatment.



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

iv. Treatment Timeline for Restoration and Stabilization Tracks

Describe the timeline of treatment for program participants on both the Restoration and Stabilization tracks.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

v. Measuring Individual Progress

Describe how you will measure program participants' progress toward competency restoration.

Baseline assessment of competency and functioning: All participants who are admitted to the JBCR undergo a comprehensive assessment that entails a thorough clinical interview, Mental Status Examination, assessment for malingering, and a selected battery of psychological testing that includes assessment of competency and psychological functioning. Depending on the presenting issues and individual needs of each participant, Liberty's psychologist may draw from multiple tests that include the following:

Evaluation of Competency

- R-CAI – Revised Competency Assessment Instrument
- FIT-R – Fitness Interview Test- Revised
- ECST-R, ATP – Evaluation of Competency to Stand Trial-Revised, Atypical Presentation Scale
- GCCT – Georgia Court Competency Test
- MacCAT-CA - MacArthur Competence Assessment Tool – Criminal Adjudication
- CAST-MR - The Competence Assessment for Standing Trial for Defendants With Mental Retardation

Detection of Malingering

- M-FAST – Miller Forensic Assessment of Symptoms Test
- TOMM – Test of Memory Malingering
- ILK – Inventory of Legal Knowledge
- VIP – Validity Indicator Profile
- SIRS-2 – Structured Interview of Reported Symptoms, 2nd Edition
- GAP – Georgia Atypical Presentation

IQ and Neurocognitive

- RBANS – Repeatable Battery for Assessment of Neuropsychological Status
- WAIS-IV – Wechsler Adult Intelligence Scale – IV
- WRAT-4 – Wide Range Achievement Test 4

Psychiatric symptoms

- BPRS – Brief Psychiatric Rating Scale
- MMSE – Mini Mental Status Exam

Personality disorders

- PAI – Personality Assessment Inventory
- M.I.N.I.-PLUS – Mini International Neuropsychiatric Interview
- MMPI-2-RF – Minnesota Multiphasic Personality Inventory -2 – Restructured Form
- SCID-II – Structured Clinical Interview for DSM-5 Personality Disorders

Baseline level of competency: The Liberty psychologist in their assessment uses a competency measure such as the Revised Competency to Stand Trial Assessment instrument (R-CAI) to identify the individual's specific deficiencies in various areas of competency. The R-CAI covers 13 competency-related topics and is a recognized standard instrument in the field for assessing an individual's level of knowledge and understanding related to his/her legal case. Barriers that have been identified using the R-CAI and the psychologist's clinical interview are incorporated into the Initial Treatment Plan, which also indicates corresponding interventions and treatment goals. Identified barriers become the focus of 1:1 competency education sessions. The complete list of competency-deficit elements is listed below:

- Understanding of charges
- Appreciation of severity of the charges

- Understanding of range of penalties (e.g., sentencing, probation, and parole)
- Appraisal of legal defenses (e.g., pleas and plea bargaining)
- Appreciation of the adversarial nature of the trial process and functions of courtroom personnel
- Understanding court procedures
- Appraisal of available evidence and likely outcomes
- Ability to consider and evaluate legal strategies
- Ability to cooperate with counsel
- Capacity to disclose pertinent information to counsel
- Capacity to testify relevantly and effectively
- Ability to assist counsel and challenge adverse witnesses
- Motivation to act in own best interest
- Ability to manifest appropriate courtroom behavior

The psychologist selects those competency-deficits from the above list that are relevant to the participant and these elements are entered into the individual's treatment plan to be assessed and monitored on an ongoing basis.

In addition to the specific competency deficit elements listed above, general competency-related problem areas are also identified in the treatment plan specific to each participant and rated using an instrument developed by Liberty, the **Competence-related Abilities Rating Scale (CARS)**. The CARS is completed conjointly by the Liberty psychologist and forensic social worker after the participant's case is reviewed for the first time by the treatment team. The combination of the general areas identified on the CARS with the more specific competency deficits identified with R-CAI generate an Individualized Treatment Plan that identifies the participant's specific competency deficits. For example, the problem area is identified as "comprehension deficits" and there are also "specific competency deficits" within the problem area, such as understanding of charges; appreciation of severity of charges; understanding court procedures; ability to consider legal strategies.

30 Day Reassessments: In order to keep treatment focused on the target of competency restoration, we understand the importance of continually and frequently assessing the individual's progress with regards to reducing and eliminating specific barriers to competency. This is indicated for making a timely determination of restorability as soon as possible so that the participant can either be discharged back to jail for trial or transferred to the state hospital as further treatment.

The JBCR psychologist completes competency assessments every 30 days on every JBCR participant to determine whether the participant has progressed sufficiently enough to be returned to court as competent to stand trial. (The psychologist typically uses the Revised Competency Assessment Instrument (R-CAI), but Liberty has other competency assessment tools, if needed, such as the ECST-R, MacCAT-CA, and CAST-MR for individuals with intellectual disabilities.) The findings of these assessments are presented at the weekly case conference for discussion by the team.

At the same time, the Competence-related Abilities Rating Scale (CARS) is completed every 30 days, providing the clinical team with an objective measure of treatment progress related to competency. Addendums are added to the treatment plan, resolved problems are identified, and the treatment plan is updated.

vi. Ensuring Treatment is Trauma-Informed, Evidence-Based, and Person-Centered

Describe how you will ensure all psychiatric and mental health treatment is trauma-informed, evidence-based and person-centered.

Liberty is committed to ensuring that all psychiatric and mental health treatment is trauma-informed, evidence-based, and person-centered. As explained in our proposal, we do this in multiple ways:

[Redacted content]

c. Competency Restoration Legal Training (Section 4.C)

- i. Describe how you will work with DMHA to adapt the attached legal education in Attachment M for your use.
- ii. Describe how you will ensure the delivery of legal education training is engaging and effective for program participants, including how you will present the material in multiple learning formats by multiple staff.

c. Competency Restoration Legal Training (Section 4.C)

i. Working with DMHA to Adapt Legal Education

Describe how you will work with DMHA to adapt the attached legal education in Attachment M for your use.

[Redacted content]

[REDACTED]

[REDACTED]	[REDACTED]
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[REDACTED]

[REDACTED]

[REDACTED]

ii. Effective Multi-Modal Training in Legal Education

Describe how you will ensure the delivery of legal education training is engaging and effective for program participants, including how you will present the material in multiple learning formats by multiple staff.

Case	Age	Sex	Occupation	Education	Marital Status	Religion	Political Party	Income	Assets	Liabilities	Net Worth	Other
1	25	M	Teacher	High School	Married	Catholic	Democrat	\$30,000	\$10,000	\$20,000	\$10,000	
2	35	F	Nurse	College	Single	Protestant	Republican	\$40,000	\$15,000	\$25,000	\$15,000	
3	45	M	Engineer	College	Married	Jewish	Democrat	\$50,000	\$20,000	\$30,000	\$20,000	
4	55	F	Homemaker	High School	Married	Catholic	Democrat	\$25,000	\$5,000	\$20,000	\$5,000	
5	65	M	Retired	College	Married	Protestant	Republican	\$35,000	\$12,000	\$23,000	\$12,000	
6	75	F	Retired	High School	Married	Catholic	Democrat	\$20,000	\$3,000	\$17,000	\$3,000	
7	85	M	Retired	College	Married	Jewish	Democrat	\$30,000	\$8,000	\$22,000	\$8,000	
8	95	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$2,000	\$13,000	\$2,000	
9	105	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
10	115	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
11	125	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
12	135	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
13	145	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
14	155	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
15	165	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
16	175	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
17	185	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
18	195	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
19	205	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
20	215	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
21	225	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
22	235	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
23	245	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
24	255	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
25	265	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
26	275	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
27	285	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
28	295	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
29	305	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
30	315	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
31	325	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
32	335	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
33	345	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
34	355	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
35	365	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
36	375	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
37	385	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
38	395	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
39	405	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
40	415	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
41	425	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
42	435	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
43	445	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
44	455	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
45	465	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
46	475	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
47	485	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
48	495	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
49	505	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
50	515	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
51	525	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
52	535	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
53	545	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
54	555	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
55	565	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
56	575	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
57	585	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
58	595	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
59	605	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
60	615	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
61	625	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
62	635	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
63	645	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
64	655	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
65	665	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
66	675	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
67	685	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
68	695	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
69	705	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
70	715	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
71	725	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
72	735	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
73	745	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
74	755	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
75	765	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
76	775	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
77	785	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
78	795	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
79	805	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
80	815	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
81	825	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
82	835	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
83	845	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
84	855	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
85	865	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
86	875	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
87	885	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
88	895	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
89	905	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
90	915	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
91	925	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
92	935	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
93	945	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
94	955	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
95	965	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
96	975	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
97	985	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
98	995	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
99	1005	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
100	1015	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
101	1025	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
102	1035	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
103	1045	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
104	1055	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
105	1065	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
106	1075	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
107	1085	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
108	1095	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
109	1105	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
110	1115	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
111	1125	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
112	1135	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
113	1145	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
114	1155	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
115	1165	M	Retired	College	Married	Jewish	Democrat	\$20,000	\$4,000	\$16,000	\$4,000	
116	1175	F	Retired	High School	Married	Catholic	Democrat	\$15,000	\$3,000	\$12,000	\$3,000	
117	1185	M	Retired	College	Married	Protestant	Republican	\$25,000	\$6,000	\$19,000	\$6,000	
118	1195	F	Retired	High School	Married	Catholic	Democrat	\$10,000	\$1,000	\$9,000	\$1,000	
119	1205	M	Retired	College	Married	Jewish						

d. Psychotropic Medications (Section 4.D)

- i. Describe your plan for providing psychotropic medications and meeting individual needs.
- ii. Describe how you will fill prescriptions and, if applicable, ensure their safe transportation to the jail.
- iii. Describe how you will collaborate with the jail to ensure all prescriptions are administered properly to program participants.

d. Psychotropic Medications (Section 4.D)

i. Plan for Psychotropic Medications

Describe your plan for providing psychotropic medications and meeting individual needs.

Liberty will ensure that participants are provided with psychotropic medications to meet their individual needs.

Medication regimens: At the time of admission, we will assess recent and current medication regimen, including interviewing the participant and contacting the participant's last residential facility or jail as appropriate. This information will be used to create and maintain current medication regimens.

Prescribing medications: Liberty's psychiatrist will prescribe appropriate medications for individual participants based on the initial psychiatric evaluation, a review of available records, and ongoing medication monitoring visits. Based on discussions with the DMHA and the host Sheriff's Department, the medication prescriptions will be filled through an arrangement with the jail's pharmacy provider or another licensed pharmacy (yet to be determined). It is understood that the costs related to the prescription and filling of medication will be reimbursed by DMHA at market cost, in accordance with State Psychiatric Hospital Formularies (see Attachment N). The psychiatrist will prescribe within the established formulary at the JBCR site,

Administration of medications: It is understood that medications will be administered to participants by and qualified personnel of the host jail. Liberty will be responsible for providing all prescriptions, labeling, and instructions to the jail and will be available to answer all questions from the jail regarding prescription administration.

ii. Method for Filling Prescriptions

Describe how you will fill prescriptions and, if applicable, ensure their safe transportation to the jail.

Based on discussions with the DMHA and the host Sheriff's Department, the medication prescriptions will be filled through an arrangement with the jail's pharmacy provider or another licensed pharmacy (yet to be determined for each given JBCR site). The final arrangement with the pharmacy provider will specify how medications are safely transported to the host jail, if applicable.

Liberty expects to be able to submit and track prescription requests using the whatever electronic Medication Administration Record (MAR) system is being used by the host jail. We will coordinate quality assurance processes with the host jail's medical provider.

iii. Collaboration with Jail for Medication Administration

Describe how you will collaborate with the jail to ensure all prescriptions are administered properly to program participants.

Liberty will collaborate with the jail to ensure all prescriptions are administered properly to program participants in multiple ways.

- Our nurse will attend and participate in regular operational meetings with jail's medical/nursing provider to optimize familiarity and cooperation.
- Assist the jail's nurses in medication administration by being present with the participants when they receive their medications.
- Perform quality control checks to check the dosages and prescriptions against physician's orders.
- Participate in jail's quality assurance program as appropriate.
- Ensure access to the Medication Administration Record (MAR) for each participant.
- Linkage between our Medical Director (psychiatrists) and the medical leadership of the host jail for consultation and coordination of psychiatric medication, as applicable.

4. Duties of Contractor – Routines and Supports (Attachment K- Section 5)

Confirm your acceptance of the requirements in Section 5 as written, and please describe your approach to meeting all the requirements as defined in Section 5 of the Scope of Work. Specifically describe your approach to the items in the following subsections:

4. Duties of Contractor – Routines and Supports (Attachment K- Section 5)

Confirm your acceptance of the requirements in Section 5 as written, and please describe your approach to meeting all the requirements as defined in Section 5 of the Scope of Work.

Confirmation: Liberty confirms our acceptance of the requirements in Section 5 as written and will meet all the requirements as defined in Section 5 of the Scope of Work.

i. Approach to Scope of Work in Section 5

The Sheriff's Department/host facility is responsible for the cost and provision of medical, hygiene, and nutrition services to participants while they are in the JBCR program. Liberty will coordinate with the staff employed by the jails or its vendors to help ensure that each participant receives appropriate medical care, hygiene and nutrition while in the JBCR program. For example, this might entail collaboration in planning, delivering, or conjointly providing groups or activities that promote health and wellness in areas such as diet and eating, healthy living, sleeping, exercise, managing cooccurring medical/psychiatric conditions, stress management, and medication education and self-management. Liberty's staff, and our nurse in particular, will be attentive to possible health, medical and hygiene issues and bring them to the attention of the jail's health providers as appropriate.

ii. Approach to Subsections Regarding Discharge

Liberty's guiding principle is continuity of care with an emphasis on smooth transitions for follow-up treatment services and support in order to maintain psychiatric stability and recovery. Thus, Liberty's JBCR staff will assist with discharges and referrals within the host jail system (e.g., transfer to another detention facility, discharges from the JBCR program back to the general population), transfers to the State Psychiatric Hospital for those unrestored, as well as community release plans and discharges to community mental health treatment providers and other resources (e.g., substance abuse, homelessness, etc.) in the local Region as appropriate.

5. Duties of Contractor – Discharge (Attachment K- Section 6)

Confirm your acceptance of the requirements in Section 6 as written, and please describe your approach to meeting all the requirements as defined in Section 6 of the Scope of Work. Specifically describe your approach to the items in the following subsections

a. Competency Restored Discharge (Section 6.A)

- i. Describe how you will determine that a participant's competency may be restored (by the State), including any specific processes and tools to be used.
- ii. Describe how you will collaborate with DMHA, the jail, and the County Sheriff's Department when you believe a participant's competency has been restored.

b. Competency Cannot Be Restored Discharge (Section 6.B)

- i. Describe how you will determine that a participant likely cannot have their competency restored, including any specific assessment processes and tools to be used.

- ii. Describe how you will collaborate with DMHA, state hospitals, and other entities when you believe a participant's competency cannot be restored.
- c. Other Discharge (Section 6.C)**
 - i. Describe how you will work with DMHA and the County Sheriff's Department when it is determined that a participant must be discharged for other reasons.

5. Duties of Contractor – Discharge (Attachment K- Section 6)

Confirm your acceptance of the requirements in Section 6 as written, and please describe your approach to meeting all the requirements as defined in Section 6 of the Scope of Work. Specifically describe your approach to the items in the following subsections.

Confirmation: Liberty confirms our acceptance of the requirements in Section 6 as written and will meet all the requirements as defined in Section 6 of the Scope of Work.

Approach to Scope of Work in Section 6

Liberty has a collaborative approach to discharge planning for participants whose competency is restored and those who cannot be restored. For those restored, we coordinate discharge planning and smooth transitions for follow-up treatment services, continuity of medications, and other supports in order to maintain psychiatric stability and recovery for the participant. This could be coordinating with the host jail's mental health and medical provider for transitions to the general jail population to await the final trial proceedings, or coordinating with the Community Mental Health Provider for transitions to the community for follow-up care and treatment. For those unrestored, we coordinate discharge planning with the DMHA and the host jail facility to facilitate transfer to the State Psychiatric Hospital. Our staff will be ready to discuss issues with the receiving entity and ensure that psychiatric treatment and medication information is forwarded for continuity of care.

a. Competency Restored Discharge (Section 6.A)

i. Determination that Competency May Be Restored

Describe how you will determine that a participant's competency may be restored (by the State), including any specific processes and tools to be used.

As described above in Section 3.b.v. Measuring Individual Progress, our treatment systematically reviews all current cases during a weekly case conference meeting, while our JBCR psychologist completes competency assessments every 30 days on every JBCR participant to determine whether the participant has progressed sufficiently enough to be returned to court as competent to stand trial. At the same time, the psychologist and forensic social worker combine to complete the Competence-related Abilities Rating Scale (CARS) is completed every 30 days thereafter, providing the clinical team with an objective measure of treatment progress related to competency. Addendums are added to the treatment plan, resolved problems are identified, and the treatment plan is updated.

Final Determination of Restoration/Discharge Planning: At the point where the assessing psychologist determines that a participant has regained mental competence, Liberty will notify DMHA to arrange for a court-authorized evaluator to come to the Regional site to make its formal determination as to whether competency has been restored. Liberty's team will provide all the relevant information and documentation to DMHA in support of this evaluation and participate in the conversation/evaluation as requested by the state.

If the State determines that the participant's competency has been restored, the jail or County Sheriff's Department is responsible for providing transportation back to a different jail, a different part of the same jail, or other designated location as indicated by DMHA. It is not enough, however, to help a participant to achieve competency. The critical factor is **sustaining competency** after the participant has been discharged for his court date.

Liberty will continue to maintain mental health services and medications to sustain competency until the participant is officially discharged/transported. We have established efficient procedures for completing, assembling, and transmitting a packet of required documentation to the DMHA to support the decision to transfer.

99% of Liberty's thousands of court reports on our determination of restoration of competency have been accepted by the court as accurate and reliable.

ii. Collaboration Upon Restoration

Describe how you will collaborate with DMHA, the jail, and the County Sheriff's Department when you believe a participant's competency has been restored.

If the participant is transferred back to general population within a different part of the host jail, or transferred to a different jail facility, Liberty will coordinate with the mental health provider of the receiving jail so that the participant continues to receive follow-up mental health services and the medication regime is maintained. This will entail a discharge plan, but our staff will also be available to consult with the receiving mental health provider to provide clarifying information or answer questions.

If the participant is being transferred to the community, Liberty will collaborate with DMHA and the local community mental health center to facilitate discharge and maintain continuity of care. In this regard, Liberty has gained the support of the community mental health centers in Region 1 (Porter-Starke Services, Inc.) and Region 2 (Northeastern Center) for this JBCR project. By establishing preferred referral relationships with these community mental health centers, we can communicate directly with the receiving provider in anticipation of the release in order to plan and schedule follow-up appointments, transmit the discharge plan and medication regimen, and offer clinical consultation. In some cases, the community health provider will already be the primary mental health provider for the participant and may have a longstanding relationship with the individual that predates the JBCR admission. In these instances, Liberty and the participant can benefit from sharing of clinical information (such as psychotropic medication history and diagnosis) that can facilitate continuity of care for admissions, as well as discharges. Moreover, the partnership with the regional CMHCs will facilitate continuity of care because we be able to tap into their comprehensive network of related services, such as substance abuse treatment providers, veterans' services, homeless services, meals, domestic violence, clothing, assistance, NAMI, faith-based organizations, mental health clubhouses, 12 Step Fellowship meetings, and more.

b. Competency Cannot Be Restored Discharge (Section 6.B)

i. Determination that Cannot Restore Competency

Describe how you will determine that a participant likely cannot have their competency restored, including any specific assessment processes and tools to be used.

As described above in Section 3.b.v. Measuring Individual Progress, our treatment systematically reviews all current cases during a weekly case conference meeting, while our JBCR psychologist completes competency assessments every 30 days on every JBCR participant to determine whether the participant has progressed sufficiently enough to be returned to court as competent to stand trial. At the same time, the psychologist and forensic social worker combine to complete the **Competence-related Abilities Rating Scale (CARS)** is completed every 30 days thereafter, providing the clinical team with an objective measure of treatment progress related to competency. Addendums are added to the treatment plan, resolved problems are identified, and the treatment plan is updated.

Determination that restoration cannot be restored: If Liberty determines, based on clinical considerations or other factors, that a participant admitted into the JBCR program cannot have their competency restored, we will contact the DMHA Contract Manager to discuss treatment options. Liberty's team will provide all the relevant information and documentation to DMHA in support of this evaluation and participate in the conversation/evaluation as requested by the State. If the court-authorized evaluator agrees that the participant's competency is unlikely to be restored, the State and Liberty will collaborate to determine if that participant should remain on the Restoration Track, be moved to the Stabilization Track, or be considered for another type of discharge.

We understand and agree that the decision to remove such a program participant from the JBCR program is at the sole discretion of the DMHA, and the DMHA will not unreasonably withhold such permission.

ii. Collaboration When Competency Cannot Be Restored

Describe how you will collaborate with DMHA, state hospitals, and other entities when you believe a participant's competency cannot be restored.

If Liberty and the DMHA determine a participant should be removed from the JBCR program, Liberty will continue to provide treatment (i.e., "Stabilization Track" services) until arrangements are made to admit the individual to a state hospital or another setting. Liberty will provide all documents related to the individual to DMHA within seven days of making this determination narrative.

Liberty's team will provide all the relevant information and documentation, including a discharge plan with our recommendations for medications and continued treatment to DMHA and the receiving state hospital and/or other entities. Our psychiatrist and clinical team will be available to the receiving state hospital provider for consultation and clarification about pertinent aspects of the treatment/medications and the participant's response (or lack of response) to interventions.

c. Other Discharge (Section 6.C)

Describe how you will work with DMHA and the County Sheriff's Department when it is determined that a participant must be discharged for other reasons.

At any point, DMHA retains the right to determine that a participant may no longer receive care from Liberty at the JBCR program. This may include, but is not limited to, the dismissal of a participant's charges by the criminal court. DMHA and the County Sheriff's Department will thereupon arrange the transfer of the participant from the corresponding setting. Liberty will facilitate all transitions arranged by DMHA. As with any discharges, Liberty will provide relevant clinical documentation, including a discharge plan with our recommendations for medications and continued treatment, to DMHA and the receiving mental health provider or entities, and our staff will be available for follow-up clinical consultation or clarification.

5. Duties of Contractor – Development of Policies and Procedures (Attachment K-Section 7)

Confirm your acceptance of the requirements in Section 7 as written, and please describe your approach to meeting all the requirements as defined in Section 7 of the Scope of Work. To the extent that you have them, please share any draft or sample policies and procedures.

6. Duties of Contractor – Development of Policies and Procedures (Attachment K-Section 7)

Confirm your acceptance of the requirements in Section 7 as written, and please describe your approach to meeting all the requirements as defined in Section 7 of the Scope of Work. To the extent that you have them, please share any draft or sample policies and procedures.

Confirmation: Liberty confirms our acceptance of the requirements in Section 7 as written and will meet all the requirements as defined in Section 7 of the Scope of Work.

Approach to meeting requirements: Liberty has all of the staff training, competency program components, and operational systems needed to rapidly implement and operate the JBCR program. This includes fully developed operations manuals, policies and procedures, protocols, forms, report formats, curriculums, quality improvement and performance measures, a database/electronic health record, and much more. These existing policies, procedures, and resources will enable Liberty to expedite the process of developing the policies and procedures that will govern this new JBCR program for Indiana.

More importantly, however, Liberty has had repeated experience in modifying and shaping these policies and procedures to align with the operations of several different County Sheriff's Departments and host facilities. Flexibility and collaboration with DMHA and the selected County Sheriff's Departments are essential in going through this process of developing the operating policies and procedures, which will need to incorporate existing DMHA policies and procedures and the physical plant and procedures of the host jail facility. The final set of policies and procedures will, include but are not limited to the following topics:

- | | |
|--|--|
| 1. Staffing & New Employee Orientation | 8. Participant Rights |
| 2. Death of a Participant | 9. Right to Refuse Treatment |
| 3. Duty to Warn | 10. Medication capacity assessments, medication monitoring, pursuit and implementation of emergency medications, and pursuit and |
| 4. Critical Incident Reporting | 11. Implementation of court ordered medications |
| 5. Medical Retention | 12. Victim Notification |
| 6. On Call Practices | |
| 7. Participant Grievances | |

13. Safety and security precautions for the prevention of suicide, assault, and individual injury at all hours.
- Systematic assessments and elimination of environmental risks, to include periodic checking of breakaway hardware
 - Summoning immediate assistance for staff and participants
 - Opening locked or barricaded doors in the event of an emergency, using methods that do not cause harm to participants
 - Use of restraint and seclusion
 - Sexual assault prevention, reporting and response
 - Behavior management techniques ranging from the least to most restrictive and when techniques that can result in harm to the individual are authorized; and,
 - Safety and security checks/welfare checks

ii. Sample Policies and Procedures

We have included the Table of Contents for the Operational Program Manual that we use in Liberty's jail-based competency restoration programs in California as a sample of the range of policies and procedures that guide our JBCR operations.

Jail Based Competency Treatment Programs

Department of State Hospitals (DSH) Policies and Procedures Manual

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6. Contractor Personnel (Attachment K- Section 8)

Confirm your acceptance of the requirements in Section 8 as written, and please describe your approach to meeting all the requirements as defined in Section 8 of the Scope of Work. Specifically describe your approach to the items in the following subsections.

a. Key Staff and Respective Duties (Section 8.A)

- i. Identify any proposed Key Staff. Provide their resumes.
- ii. Describe your recruitment plan, staffing plan, and expected staffing levels, making sure to include all key roles indicated in Section 8.A of the Scope of Work, and describe how this plan will enable you to fulfill all RFP requirements and deliver high quality, operationally efficient services.
- iii. Provide a comprehensive staffing chart listing, including how the staffing plan will change with lower or higher participant capacities.
- iv. Provide job descriptions that include the responsibilities and qualifications of the position such as, but not limited to: education, professional credentials, work experience, and membership in professional or community associations.
- v. Describe your plans to address and minimize staff turnover and processes to solicit staff feedback.
- vi. Describe your process for ensuring all staff have the appropriate credentials, education, experience, and orientation to fulfill the requirements of their position.
- vii. Describe any background checks that are performed on employment candidates and employees.

b. Staff Development and Training (Section 8.B)

- i. Describe in detail your staff training plans and ongoing policies and procedures for training all staff.

7. Contractor Personnel (Attachment K- Section 8)

Confirm your acceptance of the requirements in Section 8 as written, and please describe your approach to meeting all the requirements as defined in Section 8 of the Scope of Work. Specifically describe your approach to the items in the following subsections.

Confirmation: Liberty confirms our acceptance of the requirements in Section 8 as written and will meet all the requirements as defined in Section 8 of the Scope of Work.

Approach to Scope of Work in Section 8:

a. Key Staff and Respective Duties (Section 8.A)

i. Key Staff and Resumes

Identify any proposed Key Staff. Provide their resumes.

As described in Section 1.B., Liberty has a strong internal **project team** to manage and support the implementation of the JBCR Regional program(s). Given our resources, capacity, and expertise, Liberty is fully capable of simultaneously implementing and operating all or multiple Regional JBCR programs.

Much of Liberty's success in the implementation and operation of our programs is a direct result of our selection of exceptionally qualified candidates to lead our programs. Through early identification and onboarding of the right candidate, the onsite JBCR Project Leader is able to join our implementation team in the selection and training of the actual JBCR site personnel and begin building the collaborative relationships with the DMHA and with the host Sheriff/jail, while organizing the implementation of the Liberty's ready-to-go JBCR program model.

i. Project Leader: Liberty will designate one qualified staff as Project Leader to oversee JBCR Services and serve as the principal point of contact for the State. It is understood that DMHA must approve the appointment. In the event that Liberty is selected as Contractor for multiple Regions, one Project Leader may oversee multiple Regions with their respective Location Leaders.

ii. Location Leader(s): In the event that Liberty is selected to provide JBCR services at more than one jail in a Region, we will appoint a "Location Leader" for each location (i.e., jail). Each Location Leader may only serve in that role for one location. A Location Leader may be the same person as the Project Leader. Both the Project Leader and Location Leader(s) will be a point of contact for the County Sheriff's Department whose jail is used for the site of JBCR services.

iii. Medical Director: Liberty will appoint one licensed psychiatrist to serve as Medical Director. If Liberty is selected as Contractor for multiple Regions, one Medical Director may oversee multiple Regions. The Medical Director will work in conjunction with the Project Leader to ensure medical services are delivered appropriately to all participants being served.

iv. Care Team: Liberty will assign a multidisciplinary care team to each participant, which must include an attending psychiatrist.

v. Psychiatrist: Liberty will assign a licensed psychiatrist to each participant, who will provide assessment and treatment with psychotropic medications, and offer prompt responses to psychiatric emergencies after hours, including weekends. All psychiatrists employed to provide treatment services will be licensed to practice in Indiana. If Liberty is selected as Contractor for multiple Regions, one psychiatrist may serve multiple Regions. It is further understood that the psychiatrist may provide services via telepsychiatry. (If applicable, any psychiatric interns or temporary psychiatric aides will be under the supervision of the psychiatrist.)

ii. Plan to Recruit, Retain and Manage Adequate Staffing Levels

Describe your recruitment plan, staffing plan, and expected staffing levels, making sure to include all key roles indicated in Section 8.A of the Scope of Work, and describe how this plan will enable you to fulfill all RFP requirements and deliver high quality, operationally efficient services.

[REDACTED]

[REDACTED]

Provide a comprehensive staffing chart listing, including how the staffing plan will change with lower or higher participant capacities.

Provide job descriptions that include the responsibilities and qualifications of the position such as, but not limited to: education, professional credentials, work experience, and membership in professional or community associations.

[illegible]

[illegible]

[illegible]

	[REDACTED]	
	[REDACTED]	
	[REDACTED]	

[REDACTED] and clinicians on the team to maintain efficient business operations.

Maintain efficient business operations.

[illegible][illegible]

COs who would be involved with the JBCR would receive comprehensive education about this mental

[REDACTED]

v. Retention Plan and Employee Engagement

Describe your plans to address and minimize staff turnover and processes to solicit staff feedback.

[REDACTED]

[REDACTED]

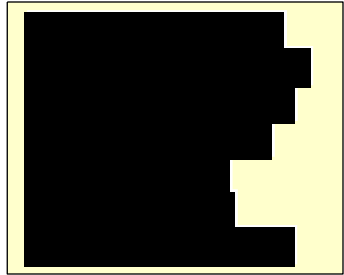
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Similarly



[Redacted text block]

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inclusive

[Redacted text block]

vi. Joint Commission Credentialing Process

Describe your process for ensuring all staff have the appropriate credentials, education, experience, and orientation to fulfill the requirements of their position.

Effective credentialing is an essential process for any health care organization that provides clinical and human services professionals. It is widely regarded as a fundamental risk management process that helps protect an organization from liability. Organizations that fail to properly confirm the background, credentials and competency of candidates can expose their facilities and programs to serious risk. Further, poor performers and personnel who do not work well with other members of the team can disrupt operations, compromise clinical quality, and cause costly delays in finding and training replacements.

At Liberty, credentialing and competency evaluation is a key quality improvement process that enhances the effectiveness of our clinical programs and services. Our credentialing process goes beyond the verification of staff credentials to encompass a thorough evaluation of professional competency. We confirm that every clinician candidate possesses the specific experience and skills that are required to perform their jobs. Our review process applies a program-specific list of competency criteria for the given position at the facility/program. Our approach optimizes the selection of candidates who possess the requisite skills, which fosters clinical teamwork, high job satisfaction, and retention, while promoting continuity of care and better outcomes.

Joint Commission Certification: Liberty's commitment to excellence is reflected in our Joint Commission certification in Health Care Staffing Services (HCSS), the industry Gold Seal of Approval®. Held by the organization since 2006, this certification attests to Liberty's high standards for evaluating the background and clinical competency of each candidate and the rigor of our processes for screening applicants, reviewing qualifications, verifying credentials, and referencing. Joint Commission certification provides the DMHA with a higher level of assurance that an independent accrediting body stands behind our claim that every clinician in the regional JBCR programs is qualified and free of disciplinary issues, malpractice, sanctions, fraud, criminal charges, or other concerns.

To our knowledge, none of the companies that attended the bidder's conference can claim this level of distinction in professional staffing.

HCSS certification by The Joint Commission:

- Provides a higher level of assurance of the quality and competency of our staff, as validated by an external objective authority.
- Requires that we measure and manage multiple indices of quality, safety, and performance improvement.
- Improves risk management processes, which can potentially decrease professional and general liability premiums from carriers.
- Requires us to perform competency audits and measure staff terminations for clinical and professional cause – two key indicators of the quality of the staff we hire.
- Can attract personnel who value the highest national standards for professional practice.

vii. Background Checks

Describe any background checks that are performed on employment candidates and employees.

Liberty's Credentialing Specialists begin by completing a primary source verification of the information provided in each job candidate's resume and employment application, including educational degrees, licenses, and registrations. The Liberty's credentialing specialists also review each candidate's entire work record, including dates of hire and gaps in employment (a written explanation is required for any lapse exceeding one month).

Liberty's background check procedure confirms each candidate's social security number and then completes a criminal background check for all of the addresses identified by this number over the past 20

years. In addition to a state child abuse and criminal record clearance, we complete a check to identify liens, bankruptcies, and Civil judgements that may indicate potentially problematic candidates.

Need to coordinate with the host jail's security checks: Every Sheriff's Department and jail must carefully review and approve access of individuals entering their secure facility(s). It is important to remember that jail may have its own requirements and procedures to complete criminal background checks. Many choose to conduct background checks themselves. The variations in the time needed to complete background checks can delay staff starting for as much as 6 to 8 weeks. Liberty can complete background checks in a short time, but potential delays of this kind will need to be taken into account in contracting with the host jails and accurately determining the timetable for hiring and onboarding JBCR personnel.

b. Staff Development and Training (Section 8.B)

i. Staff Training Plan

Describe in detail your staff training plans and ongoing policies and procedures for training all staff.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



7. Medical Records (Attachment K- Section 9)

Confirm your acceptance of the requirements in Section 9 as written, and please describe your approach to meeting all the requirements as defined in Section 9 of the Scope of Work.

8. Medical Records (Attachment K- Section 9)

Confirm your acceptance of the requirements in Section 9 as written, and please describe your approach to meeting all the requirements as defined in Section 9 of the Scope of Work.

Confirmation: Liberty confirms our acceptance of the requirements in Section 9 as written and will meet all the requirements as defined in Section 9 of the Scope of Work.

Approach to Scope of Work in Section 9

LibertyCare EHR: Liberty will use an electronic health record (EHR) database system called LibertyCare EHR that we developed specifically for our jail-based capacity restoration programs, which we will use for healthcare records, data management and reporting for this project. The LibertyCare EHR tracks all aspects of the participant's admission, stay, and discharge. All external documentation associated to the participant, such as court reports, is also uploaded into their documentation folders so that our clinicians can access everything from one place and avoid having to access multiple systems.

At the same time, Liberty will collaborate with the host jail to enable authorized staff to access the Jail's medical record system, if allowed and when needed.

The information contained in the participant's medical record in LibertyCare will include the following elements of case record documentation:

1. All information sent with admission of the participant.
2. Competency Restoration Plan.
3. All treatment and progress notes from Liberty's staff and, if applicable, the notes of the County Sheriff's Department staff.
4. Documentation of assessed competency at the 30 day intervals (or as applicable).

Documentation: Liberty clinicians will follow the documentation requirements set forth in federal and State law and by their accrediting body. Our clinicians will complete documentation for each encounter that they have with the participant in LibertyCare. Documentation workflows within LibertyCare guide and ensure clinicians complete all the documentation required based on a specific type of encounter. One example of this is the Admission Workflow. When a clinician is completing this type of encounter, the LibertyCare EHR automatically presents the Admission Treatment Plan and the Suicide Risk Assessment for completion. The clinician never has to worry if they have forgotten a step/form that is required for a specific type of encounter.

Supervisors, and other clinicians, have several ways to ensure that their documentation is completed. We have identified completion criteria that present a percentage of completion for all of the forms. This makes it very easy to identify forms that are not 100% complete. This can be done via the participant's chart or through reports. Every user is different, and this system provides users with multiple ways to accomplish their tasks and access information.

Data security: Liberty will follow DMHA-specified minimum requirements for data security, including all necessary steps to ensure data storage and transfer follows Safety Assurance Factors for EHR Resilience (SAFER) guidelines and is compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Upon request, Liberty will provide a copy of each participant's medical records to DMHA and to parties authorized by law.

8. Data Reporting Requirements (Attachment K- Section 10)

Confirm your acceptance of the requirements in Section 10 as written, and please describe your approach to meeting all the requirements as defined in Section 10 of the Scope of Work. Specifically describe your approach to the items in the following subsections.

- a. Describe your plan to provide each of the reports described in Section 10 of the Scope of Work.
- b. Provide sample performance reports if available.
- c. Propose any additional reports for the State's consideration.

9. Data Reporting Requirements (Attachment K- Section 10)

Confirm your acceptance of the requirements in Section 10 as written, and please describe your approach to meeting all the requirements as defined in Section 10 of the Scope of Work. Specifically describe your approach to the items in the following subsections.

Confirmation and approach: Liberty confirms our acceptance of the requirements in Section 10 as written and will meet all the requirements as defined in Section 10 of the Scope of Work. Our specific approach to the Scope of Work in Section 10 is described below.

a. Plan to Provide Required Reports

Describe your plan to provide each of the reports described in Section 10 of the Scope of Work.

Liberty has extensive experience in generating monthly and quarterly aggregate reports of JBCR performance metrics and outcome data that uses an Excel spreadsheet format that will align well with the reporting requirements of the Indiana JBCR project. We will draw upon existing reporting templates and use the LibertyCare EHR database system that we developed specifically for our jail-based capacity restoration programs to gather the data for the reports. This will facilitate the process of generating the required Monthly Program Summary Reports and Monthly Contractor Performance Reports as described below.

A. Monthly Program Summary Report

Liberty will collect and report data for the purpose of examination and continuous improvement of the JBCR program. We will apply our expertise in data management and reporting to deliver the required Monthly Program Summary Report to DMHA in an electronic format by the tenth day of each month. The content will include, at a minimum, the following information:

1. Participants admitted by name, admission date and committing county
2. Primary track determined of each participant admitted
3. Average Daily Census
4. Lowest Single Day Census
5. Highest Single Day Census
6. For evaluations, average length in treatment, shortest length in treatment, longest length in treatment
7. For restored participants, average length in treatment, shortest length in treatment, longest length in treatment
8. For transfers, average length in treatment, shortest length in treatment, longest length in treatment
9. Of those discharged, percent restored in less than 90 days and less than 60 days
10. Primary diagnosis at time of discharge and frequency of each diagnosis.
11. Use of interpretive services
12. Critical incidents involving participants
13. Number of discharges
14. Number of participants transferred to other DMHA locations
15. Number of participants diagnosed as malingering
16. Number and percentage of participants prescribed medications and percentage and number fully med compliant, intermittently med compliant and refusing medications (as a percentage of those prescribed medication)
17. Number of and hours of group sessions held daily and total sessions in the month
18. Amount of assessment time per participant in hours and average amount of assessment time for new admissions in hours
19. Number and percent of participants refusing treatment
20. Staff turnover information including departures, offers, hires, and percentage of occupied and vacant employee positions.

B. Monthly Contractor Performance Report

Liberty will submit a report to DMHA in an electronic format by the tenth day of each month that will detail our performance on service level standards for the preceding month. The report will include the following:

1. The number of participants who received an initial assessment
2. The time between admission (in hours) and the initial assessment, as a program average and by participant
3. The time (in days) taken to provide the initial assessment documentation to the State, as a program average and by participant
4. The expected date of screening and completed date of screening for participants receiving a thirty (30) day screening during the month

5. The number of instances in which a participant received an incorrect prescription
6. The date on which the preceding Monthly Contractor Performance Report and Monthly Program Summary Report were submitted.

b. Sample Performance Reports

Provide sample performance reports if available.

Liberty has provided three annual program summaries as sample performance reports in Appendix 3.

- San Bernardino Jail-Based Competency Treatment
- Riverside County Jail-Based Competency Treatment Program
- California County of San Mateo Acute Stabilization Unit

c. Additional Reports for Consideration

Propose any additional reports for the State's consideration.

Liberty has provided a link to our 2021 outcomes research report, which was recently featured in a special issue of the American Psychological Association's journal, *Behavioral Sciences and the Law*, focused on "Implementing Evidence-Based Practices in Forensic Settings." We believe that this publication is a strong demonstration of **Liberty's leadership in advancing evidence-based practices in the provision of Jail-Based Competency Restoration**. This APA publication is a prime example of Liberty's expertise in analyzing and organizing JBCR program outcome data that will benefit the Indiana DMHA in evaluating the success of its new JBCR initiative and its positive impact on the state forensic program system as a whole. In addition, this particular report demonstrates Liberty's depth of understanding and approach to the complex challenges that are involved in effective implementation of the JBCR model in Indiana.

Jennings, J., Rice, K. & Baglio, C. (2021). Jail-based competency treatment comes of age: Multi-site outcomes and challenges to the implementation of an evidence-based forensic continuum.

Behavioral Sciences and the Law, 39(1), 83-105.

<https://onlinelibrary.wiley.com/doi/full/10.1002/bsl.2501>

9. Interpretation and Accessibility Requirements (Attachment K- Section 11)

Confirm your acceptance of the requirements in Section 11 as written, and please describe your approach to meeting all the requirements as defined in Section 11 of the Scope of Work. Specifically describe your approach to the items in the following subsections:

10. Interpretation and Accessibility Requirements (Attachment K- Section 11)

Confirm your acceptance of the requirements in Section 11 as written, and please describe your approach to meeting all the requirements as defined in Section 11 of the Scope of Work.

Confirmation: Liberty confirms our acceptance of the requirements in Section 11 as written and will meet all the requirements as defined in Section 11 of the Scope of Work.

Approach to Scope of Work in Section 11:

Collaborative approach: Liberty will provide interpretation, translation, or sign language for participants who are non-English language speakers or who are hearing-impaired, to the extent reasonable and allowable by the County Sheriff's Department at the jail location. It is understood that DMHA will notify Liberty if a participant will require interpreter or translation services during the admission process. This

advance notification will enable our team to confer with DMHA to discuss and problem-solve the arrangement of interpretation resources to meet the specific language needs of the individual. Given the chances that the Regional JBCR site may be located in small local jails, the availability of interpretation resources at the given jail and in the local community for some types of non-English participants may be challenging and require collaboration with DMHA.

Our usual approach is to work with the host jail and the local community mental health provider and agencies for people with hearing loss to obtain their recommendations for interpreters and form agreements with those most likely to be needed. In this way, we can be prepared and obtain interpreters in a timely fashion.

Spanish, Vietnamese, Large Print, and Remedial versions already available: With regard to non-English speakers, we have Spanish and Vietnamese versions of our standard JBCR workbooks and curriculum materials. We also have large print versions for participants with visual deficits. Whereas our regular workbooks are written at a 5th or 6th grade reading level, we have remedial versions in both English and Spanish that use pictures and very few words for participants who are illiterate or have reading levels below 5th grade.

Requirements for interpreters: As stated in the RFP, the interpreter must be fluent in both English and the relevant non-English language in order to serve as the spoken exchange from English to the relevant non-English language and vice versa. Although certification of the interpreter is not required, the interpreter should have passed a proficiency test in both the spoken and the written language in which they are interpreting. Interpreters can assist in translating a document for a non-English speaking participant on an individual basis, (i.e., an interpreter may be able to explain what a document says to the non-English speaking participant). Sign language should be done in the language familiar to the participant. These services must be provided by a non-family member of the participant, be conducted with respect for the socio-cultural values, lifestyle choices, and complex needs of the participants, and be delivered in a neutral-valued, culturally competent manner. The interpreters are to be competent in both English and the relevant non-English Language (and dialect) that is requested and are to refrain from adding or deleting any of the information given or received during an interpretation session. No side comments or conversations between the interpreters and the participants should occur.

Costs for interpreters: It is understood that the location of and cost of interpretation, translation, and sign language services are the responsibility of Liberty. We may, but are not required to, use State contracted vendors at the State contracted rate and we may request assistance from the State in obtaining such services at State-contracted rates.

11. Service Levels and Performance Management (Attachment K- Section 12) and Performance Metrics (Attachment K- Section 13)

Confirm your acceptance of the requirements in Section 12 and 13 as written, and please describe your approach to meeting all the requirements as defined in Section 12 and 13 of the Scope of Work. Specifically describe your approach to the items in the following subsections.

- a. Describe your process for identifying, prioritizing, and communicating problems that are contributing to a failure to maintain Service Levels.
- b. Confirm your acceptance of the requirements and consequences as written in Section 12 for failure to meet performance requirements.
- c. Describe your approach to meeting the Performance Metrics in Section 13. For each enumerated performance metric, explain how the data will be collected.

11. Service Levels and Performance Management (Attachment K- Section 12) and Performance Metrics (Attachment K- Section 13)

Confirm your acceptance of the requirements in Section 12 and 13 as written, and please describe your approach to meeting all the requirements as defined in Section 12 and 13 of the Scope of Work. Specifically describe your approach to the items in the following subsections.

Confirmation: Liberty confirms our acceptance of the requirements in Sections 12 and 13 as written and will meet all the requirements as defined in Sections 12 and 13 of the Scope of Work.

Each month, Liberty will submit a timely Monthly Contractor Performance Report, which will affirm our success in fulfilling five Performance Metrics listed in Section 13. The State will use these five Performance Metrics to track performance and adherence to the requirements of the contract over the course of the JBCR project. Failure to meet any of the performance measures will require the submission of a Corrective Action Plan.

a. Proactive Contract Management

Describe your process for identifying, prioritizing, and communicating problems that are contributing to a failure to maintain Service Levels.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

b. Acceptance of Conditions for Performance

Confirm your acceptance of the requirements and consequences as written in Section 12 for failure to meet performance requirements.

Confirmation: Liberty confirms our acceptance of the requirements in Section 12 as written and will meet all the requirements as defined in Section 12 of the Scope of Work.

A. Meeting Monthly Performance Metrics: Each month, Liberty will submit a timely Monthly Contractor Performance Report, which will affirm our success in fulfilling the five Performance Metrics listed in Section 13. Verification of our success or failure to achieve the Performance Metrics may be performed by the State or a designated vendor.

B. Failure to Meet Performance Metrics (Corrective Action Plan): If Liberty fails to meet the requirements for at least one Performance Metric (“missed Metric(s)”) in a given month, we will submit a Corrective Action Plan (CAP) to the State within 15 calendar days following the documentation of failure to meet the Metric(s). It is understood that the State will review and make reasonable efforts to approve the CAP within ten calendar days of the CAP being received.

C. Waiver for Missed Performance Metrics: In a rare and extraordinary circumstance that could prevent compliance with the monthly Performance Metrics, Liberty may request the waiver of the enforcement mechanisms for a missed metrics (i.e., a waiver of the requirement to institute a CAP). The written request will accompany the Monthly Contractor Performance Report and will detail the circumstances that warrant the waiver of the enforcement of the service level(s). It is understood that the State, in its sole discretion, may waive the consequences of missed service levels and will inform Liberty in writing.

c. Approach to Meeting Performance Metrics

Describe your approach to meeting the Performance Metrics in Section 13. For each enumerated performance metric, explain how the data will be collected.

1. Initial Assessment within 24 hours: This Performance Criteria requires that Liberty will complete an initial competency and psychological assessment of all participants within 24 hours of admission. The answer to question #24 from Addendum 2, Response to Written Questions, states that admissions are “defined as the first time the Contractor meets with a participant.” When Liberty’s JBCR staff first meet with each newly admitted ISCT participant, the participant will receive an initial assessment by the care team and psychiatry within 24 hours. This data will be collected by our LibertyCare EHR, which tracks the initial assessment date/time and the date/time/user information for the forms completed by Liberty staff.

2. Assessment Conclusions within 3 Days: This Performance Criteria requires that Liberty will provide the State with all documentation and conclusions of every Initial Assessment within three business days of the assessment’s completion. This data will be collected by our LibertyCare EHR, which tracks the date/time/user information for the forms completed by Liberty staff. The packet of assessment documentation and conclusions will be converted into a pdf that is attached and sent to the State via secure email. The PDF will include the e-signature of the clinician that completed the initial assessment along with the date/time of the e-signature. The date and time that the email is sent will confirm adherence to the three-day criteria.

3. Treatment (medications labeling): This Performance Criteria requires that prescribed medications and dosages will be delivered at the correct time and frequency. At a minimum, all medication must be accurately labeled. Our LibertyCare EHR allows for tracking the time when medications are due and dosage. The EHR has modules for e-prescribing and eMAR. With these we are able to send electronic prescriptions directly to the Pharmacy provider, who will print the labels and provide the medications for dispensing. Staff can check this label against the eMAR with the label from the pharmacy provider, thus serving as a double check of accurate labeling. The eMAR also has the ability to scan barcodes which can then be checked against the barcode on the medication labels. Given that the administration of medications will be done by the qualified staff of each Sheriff’s Department/host jail and the pharmacy provider(s) will vary across regional jail sites, the exact procedure for checking labels will need to be developed collaboratively with each Regional JBCR and agreed upon.

4. Monthly Program Summary Reports: This Performance Criteria requires Liberty to submit the Monthly Program Summary Report on or before the 10th day of the month. We will compile the data for the required service utilization and performance statistics for this monthly report from the LibertyCare EHR. Liberty has an analytics team that will assist in generating this report for the JBCR program on a monthly basis. The structure and format of the report will be consistent.

5. Monthly Participant Reports: This Performance Criteria requires Liberty to submit the Monthly Contractor Performance Report on or before the 10th day of the month. We will compile the data for the required participant service utilization and performance statistics for this monthly report from the LibertyCare EHR. Liberty has an analytics team that will generate this report for the program on a monthly basis.