

Exhibit F
Scope of Work
Jail Based Competency Treatment

Section 1. DEFINITIONS.

For the purposes of this Scope of Work, the following definitions shall apply:

- A. **CHP:** Correctional Healthcare Partners Monterey, INC. (Contractor)
- B. **DSH:** Department of State Hospitals
- C. **Incarcerated Person:** Individual detained or incarcerated at the Monterey County Jail.
- D. **Jail:** Monterey County Jail located at 1410 Natividad Road, Salinas, CA, 93906.
- E. **JBCT:** Jail-Based Competency Treatment program for the provision of restoration of competency treatment services for specifically identified incarcerated persons found by the courts to be Incompetent to Stand Trial under Penal Code section 1370.
- F. **NCCHC:** The National Commission on Correctional Health Care, which establishes standards, certifications and accreditation related to health services in correctional facilities.

Section 2. CONTRACTOR RESPONSIBILITIES

A. JAIL BASED COMPETENCY TREATMENT PROGRAM

Contractor shall perform the scope of services for Jail Based Competency Treatment Program as identified herein at the Monterey County Jail ("Facility").

B. EQUIPMENT AND SUPPLIES:

- 1) Contractor shall provide, and receive reimbursement from County, all reasonably necessary medical equipment and supplies, including, but not limited to, medicines, drugs, pharmaceuticals, medical supplies, medical record supplies, dressings, instruments, gloves, and medical/dental personnel wearing apparel.
- 2) Contractor is authorized to use medical equipment and furniture currently in the medical services area of the Facility.
- 3) Contractor shall purchase, and receive reimbursement from County, all medical equipment, and supplies necessary for Contractor to render services

pursuant to this Agreement except such furniture, medical equipment, and supplies which are currently owned by County and are currently located in the Jail. All JBCT program furniture to be purchased by the County.

C. MEDICAL RESPONSIBILITY COORDINATION:

- 1) Contractor shall coordinate to ensure alignment and avoid duplication of pharmaceutical services. Contractor shall provide medication administration records to County as needed for clinical coordination and legal compliance.

Section 3. FACILITY STAFFING AND PERSONNEL

A. STAFFING MATRIX:

Contractor shall maintain adequate personnel to provide the services required herein. Contractor shall maintain the staffing pattern, hours, and availability at the minimum staffing level. During the term of this Agreement, County may modify JBCT staff to add or delete staff and/or make changes to staffing schedules, as agreed upon in writing between the County and the Contractor.

- B. Contractor shall recruit, interview, hire, train, and supervise all health care staff and such health care staff.
- C. Contractor's employees performing professional medical services pursuant to this Agreement shall be duly licensed without restriction to practice in the State of California, except for medical residents and interns following a course of a study, authorized for training by Contractor. Said employees shall practice medicine in accordance with accepted medical procedures at a standard equal to or greater than that commonly practiced by professional medical providers of good standing in the community.
- D. Contractor shall be responsible for time and attendance accountability.
- E. In the event that any Contractor personnel fail to meet the obligations and standards of service specified in this Scope of Work; pose a safety or security threat to the Facility or any persons therein; or otherwise unreasonably impede County's operation of the Facility; Contractor shall, at the written request of County's Sheriff or his or her designee, identify the personnel and problematic conduct, and replace such personnel assigned to the Facility. Notwithstanding the foregoing sentence, Contractor shall have ultimate discretion as to hiring and employment decisions of its staff.
- F. All Contractor's employees assigned to the Jail under this Agreement shall be subject to security background checks by the Sheriff prior to receiving clearance to work in the Jail. Provided that no criminal record history is found to exist, the new hire shall be granted immediate temporary access to work at the Jail. Contractor's employees shall then maintain security clearance at all times during their assignment to the Jail under this contract.

- G. Contractor shall ensure that all personnel employed in the performance of this Scope of Work possess the required expertise, skill, and professional competence to perform their duties.
- H. Contractor may enter into subcontracts for the performance of obligations hereunder. However, no subcontract shall be entered into without the prior written approval of County. Said approval shall not be unreasonably withheld.
- I. Contractor may, at Contractor's own expense, employ such assistants as Contractor deems necessary, to perform the services required of Contractor by this Scope of Work. County may not control, direct, or supervise Contractor's assistants or employees in the performance of those services except as set forth herein.
- J. Contractor shall comply with all laws relating to hiring and employment practices to assure that applicants for employment and employees are not discriminated against because of race, creed, religion, color, age, sexual preference, marital status, disability, or national origin.
- K. Contractor shall obtain all licenses necessary to provide medical services in the Jail. Contractor shall ensure that all of its employees, including temporary employees, who render medical care pursuant to this Scope of Work possess and maintain all applicable licenses and certificates. Contractor shall ensure that all Contractor's employees, representatives, volunteers, and interns work only within the scope of practice described by their license or certificate.
- L. Contractor shall ensure all of its employees have completed the Contractor's new employee orientation program for the Facility within the first two weeks of the employee working at the Facility.
- M. Contractor shall provide in-service training for its personnel. Topics will be identified by Contractor's Program Manager who will also maintain records on subject matter and employee participation.
- N. Notwithstanding anything to the contrary contained in any instrument, nothing shall be construed to require Contractor to act or refrain from acting in any way which might jeopardize the trade secret, confidential, proprietary, or otherwise protected status of or Contractor's exclusive ownership interest in any information.

Section 4. RESPONSIBILITIES OF COUNTY

- A. County shall compensate Contractor as described in Section 3.0 of the Countywide Agreement.
- B. County shall provide, at a minimum, space, housekeeping, utilities, and general security for Contractor to deliver the JBCT program pursuant to this Scope of Work.

- C. County will coordinate with Contractor to ensure the standards of Title 15 of the California Code of Regulations and NCCHC are met for accreditation purposes.
- D. County shall provide one or more computer workstations for Contractor to use at the Jail.
- E. County is responsible for providing sufficient security to enable Contractor to safely and adequately provide the services prescribed in this Scope of Work.

Section 5. COMPENSATION

Contractor shall be compensated for the services prescribed in this Scope of Work pursuant to Section 3.0 of the Countywide Agreement:

- A. Contractor shall be compensated and reimbursed in accordance with County's agreement with DSH. Reimbursement shall be limited to \$702,676 for services rendered between January 1, 2026, and June 30, 2026, including clinical staffing, medications, labs & supplies, insurance and included management fee.
- B. Contractor's direct expenses shall be reimbursed at 100% of the actual, reasonable, and necessary costs, subject to the limitations and categories defined in County's agreement with DSH. Contractor may only seek reimbursement for specific cost items within these predefined categories unless otherwise approved in writing by County and DSH.
- C. Contractor shall provide a report of the actual expenditures in each month's invoice, detailing all direct expenses, categorized per the approved DSH budget in County's agreement with DSH. Each report shall include itemized listings of expenses and supporting documentation, including, but not limited to, subcontractor invoices, timekeeping records, and payroll summaries, as needed to support reimbursement by DSH. County shall have the right to withhold payment or request additional documentation if reports are incomplete or do not align with approved cost categories. Contractor shall not invoice for costs outside of the agreed categories without prior written approval.

Section 6. BILLING AND PAYMENT

- A. Contractor shall submit to County a monthly statement of services rendered and reimbursable equipment and supplies purchased for the JBCT program by the fifteenth day of each month for services rendered and reimbursable equipment as County's agreement with DSH and supplies purchased the preceding month.

Section 7. SERVICE DELIVERY MONITORING

The County will have the right to review the work being performed by the Contractor at any time during Contractor's usual working hours. Review, checking, approval or other

action by the County will not relieve Contractor of Contractor's responsibility for the thoroughness of the services to be provided hereunder.

Section 8. PROGRAM ELEMENTS

A. Referral Document Collection Prior to Admission

Contractor shall coordinate with the committing court to ensure all required documents listed under Penal Code section 1370, subdivision (a)(3) are provided by the court for all Patient incarcerated persons upon admission. Contractor shall provide copies of these documents to the DSH immediately upon request, no later than 24 hours from receipt of the request. Once the committing county's felony IST referrals are being managed by the DSH Patient Management Unit (PMU), the PMU shall coordinate with the committing court and provide all required documents to Contractor.

B. Referrals Determined to be Not Suitable for Admission

Should Contractor determine, based on clinical or custodial considerations, that a felony IST referral is not suitable for admission into the JBCT program, Contractor shall inform the DSH Contract Manager and the PMU immediately in writing or by phone. Immediately upon making this determination, Contractor shall provide all required documents listed under Penal Code section 1370, subdivision (a)(3) to the PMU no later than 24 hours. Once the committing county's felony IST referrals are being managed by the PMU, the transmission of these documents will no longer be required.

C. Removal of Patient Incarcerated Persons No Longer Clinically Suitable

- i. Upon admission, Contractor shall assess each Patient Incarcerated Person to ascertain if trial competence is likely and medical issues would not pose a barrier to treatment. At the discretion of the DSH Contract Manager, and if requested in writing, Contractor shall review and agree upon new Patient Incarcerated Persons being forwarded for admission and/or retention into the JBCT program, which may contraindicate fast-track jail treatment.
- ii. Should Contractor determine, based on clinical considerations or other factors, that a Patient Incarcerated Person admitted into the JBCT program is no longer clinically suitable for participation in the program, Contractor shall contact the DSH Contract Manager to discuss treatment options. Contractor agrees that the decision to remove such a Patient Incarcerated Person from the JBCT program is at the sole discretion of the DSH, and the DSH shall not unreasonably withhold such permission.
- iii. Should Contractor and the DSH determine a Patient Incarcerated Person should be removed from the JBCT program, Contractor shall continue to provide treatment until arrangements are made to admit the Patient Incarcerated Person to a state hospital. Within seven days of making this determination, Contractor shall also provide the following additional documents to the PMU, including but not limited to:
 - 1) Transfer Notification Letter;
 - 2) Court Reports, if due or submitted;
 - 3) 90-Day Progress Report, if due or submitted;
 - 4) Psychiatry Intake Assessment;

- 5) The three most recent Psychiatry Progress Notes;
- 6) Psychology Intake Assessment;
- 7) 30-Day Psychologist Competency Reassessments;
- 8) Social Work/Clinician Intake Assessment;
- 9) Nursing Intake Assessment;
- 10) Informed Consent;
- 11) Medication Orders;
- 12) Laboratory Results, if any; and
- 13) Discharge Summary.

D. Psychological Assessment Protocol

- i. Contractor shall 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 Incarcerated Person's current functioning, likelihood of malingering, and current competency to stand trial. Impediments to trial competency shall be ascertained through the use of preliminary assessment instruments, including but not limited to:
 - 1) Clinical Interview. The psychologist shall obtain information pertaining to the Patient Incarcerated Person's psychosocial, psychiatric, and legal history as well as barriers to competency. The *Mental Status Exam (MSE)* shall also be included in the interview;
 - 2) Assessment of Malingering (as clinically indicated). *Miller Forensic Assessment of Symptoms (M-FAST)*;
 - 3) Assessment of Trial Competence. *Evaluation of Competency to Stand Trial-Revised (ECST- R)*, the *MacArthur Competency Assessment Tool – Criminal Adjudication (MacCAT-CA)*, and/or the *Competence Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR)*; and
 - 4) Severity of Psychiatric Symptoms. *Brief Psychiatric Rating Scale (BPRS)*.
- ii. Contractor shall administer 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. If the screening instruments administered during the preliminary assessment raise suspicion that the primary barrier to trial competency is malingering, the following may also be utilized, including but not limited to:
 - 1) *Structured Interview of Reported Symptoms – Second Edition (SIRS-2)*;
 - 2) *Test of Memory Malingering (TOMM)*;
 - 3) *Georgia Atypical Presentation (GAP)*;
 - 4) *Structured Inventory of Malingered Symptomatology (SIMS)*; or
 - 5) *Inventory of Legal Knowledge (ILK)*.
- iii. Contractor may administer further cognitive assessments based on the specific cognitive deficit identified during the preliminary assessment. If the screening instruments administered during the preliminary assessment raise suspicion that the primary barrier to trial competency is cognitive deficits, the following may also be utilized, including but not limited to:
 - 1) *Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)*;
 - 2) *Wide Range Achievement Test 4 (WRAT4)*; or
 - 3) *Montreal Cognitive Assessment (MoCA)*.
- iv. Contractor may administer additional instruments assessing personality to complete further assessment of psychological functioning, including but not limited to:

- 1) *Personality Assessment Inventory (PAI)*; or
 - 2) *Minnesota Multiphasic Personality Inventory-2 (MMPI-2)*.
- v. Contractor shall administer follow-up assessments of the Patient Incarcerated Person's current competency to stand trial at 30-day intervals or more frequently as needed using any of the following, including but not limited to:
- 1) *Evaluation of Competency to Stand Trial-Revised (ECST-R)*;
 - 2) *Revised Competency Assessment Instrument (R-CAI)*;
 - 3) *MacArthur Competency Assessment Tool – Criminal Adjudication (MacCAT-CA)*; or
 - 4) *Competence Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR)*.
- E. Individualized Treatment Program
- i. Contractor shall identify specific deficits that result in incompetence to stand trial upon admission. Each deficit shall be listed on the individualized treatment plan and shall be targeted in the Patient Incarcerated Person'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.
 - ii. Contractor shall provide an individualized restoration program according to the treatment approach subscribed to by the individual treatment teams and indicated by the Patient Incarcerated Person's psychiatric condition, level of functioning, and legal context.
 - iii. Contractor shall tailor individualized treatment regimens to the Patient Incarcerated Person'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.
 - iv. Contractor shall conduct case conferences weekly or as needed to reassess Patient Incarcerated Persons' 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 Incarcerated Persons' treatment plans.
- F. Multi-modal, Experiential Competency Restoration Educational Experience and Components
- i. Contractor shall provide educational materials presented in multiple learning formats by multiple staff to each Patient Incarcerated Person, 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.
 - ii. Contractor shall address the following elements in the education modalities of the competency restoration program, including but not limited to:
 - 1) Criminal charges;
 - 2) Severity of charges, namely Felony vs. Misdemeanor;
 - 3) Sentencing;
 - 4) Pleas including, Guilty, Not Guilty, Nolo Contendere and Not Guilty by Reason of Insanity;
 - 5) Plea bargaining;
 - 6) Roles of the courtroom personnel;
 - 7) Adversarial nature of trial process;

- 8) Evaluating evidence;
- 9) Court room behavior;
- 10) Assisting counsel in conducting a defense;
- 11) Probation and Parole; and
- 12) Individualized instruction as needed.

- iii. Contractor shall provide additional learning experience through increased lecture time, as well as individual instruction to Patient Incarcerated Persons 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.

G. Medication Administration and Consent

- i. Contractor shall obtain proper authorization (e.g., informed consent for treatment, medication issues) from the Patient Incarcerated Persons as soon as possible in accordance with professional standards of care and court practices.
- ii. Contractor shall provide strategies to promote and incentivize voluntary psychotropic medication compliance.
- iii. If involuntary psychotropic medication is not ordered by the court at time of commitment of a Patient Incarcerated Person 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.
- iv. Contractor shall administer involuntary psychotropic medication when medically necessary and appropriate upon the issuance of the court order.

H. Suicide Prevention/Adverse Events

Contractor shall develop a suicide prevention program and assessment procedures that shall include an adverse sentinel event review process. Contractor shall submit written suicide prevention procedures to the DSH Contract Manager for approval prior to activation of the JBCT program and annually thereafter.

I. Patients' Rights/Grievance Process

Upon admission, Contractor shall provide an orientation and education on the Patient Incarcerated Person grievance process for each Patient Incarcerated Person. Contractor shall post the Patient Incarcerated Person Grievance Process in a visible location in an area commonly used by Patient Incarcerated Persons.

J. Data Deliverables

- i. The DSH shall provide a standardized data collection template. Contractor shall complete and submit this data collection to the DSH on a weekly basis with a deadline to be determined by the DSH. The template includes, but is not limited to, the following data elements:

Exhibit F Agreement between County of Monterey and CHPMonterey, INC.
RFP# 10939

Term	Definition
Patient Name:	Last and First name of patient
Case Number:	Court assigned case number for each individual court case. It can typically include letters and numbers.
Booking Number:	Number that County Jail issues to an individual (per Forensics)
Gender:	Male or Female
Date of Birth:	Birthdate, Age can be determined using this date
Ethnicity:	Type of social group that has a common national or cultural tradition. <i>Caucasian/White, African American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Hispanic, Other</i>
Language Spoken:	Type of language spoken
Interpretive Services Utilized (YES/NO):	Was Interpretive services utilized? Yes or No
Referring County:	County of referral and/or commitment
Commitment Date:	Date of Commitment
Packet Received Date:	Date Packet Received (including incomplete required documents)
Packet Completed Date:	Date Packet completed (including all completed required documents)
Reason for Ongoing Pending Status:	Provide a detail reason why the delay of admission
Screening Evaluation Completed Date:	Date Screening Evaluation was completed
Screening Outcome:	Outcome results of patient screened. Accepted or Rejected
Reason for Screening Rejection:	Detail regarding reason for screening rejection. Bypassed/Triaged, Non-Roc, Medication, Substance-Related, Higher Level-of-Care, Other.
Admission Date:	Date of Admission
Involuntary Medication Order (YES/NO):	Is there a current court ordered IMO in place? Yes or No
IMO Effective Date:	Date IMO was effective on, this is the same as their 1370 commitment date
Medication Adherence:	Whether patients take their medications as prescribed. Fully Adherent, Intermittently Adherent, Refusing. (If applicable to program)
Did I/P Receive Invol Meds (YES/NO):	Was involuntary medication administered to patient? Yes or No
Date Invol Meds Initiated:	Date of involuntary medication administered
Disposition of Discharge/Transfer :	Final determination of patients status. Restored or DSH
Reason for Discharge/Transfer:	Detail regarding reason for patients discharge or transfer.
Date Referred to DSH for Transfer:	Date Referred to DSH for Transfer
Discharge/Transfer Date:	Date of Discharge and or Date of Transfer
Discharge/Transfer Location:	Location where patient will be discharged to. Jail, Atascadero SH, Coalinga SH, Metropolitan SH, Napa SH, Patton SH, Other: Must update Notes with Specific location.
Reason for delayed Discharge:	Provide a detail reason why the delay of discharge.
Date ROC Certificate Submitted to Court:	Date that ROC Certificate was submitted to Court
Primary Diagnosis at Admission:	Patients primary Diagnosis at time of Admission
Diagnosis at Discharge:	Patients primary Diagnosis at time of Discharge
Diagnosis of Malingering? (YES/NO):	Did the patient have a Malingering Diagnosis at any point during their stay in JBCT? Yes or No

- ii. Contractor shall submit daily census reports to the DSH upon the first Patient Incarcerated Person admission, unless otherwise requested by the DSH.
- iii. Contractor shall submit a summary performance report within 30 days of the end of the contract term, to include but not be limited to, the information stated above and:
 - 1) The total number of individuals restored to competency;
 - 2) The average number of days between program admission and discharge;
 - 3) The total cost of the program by budget category: personnel, operating expenses, administrative expense, custody and housing, and other direct operating costs as well as overall cost per Patient Incarcerated Person treated and the costs for those found to be malingering;
 - 4) The cost per cycle of treatment;
 - 5) A description of all implementation challenges; and
 - 6) Special incident reports and notification to the DSH of emergencies.

K. Reporting Requirements

- i. Contractor shall submit a written report to the court which made the commitment, the community program director of the county or region of commitment, and the DSH Contract Manager concerning the Patient Incarcerated Person's progress toward recovery of trial competence within 90 days of a commitment. The report shall include a description of any antipsychotic medication administered to the Patient Incarcerated Person and its effects and side effects, including effects on the Patient Incarcerated Person's appearance or behavior that would affect the Patient Incarcerated Person's ability to understand the nature of the criminal proceedings or to assist counsel in the conduct of a defense in a reasonable manner.
- ii. Contractor shall verbally report any escape within 24 hours to the court that made the commitment, the prosecutor in the case, the Department of Justice, and the DSH Contract Manager, with a written report to follow within five business days.
- iii. Contractor shall report via phone or email to the DSH Contract Manager when a Patient Incarcerated Person who is currently receiving treatment in the JBCT program is involved in a Serious Incident. "Serious Incidents" shall include, but not be limited to, causing serious harm to self or others and committing a new felony offense. Such reporting shall take place within 24 hours of the Serious Incident. Contractor shall respond to Serious Incidents and law enforcement issues, with coverage 24 hours per day, seven days a week, and with the capacity to arrange for or provide emergency transportation of Patient Incarcerated Persons. Contractor shall maintain a Serious Incident file that is separate from the Patient Incarcerated Person record.
- iv. Contractor shall file a certificate of restoration with the court that made the commitment when the Program Director or their designee determines that the Patient Incarcerated Person has regained trial competence.

L. JBCT is an intensive, milieu-based treatment program that quickly facilitates competency through a combination of group and individual therapy.

M. Group therapy is central to the restoration process, and Contractor shall provide treatment daily to

Patient Incarcerated Persons. Group content should include one of the four group treatment domains: *competency education, understanding and management of mental illness, physical exercise, and mental/social stimulation*. Many group topics can be assimilated into the groupings, e.g., mock trial, music-based competency treatment, etc.

- N. Contractor shall provide individual sessions per day to each Patient Incarcerated Person. Individual sessions may be used to check-in with Patient Incarcerated Persons and/or discuss key legal elements of the individual's case that may be too sensitive for group discussion. Specific competency issues can best be addressed individually, e.g., a Patient Incarcerated Person understands court proceedings but struggles to apply the knowledge to their individual case.
- O. Contractor's psychiatrist shall see each Patient Incarcerated Person weekly. A psychiatric assessment is a component of the admission process, and more frequent appointments shall be available as needed.
- P. Together on a weekly basis, the multi-disciplinary treatment team shall review:
 - i. Progress of all Patient Incarcerated Persons admitted within 30 days,
 - ii. At subsequent 14-day intervals thereafter, and
 - iii. When a Patient Incarcerated Person is under consideration for discharge.
 - iv. The multi-disciplinary treatment team shall be responsible for providing the committing court progress reports pursuant to Penal Code section 1370 subdivision (b)(1).

Section 9. SAMPLE JAIL BASED COMPETENCY TREATMENT GROUP THERAPY SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0850	Staff Member 1: Therapeutic Movement	Staff Member 2: Wake-up Activity	Staff Member 2: Wake-up Activity	Staff Member 2: Wake-up Activity	Staff Member 3: JBCT Incentive Store
0900-0950	Staff Member 3: Wellness Education	Staff Member 4: My Life, My Choice	Staff Member 2: Arts & Crafts	Staff Member 4: What Would You Do?	Deputy: Activity of Daily Living Groups
1000-1050	Staff Member 5: Current Events	Staff Member 3: Wellness Education	Staff Member 2: Life Skills	Staff Member 3: Wellness Education	
	Staff Member 6: Competency Education	Staff Member 2: Life Skills	Staff Member 3: Wellness Education	Staff Member 2: Table Games	
1100-1150	Lunch	Lunch	Treatment Team Meeting: Grand Rounds	Lunch	Lunch
1200-1250	Individual Contacts	Staff Member 2: Brain Fitness	Lunch	Staff Member 2: Brain Fitness	Individual Contacts
1300-1350	Staff Member 6: Competency Education	Staff Member 4: Court Activity		Staff Member 4: Competency Education	Staff Member 4: My Life, My Choice
	Staff Member 2: Table Games		JBCT Cinema		
1400-1450	Staff Member 5: Trivia Challenge	Individual Contacts		Staff Member 7: Working with Your Attorney	Individual Contacts
1500-1530	Individual Contacts	Chaplain: Bible Study		Individual Contacts	Individual Contacts

Section 10. JAIL BASED COMPETENCY TREATMENT STAFFING MODEL:

Number of Beds	13 Beds
Treatment Team Staffing*	Program Director/ Psychologist – 1.0 Psychiatrist – 0.45 Competency Trainer – 1.0 Mental Health Clinician – 1.0
Administrative Staff	Administrative Assistant – 1.0
<i>*Number of positions reflect full-time equivalent (FTE) values</i>	