



**FOURTH AMENDMENT TO STANDARD CONTRACT
BETWEEN COUNTY OF SOLANO
and
CALIFORNIA FORENSIC MEDICAL GROUP, INC.**

This Fourth Amendment is made on November 1, 2018 between the COUNTY OF SOLANO, a political subdivision of the State of California ("County") and CALIFORNIA FORENSIC MEDICAL GROUP, INC. ("Contractor").

1. Recitals

- A. The parties entered into a contract dated November 1, 2014 (the "Contract"), as amended by the First Amendment to Standard Contract, dated April 1, 2016, Second Amendment, dated March 20, 2017, and Third Amendment, dated July 1, 2017, in which the Contractor agreed to provide medical, mental health and dental care services to inmates housed within the county adult detention facilities.
- B. The County now needs to increase the amount and extend the term of the Contract by two years, reduce the cost for basic health, mental health, and dental care services due to the lower inmate population and enhance mental health services to include a Jail-Based Competency Treatment program.
- C. This Fourth Amendment represents a net increase of \$24,612,668.
- D. The parties agree to amend the Contract as set forth below.

2. Agreement

A. Term of Contract

Section 2 is deleted in its entirety and replaced with:

The term of this Contract is November 1, 2014 through June 30, 2021.

B. Amount of Contract

Section 3 is deleted in its entirety and replaced with:

The maximum amount of this Contract is \$77,612,668.

3. Scope of Work

Exhibit A, under Contractor Responsibilities, shall be amended to add Section 11, as follows:

11. Jail-Based Competency Treatment Program

Contractor shall provide staffing, supplies and programming to Solano County's in-house Jail-Based Competency Treatment (JBCT) program for offenders (Patient Inmates) found by the courts to be Incompetent to Stand Trial (IST) for felony charges under Penal Code section 1370. The goal of the JBCT program is to improve the level of cognitive functioning of those Patient Inmates whose return to court is hindered by an inability to comprehend basic legal proceedings and an inability to assist in their own defense. The JBCT program is evidence based, treatment intensive, milieu-based model that quickly facilitates competency through intensive treatment, group and individual therapy. Solano County's JBCT program allows for restoration of competency treatment services for up to 12 Patient Inmates at one time.

A. Assessments

- (1) Administer a battery of individualized psychological assessments and testing upon admission. Standardized and semi-structured psychological tests shall be utilized to complete a preliminary assessment of the Patient Inmate's current functioning, likelihood of malingering, and current competency to stand trial.
- (2) Complete additional malingering-specific assessments, integrating additional observable data reported by various disciplines on a 24/7 basis if preliminary assessment suggests the presence of malingering.
- (3) Administer further cognitive assessments based on the specific cognitive deficit identified during the preliminary assessment.
- (4) Administer additional instruments assessing personality and neuropsychiatric symptoms to complete further assessment of psychological functioning.
- (5) Conduct follow up assessments of the Patient Inmate's current competency to stand trial at 30-day intervals or more frequently as needed. The assessment shall ascertain if trial competence is likely and whether medical issues would pose a barrier to treatment. If bio-psychosocial issues contraindicate fast-track jail treatment, Contractor shall refer the Patient Inmate to a state hospital for treatment.

B. Individualized Treatment Program

- (1) Identify specific deficits that result in incompetence to stand trial upon admission. Each deficit will be listed on the individualized treatment plan and will be targeted in the Patient Inmate's treatment. Contractor shall use current standardized competency assessment tools, such as the MacArthur Competency Assessment Tool, after considering the totality of clinical and forensic circumstances.
- (2) Provide an individualized restoration program according to the treatment approach subscribed to by the individual treatment teams and indicated by the Patient Inmate's psychiatric condition, level of functioning, and legal context.
- (3) Develop individualized treatment regimens to the Patient Inmate's specific barrier(s) to trial competency. Deficits identified in the competency assessment upon admission to the JBCT program shall be listed in the individual treatment plan and addressed by specific treatment interventions.
- (4) Conduct case conferences weekly or as needed to re-assess Patient Inmates' progress toward restoration of competence to allow the treatment teams to measure whether their treatment interventions are working, and whether additional treatment elements need to be incorporated into Patient Inmates' treatment plans.

C. Multi-modal, Experiential Competency Restoration Educational Experience and Components

- (1) Provide educational materials presented in multiple learning formats by multiple staff to each Patient Inmate, e.g., a simple lecture format may be replaced with learning experiences involving discussion, reading, video, and experiential methods of instruction, such as role-playing or mock trial.
- (2) Address the following elements in the education modalities of the competency restoration program, including but not limited to:
 - Criminal charges.
 - Severity of charges, namely Felony vs. Misdemeanor.
 - Sentencing.
 - Pleas including, Guilty, Not Guilty, Nolo Contender and Not Guilty by Reason of Insanity.
 - Plea bargaining.
 - Roles of the courtroom personnel.
 - Adversarial nature of trial process.
 - Evaluating evidence.

- Court room behavior.
 - Assisting counsel in conducting a defense.
 - Probation and parole.
 - Individualized instruction as needed.
- (3) Provide additional learning experience through increased lecture time, as well as individual instruction to Patient Inmates who are incompetent due to specific knowledge deficits caused by low intelligence, but who may be restored to competence with additional exposure to the educational material.

D. JBCT Program Release Plan

Contractor shall develop an individualized release plan for Patient Inmates that have participated in the JBCT program and are returning to the general inmate population. Prior to their release to the general inmate population, Contractor shall meet with the Patient Inmate and communicate the release plan for ongoing mental health care services.

E. Medication Administration and Consent

- (1) Contractor's Psychiatrist shall conduct a thorough medication evaluation of the Patient Inmate and shall immediately stabilize Patient Inmate on medications as deemed appropriate.
- (2) Obtain proper authorization (e.g., informed consent for treatment, medication issues) from the Patient Inmates as soon as possible in accordance with professional standards of care and court practices.
- (3) Provide strategies to promote and incentivize voluntary psychotropic medication compliance.
- (4) If involuntary psychotropic medication is not ordered by the court at the time of commitment of a Patient Inmate to the JBCT program and the treating psychiatrist determines that psychotropic medication has become medically necessary and appropriate, Contractor shall request that the court make an order for the administration of involuntary psychotropic medication.
- (5) Administer involuntary psychotropic medication when medically necessary and appropriate upon the issuance of the court order.

F. Treatment Protocol

- (1) Provide daily group treatment sessions to Patient Inmates.
- (2) Provide daily individual treatment sessions to each Patient Inmates. Individual sessions may be used to check-in with Patient Inmates and/or discuss key legal elements of the individual's case that may be too sensitive for group discussion.
- (3) Contractor's Psychiatrist shall see each Patient Inmate weekly and more frequent appointments shall be available as needed.
- (4) Together on a weekly basis, the multi-disciplinary treatment team shall review progress of all Patient Inmates admitted within 30 days and thereafter in 14-day intervals. The multi-disciplinary treatment team shall also be responsible for providing the committing court progress reports pursuant to Penal Code section 1370 when a Patient Inmate is under consideration for discharge.

G. JBCT Program Staffing

- (1) Classifications and Descriptions of Duties
Notwithstanding section 5, under Contractor Responsibilities, the additional positions required for the JBCT program are as follows:
0.5 FTE Program Director. Provides oversight of the JBCT program and ensures delivery of services that are appropriate and efficient and that the program operates at the level

meets Solano County's and CFMG's mutual expectations. Responsible for staff coverage and scheduling, on-call scheduling and assigning responsibilities of program staff.

0.2 FTE Psychiatrist. Serves as the clinical authority and treatment team leader responsible for medication prescribing, management, stabilization and monitoring of the patients in the program. Responsible for providing progress summaries and declarations of competence to the courts.

0.6 FTE Psychologist. Responsible for the competency assessment and implementation and monitoring of the restoration plan upon a Patient Inmate's admission to the program. Will ensure that each patient has a treatment plan tailored to his/her needs and that deficiencies identified are listed and address by specific treatment interventions.

1.0 FTE Mental Health Clinician. Responsible for individual and group therapy sessions focusing on developing coping techniques or other therapeutic strategies that may benefit the patient throughout the restoration and court process.

1.0 FTE Competency Trainer. Responsible for the educational and training component of the JBCT Program. Responsible for teaching basic legal concepts and helping the Patient Inmate understand his/her legal situation.

1.0 FTE Administrative Assistant. Responsible for clerical management of all paperwork, reports, and summaries that may be requested as part of the Patient Inmate's participation in the program and/or legal proceedings.

(2) On-Call

Notwithstanding section 5B, provide on-call psychiatrist 24 hours a day, 7 days a week, 365 days a year dedicated to the JBCT program.

(3) Relief

Provide relief staffing when necessary to cover any vacation or sick days of the Mental Health Clinician, Competency Trainer and Administrative Assistant to ensure program requirements are met.

(4) Time Sheets

Contractor shall be responsible for time and attendance accountability and provide appropriate time records to County upon reasonable demand.

H. JBCT Program Records

Maintain complete, accurate, legible, individual and dated program records in compliance with California State regulations and consistent with community standards of practice. Program records shall be retained in each Patient Inmate's confidential health file.

I. JBCT Program Reports

(1) Using the DSH's data collection template, Contractor shall submit the data to the DSH and County for each Patient Inmate on a weekly basis with a deadline to be determined by the County.

(2) Submit daily census reports to the DSH and County upon the first Patient Inmate admission, unless otherwise requested by the DSH.

(3) Submit an annual summary performance report to the County within 30 days of the end of the fiscal year, to include but not be limited to, the information stated above and:

- a. The total number of individuals restored to competency.
- b. The average number of days between program admission and discharge.
- c. A description of all implementation challenges.
- d. Special incident reports.

(4) Provide program data or information, as requested by the County, to assist with submitting reports to DSH.

J. Department of State Hospitals Agreement

Contractor represents that it will adhere to all provisions stated within the agreement between the County and the Department of State Hospitals for the administration of the Jail-Based Competency Treatment program.

Exhibit A, under County Responsibilities, shall be amended to add Section 15, as follows:

15. Jail-Based Competency Program

- A. County shall provide adequate space in Solano County's Justice Center Detention Facility located at 500 Union Avenue in Fairfield, California, in a designated area to include up to 12 single cells, meeting space for group therapy, a private consult room and furniture, fixtures and equipment for the JBCT Program.
- B. For each inmate the County and Contractor determine to be eligible for the program, the following information will be provided to the Contractor:
 - Arrest report.
 - Competency Evaluation (Independent).
 - Court Order to Restoration to Competency Program.
 - History of any assaultive behaviors (before and after incarceration).
 - A summary of charges and classification.
 - Past treatment records: medical and behavioral health history.
 - Past and present medications.
 - Other relevant information.
- C. Provide one FTE Correctional Officer to work with Contractor staff as a part of the multidisciplinary team interacting with Patient Inmates, providing guidance related to activities of daily living, development of programmatic incentives, assisting inmates with behavioral issues, and providing information related to jail and court procedures. The Correctional Officer may co-facilitate informational sessions for Patient Inmates with Contractor staff at the Contractor's request.
- D. Assign a Sheriff's Office Custody Division Manager to act as the program manager and as a liaison between County staff, Contractor staff and the DSH.

4. Payment Provisions

Sections 3 through 6 of Exhibit B, shall be amended as follows:

Section 3 is deleted in its entirety and replaced with:

- A. The base year for basic health, dental and mental health care services is July 1, 2018 through June 30, 2019. The annualized base price is \$10,749,655; however, the first year expenditures are projected at \$7,166,437 (prorated for the remaining 8 months of the base year). The base price was calculated using an average daily facility population of 800 inmates. The base year per diem rate is \$6.85 per day per inmate over the 850 average daily facility population, or under the 750 average daily facility population.
- B. The base year for the JBCT program is January 1, 2019 through December 31, 2019. The annualized base price is \$930,991 plus up to \$49,150 in one-time startup costs in the first year.

Section 4 is deleted in its entirety and replaced with:

The annualized base price and per diem rate is firm for the base year effective July 1, 2018 and ending June 30, 2019 for basic health, mental health and dental care services and effective

January 1, 2019 through December 31, 2019 for the JBCT Program. The price and per diem rate for each subsequent twelve-month period shall be increased by three percent (3%) over the then-current price and per diem rate effective each following July 1 for basic health, dental and mental health care services and November 1 for the JBCT Program. Monthly installments and per diem rate may not be increased or decreased during, and shall remain firm for, any such twelve-month period.

The second and fourth sentences of section 5 are amended to read:

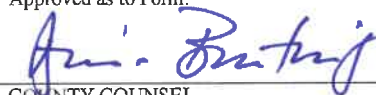
The County will be responsible for per diem charges when any quarterly average daily facility population exceeds the 850 average daily facility population. The County shall provide Contractor with daily population numbers on a monthly basis. JBCT program participants are included in the daily population numbers as these inmates still receive basic medical, mental health and dental care services.

The first sentence of section 6 is amended to read:

Should the quarterly average daily facility population in any quarter be less than 750, Contractor shall pay the County a reverse per diem at the per diem rate set forth in section 5 above.

5. Effectiveness of Contract

Except as set forth in this Fourth Amendment, all other terms and conditions specified in the Contract remain in full force and effect.

CALIFORNIA FORENSIC MEDICAL GROUP	COUNTY OF SOLANO
By  BRIANA ELVAIAH CHIEF FINANCIAL OFFICER	By  BIRGITTA E. CORSELLO COUNTY ADMINISTRATOR Approved as to Form: By  COUNTY COUNSEL