

Sherri Chatham
Pathways Counseling, PLLC

Sherri Chatham,
Pathways Counseling, PLLC
660 Lakeland East Drive
Suite 200
Flowood, MS 39232
601-781-4405

Susan McCoy, Executive Director
Mississippi Board of Pharmacy
6311 Ridgewood Road
Suite E401
Jackson, MS 38211

Dear Ms. McCoy:

I am pleased to present this proposal for your consideration. At Pathways Counseling, PLLC, we are committed to providing exceptional psychotherapy to our clients. It is with great enthusiasm that we propose our services for the Mississippi Board of Pharmacy's Request for Pharmacy Professional Recovery Program Services.

This proposal outlines our understanding of the needs and goals, our ability and approach to achieving them, the scope of the work, timeline, and the financial terms of the proposed contract. We believe that our professionalism makes us the ideal candidate for this project.

Sincerely,


Sherri Chatham, LPC-S

Appendix A

Contractor Services Contract

Section 1 – Introduction

This Pharmacy Professionals Recovery Program Services Contract is made by and between the Mississippi Board of Pharmacy and Sherri Kent, LPC-S and Jennifer Mooneyham, Nurse Practitioner, effective December 1, 2025, under the following terms and conditions under which the Contractor agrees to provide a Pharmacy Professionals Recovery Program for impaired pharmacists, pharmacy students and pharmacy technicians licensed or registered with the Board.

1. Scope of Services

The Contractor shall provide a recovery program for pharmacists, pharmacy students and pharmacy technicians licensed or registered with the Board, which shall align with the Board's goal to protect the public while encouraging and supporting the wellbeing of pharmacists, pharmacy students and pharmacy technicians from the diseases of substance abuse disorder, mental or physical illness that may impact a licensee's ability to practice with reasonable skills, confidence, and safety to the public.

The Contractor will provide all services and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

Program Services

- A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time.
- B. The contractor must develop and maintain a referral list of treatment providers approved to provide assessments and treatment for inpatient and intensive outpatient care and aftercare. Assessments must be performed by qualified evaluators using recognized methodologies, including, but not limited to, screening instruments, psychosocial testing, results of mental health/drug and alcohol history, and personal interviews.
- C. The contractor must administer an individualized treatment plan created by an approved treatment program. Case management must be administered by a qualified resource or resources. The resource(s) may be dedicated or shared.
- D. The contractor must use the intake assessment and recommendations from treatment providers and determine the elements for continuous monitoring for each participant, including:
 - 1) Required participation in treatment to include inpatient, intensive outpatient, outpatient, recommended aftercare, support groups, and one-on-one counseling.
 - 2) The ability to track recovery activities in real time through mobile technology applications and on paper forms.

- 3) Recovery-related activities, with validation reports from the participants' employers, work-site monitors, counselors, sponsors, and others.
 - 4) Random drug testing incorporating alternative specimens, including hair test, Peth testing, nail, and oral fluid testing, performed by a laboratory that has the 32 appropriate national certification for the performed testing. Testing fees are paid directly to the performing laboratory.
 - 5) Contractor must have routine individual meetings with the participant and coordinate framework for peer-to-peer support (ie. Pharmacist to Pharmacist).
 - 6) Execute and oversee a written substance use disorder agreement.
 - 7) Contractor must have direct communication access with the participant, including but not limited to by phone and email.
- E. The contractor must facilitate an assessment of each participant as part of the intake process to establish the necessary basis for appropriately managing each participant both initially and throughout their program participation. The contractor must also coordinate or help facilitate timely interventions and treatment.
- F. Reporting and Data 1) Quarterly Reports 2) Immediate reporting to the regulatory agency is required for specific circumstances or on demand per Board or Board staff request.
- G. Must employ an addiction-trained Medical Review Officer or Medical Director with expertise in recovery of healthcare professionals. Expertise shall be reflected in applicable certification(s) in personal recovery or addiction medicine (e.g. ASAM).
- H. Must have an independent, confidential administrative and/or case management review committee that gives recommendations to program staff. Peer program participants of the committee should only serve in an advisory capacity.
- I. Provide an independent internal review for participant disagreements/grievances against staff or case review committee recommendations
- J. Contractor must provide, communicate, and advocate for or against licensure of participants during regular MS Board of Pharmacy meetings and as needed. This attendance shall be in person. Advocacy must be based on established and tracked metrics.
- Referrals for mental health or fitness to practice including providing the Board guidance on the physical or mental capacity of a licensee to participate in the practice of pharmacy or assist in the practice of pharmacy with reasonable skills, confidence and safety to the public.
- K. Must maintain competency in the best practices of substance use disorder and mental health management, including dual diagnosis, and serve as a resource to the Board and Board staff in these areas.

- L. Collaborate with Board staff to provide educational programs concerning substance use disorder, benefits of self-reporting, and mental health wellness to identified stakeholders including but not limited to schools of pharmacy, targeted professional groups, and employers.
- M. Collaborate with Board staff to provide educational programs concerning substance use disorder, benefits of self-reporting, and mental health wellness to identified stakeholders including but not limited to schools of pharmacy, targeted professional groups, and employers.

The Board reserves the right to audit all records maintained by the contractor or its subcontractor's relative to the contractor's performance under this Contract. At least two (2) business days' notice by the Board will be given to the contractor of the intent to audit. The Board shall have the right to perform financial, performance, and other special audits on such records maintained by the contractor during regular business hours throughout the contract period. The contractor agrees that confidential information including, but not limited to, medical and other pertinent information relative to this contract, shall not be disclosed to any person or organization for any purpose without the expressed, written authority from the Board. The selected contractor will make available all records for review at no cost to the Board. Indicate your acceptance of this Proposals requirement and willingness to cooperate. For the purposes of this section, the term "audits" refers to financial, performance, and other special audits on such records maintained by the contractor and/or its subcontractors relative to the contractor's performance under this Contract.

Confirmed.

2. Contract Term

A. This Contract is effective December 1, 2025 and shall terminate on June 30, 2029. There will be an option to renew the contract for an additional one (1) year term, at the discretion and approval of the Board.

B. All records and information provided by the Board or through its Licensees to the Contractor are the sole property of the Board and will be returned to the Board within thirty (30) days of the termination date of this Contract.

Sherri Chatham

3. Consideration

The Board agrees to compensate the Contractor for services approved by the Board and performed by the Contractor under the terms of this Contract in an amount as follows:

- A. The yearly and monthly rates as listed in Exhibit A, Fee Schedule for Pharmacy Professionals Recovery Program Services (including the total cost of contract services sum), of this Contract will constitute the entire compensation due to the Contractor for services and all the Contractor's obligations hereunder regardless of the difficulty, materials, or equipment required. The total fees include all associated costs with no additional or hidden fees. The hourly rates include, but are not limited to, all required labor; all required equipment/material; all required insurance, bond, or other surety; all required overhead/profit; all required applicable taxes, fees, and general office expense; all required vehicles; all required fuel and mileage; all required travel; all required labor and supervision; all required training; all required business and professional certifications, licenses, permits, or fees; and any and all other direct and indirect costs, incurred or to be incurred, by the Contractor. The fees and rates listed in Exhibit A, Fee Schedule for Pharmacy Professionals Recovery Program Services, of this Contract are firm for the duration of this Contract and are not subject to escalation for any reason, unless otherwise provided for within this Contract, or unless this Contract is duly amended.
- B. The Contractor will be paid in monthly installments in arrears upon completion of services.
- C. The Contractor will submit all invoices, in a form acceptable to the Board (provided that such acceptance will not be unreasonably withheld) with all the necessary supporting documentation, prior to any payment to the Contractor of any allowable fees. Fees will be invoiced in sufficient detail and format as determined by the Board. Such invoices will include, at a minimum, a description of the service(s) provided, the compensation rate, the time period in which services were provided, and total fees requested for the period being invoiced. The Board shall not provide any prepayments or initial deposits in advance of services being rendered. Fees for services provided by the Contractor shall be billable to the Board in arrears at the end of each deliverable date. Payment for any and all services provided by the Contractor to the Board shall be made only after said services have been duly performed and properly invoiced. Only those services agreed to by contract shall be considered for reimbursement/compensation by the Board. No additional compensation will be provided by the Board for any expense, cost, or fee not specifically authorized by this Contract, or by written authorization from the Board.
- D. Upon the effective date of termination of this Contract, the Contractor will remain liable for any obligations arising hereunder prior to the effective date of such termination. In addition, in the event of termination of the Contract for any reason,

the Contractor shall be paid for services rendered and allowable expenses incurred up to the effective date of termination.

4. Anti-Assignment/Subcontracting

Contractor acknowledges that it was selected by the State to perform the services required hereunder based, in part, upon Contractor's special skills and expertise. The Contractor shall not assign, subcontract, or otherwise transfer this Contract, in whole or in part, without the prior written consent of the State, which the State may, in its sole discretion, approve or deny without reason. Any attempted assignment or transfer without such consent shall be null and void. No such approval by the State of any subcontract shall be deemed in any way to provide for the incurrence of any obligation of the State in addition to the total fixed price agreed upon in this Contract. Subcontracts shall be subject to the terms and conditions of this Contract and to any conditions of approval that the State may deem necessary. Subject to the foregoing, this Contract shall be binding upon the respective successors and assigns of the parties.

5. Applicable Law

The Contract shall be governed by and construed in accordance with the laws of the State of Mississippi (State), excluding its conflicts of laws, provisions, and any litigation with respect thereto shall be brought in the courts of the State. The Contractor shall comply with applicable federal, state, and local laws and regulations.

6. Approval

It is understood that if this Contract requires approval by the Public Procurement Review Board (PPRB) and/or the MDFA Office of Personal Service Contract Review (OPSCR), and this Contract, if not approved by the PPRB and/or OPSCR, is void and no payment shall be made hereunder.

7. Attorney's Fees and Expenses

In the event Contractor defaults on any obligations under this Agreement, Contractor shall pay to the Board all costs and expenses, without limitation, incurred by the Board in enforcing this Agreement or reasonably related to enforcing this Agreement. This includes but is not limited to

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investigative fees, court costs, and attorneys' fees. Under no circumstances shall the Board be obligated to pay attorneys' fees or legal costs to Contractor.

8. Authority to Contract

Contractor warrants: (a) that it is a validly organized business with valid authority to enter into this Contract; (b) that it is qualified to do business and in good standing in the State of Mississippi; (c) that entry into and performance under this Contract is not restricted or prohibited by any loan, security, financing, contractual, or other contract of any kind; and, (d) notwithstanding any other provision of this Contract to the contrary, that there are no existing legal proceedings or prospective legal proceedings, either voluntary or otherwise, which may adversely affect its ability to perform its obligations under this Contract.

9. Availability of Funds

It is expressly understood and agreed that the obligation of the Board to proceed under this agreement is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt of the appropriated funds. If the funds anticipated for the continuing time fulfillment of the agreement are, at any time, not forthcoming or insufficient, regardless of the source of funding, the Board shall have the right upon 10 business days written notice to Contractor, to terminate this agreement without damage, penalty, cost or expense to the Board of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

10. Change in Scope of Work

The Board may order changes in the work consisting of additions, deletions, or other revisions within the general scope of the Contract. No claims may be made by the Contractor that the scope of the project or of the Contractor's services have been changed, requiring changes to the amount of compensation to the Contractor or other adjustments to the Contract, unless such changes or adjustments have been made by written amendment to the Contract signed by the Executive Director of the Board and the Contractor. If the Contractor believes that any particular work is not within the scope of the project, is a material change, or shall otherwise require more compensation to the Contractor, the Contractor shall immediately notify the Board in writing of this belief. If the Board believes that the particular work is within the scope of the Contract as written, the Contractor shall be ordered to and shall continue the work as changed and at the cost stated for the work within the Contract.

11. Compliance with Equal Opportunity in Employment Policy

12. Compliance with Laws

Contractor shall comply with, and all activities under this agreement shall be subject to, all applicable federal, state, and local laws and regulations, as now existing and as may be amended or modified.

13. Confidentiality

Notwithstanding any provision to the contrary contained herein, it is recognized that Board is a public agency of the State of Mississippi and is subject to the Mississippi Public Records Act. Mississippi Code Annotated § 25-61-1 et seq. If a public records request is made for any information provided to the Board pursuant to the Contract and designated by the Contractor in writing as trade secrets or other proprietary confidential information, the Board shall follow the provisions of Mississippi Code Annotated §§ 25-61-9 and 79-23-1 before disclosing such information. The Board shall not be liable to the Contractor for disclosure of information required by court order or required by law.

14. Contractor Personnel

The Board shall, throughout the life of the Contract, have the right of reasonable rejection and approval of staff or subcontractors assigned to the work by the Contractor. If the Board reasonably rejects staff or subcontractors, the Contractor shall provide replacement staff or subcontractors satisfactory to the Board in a timely manner and at no additional cost to the Board. The day-to-day supervision and control of the Contractor's employees and subcontractors is the sole responsibility of the Contractor.

15. Disclosure of Confidential Information

In the event that either party to this Contract receives notice that a third party requests divulgence of confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of confidential or otherwise protected information that party shall, within 2 days of receipt of such request, inform the other party and thereafter respond in conformity with such subpoena to the extent mandated by law. This section shall survive the termination or completion of this Contract. The parties agree that this section is subject to and superseded by Mississippi Code Annotated § 25-61-1 et seq.

16. Disputes

Any dispute concerning the Contract which is not disposed of by agreement shall be decided by the President of the Board who shall reduce such decision to writing and mail or otherwise furnish a copy thereof to the Contractor. The decision of the President of the Board shall be final and 37 conclusive. Nothing in this paragraph shall be construed to relieve the Contractor of full and diligent performance of the Contract.

17. E-Payment

The Contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. The Board agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies", which

generally provides for payment of undisputed amounts by the agency within forty-five (45) days of receipt of the invoice. Mississippi Code Annotated § 31-7-301, et seq.

18. E-Verification

If applicable, Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act and will register and participate in the status verification system for all newly hired employees. Mississippi Code Annotated §§ 71-11-1 and 71-11-3. Contractor agrees to provide a copy of each verification upon request of the Board subject to approval by any agencies of the United States Government. Contractor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws.

The breach of this clause may subject Contractor to the following: (1) termination of this contract and exclusion pursuant to Chapter 15 of the Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations; (2) the loss of any license, permit, certification or other document granted to Contractor by an agency, department, or governmental entity for the right to do business in Mississippi; or (3) both. In the event of such termination, Contractor would also be liable for any additional costs incurred by the Agency due to Contract cancellation or loss of license or permit to do business in the state.

19. Failure to Deliver

In the event of failure of Contractor to deliver services in accordance with the contract terms and conditions, the Board, after due oral or written notice, may procure the services from other sources and hold Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies that the Board may have.

20. Failure to Enforce Does Not Constitute Waiver

Failure by the Board at any time to enforce the provisions of the contract shall not be construed as a waiver of any such provisions. Such failure to enforce shall not affect the validity of the contract or any part thereof or the right of the Board to enforce any provision at any time in accordance with its term

21. Force Majeure

Each party shall be excused from performance for any period and to the extent that it is prevented from performing any obligation or service, in whole or in part, as a result of causes beyond the reasonable control and without the fault or negligence of such party and/or its subcontractors. Such acts shall include without limitation acts of God, strikes, lockouts, riots,

acts of war, epidemics, governmental regulations superimposed after the fact, fire, earthquakes, floods, or other natural disasters ("force majeure events"). When such a cause arises, the Contractor shall notify the Board immediately in writing of the cause of its inability to perform, how it affects its performance, and the anticipated duration of the inability to perform. All parties shall make reasonable efforts to minimize the impact of the force majeure event on contract performance. The Board may exercise any rights it has under the contract which are available when neither party is in default.

22. Indemnification To the fullest extent allowed by law, the Contractor shall indemnify, defend, save and hold harmless, protect, and exonerate the Board, its Commissioners, Board Members, officers, employees, agents, and representatives and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever, including, without limitation, court costs, investigative fees and expenses, and attorneys' fees, arising out of or caused by Contractor and/or its partners, principals, agents, employees, and/or subcontractors in the performance of or failure to perform this Contract.

In the Board's sole discretion, upon approval of the Office of the Mississippi Attorney General, the Contractor may be allowed to control the defense of any such claim, suit, etc. In the event the Contractor defends said claim, suit, etc., the Contractor shall use legal counsel acceptable to the Office of the Mississippi Attorney General and the Board. The Contractor shall be solely responsible for all costs and/or expenses associated with such defense, and the Board shall be entitled to participate in said defense. The Contractor shall not settle any claim, suit, etc., without the concurrence of the Office of the Mississippi Attorney General and the Board, which shall not be unreasonably withhold.

23. Independent Contractor Status

The Contractor shall at all times, be regarded as, and shall be legally considered an Independent Contractor and shall at no time act as an agent for the Board. Nothing contained herein shall be deemed or construed by the Board, the Contractor, or any third party as creating the relationship of principal and agent, master and servant, partners, joint ventures, employer and employee, or any similar such relationship between the Board and the Contractor. Neither the method of computation of fees or other charges, nor any other provision contained herein, nor any acts of the Board or the Contractor hereunder creates, or shall be deemed to create a relationship other than the independent relationship of the Board and Contractor.

The Contractor's personnel shall not be deemed in any way, directly or indirectly, expressly or by implication, to be employees of the Board. Neither the Contractor nor its employees shall, under any circumstances, be considered servants, agents, or employees of the Board, and the

Board shall be at no time be legally responsible for any negligence or other wrong doing by the Contractor, its servants, agents, or employees.

The Board shall not withhold from the Contract payments to the Contractor any federal or state unemployment taxes, federal or state income taxes, Social Security tax, or any other amounts for benefits to the Contractor. Further, the Board shall not provide to the Contractor any insurance coverage or other benefits, including Worker's Compensation, normally provided by the State for its employees.

24. Information Designated by the Board as Confidential

Any liability resulting from the wrongful disclosure of confidential information on the part of Contractor, or its subcontractor(s) shall rest with Contractor. Disclosure of any confidential information by Contractor or its subcontractor(s) without the express written approval of the Board may result in the immediate termination of this agreement.

25. Modification or Renegotiation

This Contract may be modified, altered or changed only by written agreement signed by the parties hereto. The parties agree to renegotiate the Contract if federal, State and/or the Board revisions of any applicable laws or regulations make changes in this Contract necessary.

26. No Limitation of Liability

Nothing in this agreement shall be interpreted as excluding or limiting any liability of the Contractor for harm arising out of the Contractor's or its subcontractors' performance under this agreement.

27. Oral Statements

No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in this Contract. All modifications to the Contract shall be made in writing by the Board and agreed to by the Contractor.

28. Ownership of Documents and Work Papers

The Board shall own all documents, files, reports, work papers and working documentation, electronic or otherwise, created in connection with the project which is the subject of this Contract, except for the Contractor's internal administrative and quality assurance files and internal project correspondence. The Contractor shall deliver such documents and work papers to the Board upon termination or completion of the Contract. The foregoing notwithstanding, the Contractor shall be entitled to retain a set of such work papers for its files. The Contractor

shall be entitled to use such work papers only after receiving written permission from the Board and subject to any copyright protections.

29. Paymode

Payments by state agencies using the State's accounting system shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of the Contractor's choice. The State may, at its sole discretion, require the Contractor to submit invoices and supporting documentation electronically at any time during the term of this Contract. The Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

30. Procurement Regulations

The Contract shall be governed by the applicable provisions of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations, a copy of which is available at 501 North West Street, Suite 701E, Jackson, Mississippi 39201 for inspection, or downloadable at <http://www.dfa.ms.gov/dfa-offices/personal-service-contract-review/opscr>.

31. Professional Certifications and Licenses

Contractor shall provide official copies of all valid licenses and certificates required for performance of the work. The official copies shall be delivered to the Board no later than ten business days after Contractor receives the Notice of Intent to Award from the Board. Current official copies of licenses and certificates shall be provided to the Board within five business days of request at any time during the contract term. Licenses and certificates required for this contract include the following: a business license valid in Mississippi; a professional license or certificate.

32. Property Rights

Property rights do not inure to Contractor until such time as services have been provided under a legally executed contract. Contractor has no legitimate claim of entitlement to the provision of work hereunder and acknowledges that the Board may terminate this contract at any time for its own convenience.

33. Representation Regarding Gratuities

Contractor represents that it has not, is not, and will not offer, give, or agree to give any employee or former employee of Board a gratuity or offer of employment in connection with any approval, disapproval, recommendation, development, or any other action or decision related to the solicitation and resulting contract. Contractor further represents that no

employee or former employee of Board has or is soliciting, demanding, accepting, or agreeing to accept a gratuity or offer of employment for the reasons previously stated; any such action by an employee or former employee in the future, if any, will be rejected by Contractor. Contractor further represents that it is in compliance with the Mississippi Ethics in Government laws, codified at Mississippi Code Annotated §§ 25-4-101 through 25-4-121, and has not solicited any employee or former employee to act in violation of said law.

34. Required Public Records and Transparency

Upon execution of a contract, the provisions of the contract which contain the personal or professional services provided, the unit prices, the overall price to be paid, and the term of the contract shall not be deemed to be a trade secret or confidential commercial or financial information pursuant to Mississippi Code Annotated § 25-61-9(7). The contract shall be posted publicly on www.transparency.ms.gov and shall be available for at the Agency for examination, inspection, or reproduction by the public. The Contractor acknowledges and agrees that the Board and this contract are subject to the Mississippi Public Records Act of 1983 codified at Mississippi Code Annotated §§ 25-61-1, et seq. and its exceptions, Mississippi Code Annotated § 79-23-1, and the Mississippi Accountability and Transparency Act of 2008, codified at Mississippi Code Annotated §§ 27-104-151, et seq.

35. Right to Audit

Contractor shall maintain such financial records and other records as may be prescribed by the Board or by applicable federal and state laws and regulations. Contractor shall retain these records for a period of three years after final payment, or until they are audited by the Board, whichever event occurs first. These records shall be made available during the term of the contract and the subsequent three-year period for examination, transcription, and audit by the Board, the Mississippi State Auditor's Office, and/or other entity of the state.

36. Right to Inspect

The Board may, at reasonable times, inspect the place of business of a Contractor or any subcontractor which is related to the performance of any contract awarded by the Board. 37. Severability If any part of this Contract is declared to be invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of the Contract that can be given effect without the invalid or unenforceable provision, and to this end the provisions hereof are severable. In such event, the parties shall amend the Contract as necessary to reflect the original intent of the parties and to bring any invalid or unenforceable provisions in compliance with applicable law.

38. Standards of Care/Remedies

The Contractor shall exercise reasonable care and due diligence consistent with standards in the industry in the performance of its obligations under this Contract.

39. Stop Work Order

The Board may, by written order to Contractor at any time, require Contractor to stop all or any part of the work called for by this contract. This order shall be for a period of time specified by the Board. Upon receipt of such an order, Contractor shall forthwith comply with its terms and take all reasonable steps to minimize any further cost to the Board. Upon expiration of the stop work order, Contractor shall resume providing the services which were subject to the stop work order, unless the Board has terminated that part of the agreement or terminated the agreement in its entirety. The Board is not liable for payment for services which were not rendered due to the stop work order.

40. Termination

Termination for Convenience. The Board may, when the interests of the Board so require, terminate this contract in whole or in part, for the convenience of the Agency. The Board shall give written notice of the termination to Contractor specifying the part of the contract terminated and when termination becomes effective. Contractor shall incur no further obligations in connection with the terminated work and on the date set in the notice of termination Contractor will stop work to the extent specified. Contractor shall complete the work not terminated by the notice of termination and may incur obligations as are necessary to do so.

Termination for Default. If the Board gives the Contractor a notice that the personal or professional services are being provided in a manner that is deficient, the Contractor shall have 30 days to cure the deficiency. If the Contractor fails to cure the deficiency, the Board may terminate the contract for default and the Contractor will be liable for the additional cost to the Board to procure the personal and professional services from another source. Termination under this paragraph could result in Contractor being excluded from future contract awards pursuant to Chapter 15 of the Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations. Any termination wrongly labelled termination for default shall be deemed a termination for convenience.

41. Third Party Action Notification

The Contractor shall give the Board prompt notice in writing of any action or suit filed, and prompt notice of any claim made against the Contractor by any entity that may result in litigation related in any way to this Contract.

42. Waiver

No delay or omission by either party to this agreement in exercising any right, power, or remedy hereunder or otherwise afforded by contract, at law, or in equity shall constitute an acquiescence therein, impair any other right, power or remedy hereunder or otherwise afforded by any means, or operate as a waiver of such right, power, or remedy. No waiver by either party to this agreement shall be valid unless set forth in writing by the party making said waiver. No waiver of or modification to any term or condition of this agreement will void, waive, or change any other term or condition. No waiver by one party to this agreement of a default by the other party will imply, be construed as or require waiver of future or other defaults.

43. Notices

All notices required or permitted to be given under this Contract shall be in writing and personally delivered or sent by certified United States mail, postage prepaid, return receipt requested, to the party to whom the notice should be given at the address set forth below. Notice shall be deemed given when actually received or when refused. The parties agree to promptly notify each other in writing of any change of address.

If to the Board: Attention:

Susan McCoy, Executive Director

Mississippi Board of Pharmacy

6311 Ridgewood Road

Suite E401

Jackson, Mississippi 39211

If to the Contractor:

Sherri Kent, LPC-S and Ryane Doty, APRN PMHNP-BC

660 Lakeland East Drive

Suite 200

Flowood, Mississippi 39232

44. Incorporation of Documents

This Contract consists of and precedence is hereby established by the order of the following documents incorporated herein:

A. This Contract signed by the parties including Exhibit

A -Fee Schedule for Pharmacy Professionals Recovery Program Services.

B. The Mississippi Board of Pharmacy's Request for Proposals for Pharmacy Professional Recovery Program Services, dated August 8, 2025, and attached hereto as Exhibit B and incorporated fully herein by reference; and

C. The Contractor's Response to the Mississippi Board of Pharmacy's Request for Proposals for Pharmacy Professionals Recovery Program Services, dated September 8, 2025, attached hereto as Exhibit C and incorporated fully herein by reference.

CONTRACT EXHIBIT A
FEE SCHEDULE
FOR
PHARMACY PROFESSIONALS RECOVERY PROGRAM SERVICES

SECTION 7. FEE SCHEDULE

The Fee Schedule must be submitted as described herein. Modification or addition to any portion of the Fee Schedule may be cause for rejection of the Proposals. The fees quoted shall be inclusive of, but not limited to the following: all required labor; all required equipment/material; all required insurance, bond, or other surety; all required overhead/profit; all required applicable taxes; all required vehicles; all required fuel and mileage; all required travel; all required labor and supervision; all required training; all required business and professional certifications, licenses, permits, or fees; and, any and all other direct or indirect costs, incurred or to be incurred. All pricing shall include all associated costs with no additional or hidden fees. All expenses shall be inclusive. The fees quoted shall constitute the entire compensation due to the Offeror for services rendered by each staff member. Pricing must be firm, flat dollar amounts, as percentage of other variable amounts will not be accepted. The Offeror shall also include a total cost for full performance of all services requested in the RFP.

The Fee Schedule shall be submitted as Section 7 of the Proposals and outline as below:

Direct Payment from MS Board of Pharmacy:

| | Total Amount | Monthly Amount |
|--|----------------------|-----------------------|
| December 1, 2025 to June 30, 2026 | \$ 77,000.00 | \$ 7,000.00 |
| July 1, 2026 to June, 30, 2027 | \$ 156,000.00 | \$ 13,000.00 |
| July 1, 2027 to June 30, 2028 | \$ 156,000.00 | \$ 13,000.00 |
| July 1, 2028 to June, 30, 2029 | \$ 156,000.00 | \$ 13,000.00 |
| Optional Renewal: | | |
| July 1, 2029 to June 30, 2030 | \$ 165,000.00 | \$ 13,750.00 |
| Total Contract Amount | \$ 710,000.00 | |

Any Costs expected from Program Participants (do not include lab testing fees):

Pharmacist: \$1,125.00 Monthly Fee

Technicians: \$ 625.00 Monthly Fee

Students: \$ 500.00 Monthly Fee

The pricing quoted above shall constitute the entire compensation due to the selected Offeror for services performed by its staff and all of the selected Offeror's obligations here under regardless of the difficulty, materials, or equipment required. No additional compensation will be provided by the Board for any expense, cost, or fee not specifically authorized by the resulting contract. The Board shall not provide any prepayments or initial deposits in advance of services being rendered. Fees for services provided by the selected Offeror shall be billable to the Board in monthly installments, in arrears, upon completion of services for each month of services delivered pursuant to the Contract.

Only those services agreed to by contract shall be considered for reimbursement/compensation by the Board. Payment for any, and all services provided by the selected Offeror to the Board shall be made only after said services have been duly performed and properly invoiced. The fees listed above are firm for the duration of resulting contract and are not subject to escalation for any reason unless resulting contract is duly amended.

The selected Offeror shall submit all invoices in a form acceptable to the Board with all of the necessary supporting documentation prior to the payment of allowable costs. Such invoices will, at a minimum, include the appropriate descriptions of the services being billed or other bases for charges included in RFP Section 7, Fee Schedule. Details will be determined during contract negotiations.

CONTRACT EXHIBIT B
MISSISSIPPI BOARD OF PHARMACY'S REQUEST
FOR PROPOSALS FOR
PHARMACY PROFESSIONALS RECOVERY PROGRAM SERVICES

MISSISSIPPI BOARD OF PHARMACY



REQUEST FOR PROPOSALS

PHARMACY PROFESSIONALS RECOVERY PROGRAM SERVICES

August 8, 2025

Contact Information for this Request for Proposals:

Pharmacy Professionals Recovery Program Services RFP
c/o Mississippi Board of Pharmacy
6311 Ridgewood Road, Suite E401
Jackson, MS 39211
TDear@mbp.ms.gov

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Draft Pharmacy Professionals Recovery Program Services Contract

SECTION 1. INTRODUCTION

1.1 Overview and Process

Pursuant to Mississippi Code Annotated, Section 73-21-91 and Section 73-21-111, the Mississippi Pharmacy Board (hereinafter “Board”) is seeking a contractor to provide a Pharmacy Professionals Recovery Program (“Program”) for impaired pharmacists, pharmacy students and pharmacy technicians licensed or registered with the Board. The contract shall be effective on December 1, 2025 and shall terminate on June 30, 2029. There will be an option to renew the contract for an additional one (1) year term, at the discretion and approval of the Board. A draft contract has been included as Appendix A in this RFP for your review and comment. The effective date of this contract will be December 1, 2025.

A copy of this RFP, including any subsequent amendments, along with a copy of all questions from Offerors and responses to those questions, will be posted on The Buying and Selling to Government in Mississippi website and the Board’s website under the heading “MBP Proposals Announcements” at <https://www.mbp.ms.gov/news>. Before the award of any contract, the Offeror will be required to document to the Board that it has the necessary capabilities to provide the services specified in this RFP. The Offeror may also be required to provide additional client references, as well as related project experience detail in order to satisfy the Board that the Offeror is qualified. The Board may make reasonable investigations, as it deems necessary and proper, to determine the ability of the Offeror to perform the work, and the Offeror shall be required to furnish to the Board all information that may be requested for this purpose. The Board reserves the right to reject any Proposals if the Offeror fails to provide the requested information and/or fails to satisfy the Board that the Offeror is properly qualified to carry out the obligations of the contract and to complete the work described in this RFP.

This solicitation and any resulting contract shall be governed by the applicable provisions of the Mississippi Public Procurement Review Board (PPRB) Office of Personal Service Contract Review (OPSCR) Rules and Regulations, a copy of which is available on the Mississippi Department of Finance and Administration’s website (www.dfa.ms.gov). Any vendor responding to a solicitation for personal and professional services and any contractor doing business with a state agency is deemed to be on notice of all requirements therein.

1.2 Purpose and Goals

The purpose of this solicitation is to contract with an Offeror to provide a recovery program for pharmacists, pharmacy students and pharmacy technicians licensed or registered with the Board. The historical number of licensees and registrants participating in the Board’s recovery program is between 40 to 60 individuals.

The Board’s goal is to protect the public while encouraging and supporting the wellbeing of licensees including recovery of pharmacists, pharmacy students and pharmacy technicians from the diseases of substance abuse disorder, mental or physical illness that may impact a licensee’s ability to practice with reasonable skills, confidence, and safety to the public.

SECTION 2. SCOPE OF SERVICES

This section contains information on services and procedures that the Offeror must provide, or adhere to, in servicing the Board's proposed services.

For the services, please respond by restating each service listed, including the number, and confirm your intention to provide the service as described, respond by stating, "*Confirmed*". If your company can provide the service, but not exactly as described, respond by stating, "*Confirmed, but with exceptions*", and state the specific exceptions. Any exceptions should also be noted in *Section 4 – Statement of Compliance*. If your company is currently unable to provide a listed service, respond by stating, "*Unable to provide this service*". Any additional details regarding these services should be provided in your responses to the questionnaire, or as additional information included as an appendix to your Proposals.

2.1 Program Services

- A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time.
- B. The contractor must develop and maintain a referral list of treatment providers approved to provide assessments and treatment for inpatient and intensive outpatient care and aftercare. Assessments must be performed by qualified evaluators using recognized methodologies, including, but not limited to, screening instruments, psychosocial testing, results of mental health/drug and alcohol history, and personal interviews.
- C. The contractor must administer an individualized treatment plan created by an approved treatment program. Case management must be administered by a qualified resource or resources. The resource(s) may be dedicated or shared.
- D. The contractor must use the intake assessment and recommendations from treatment providers and determine the elements for continuous monitoring for each participant, including:
 - 1) Required participation in treatment to include inpatient, intensive outpatient, outpatient, recommended aftercare, support groups, and one-on-one counseling. The ability to track recovery activities in real time through mobile technology applications and on paper forms.
 - 2) Recovery-related activities, with validation reports from the participants' employers, work-site monitors, counselors, sponsors, and others.
 - 3) Random drug testing incorporating alternative specimens, including hair test, Peth testing, nail, and oral fluid testing, performed by a laboratory that has the appropriate national certification for the performed testing. Testing fees are paid directly to the performing laboratory.
 - 4) Contractor must have routine individual meetings with the participant and coordinate framework for peer-to-peer support (ie. Pharmacist to Pharmacist).
 - 5) Execute and oversee a written substance use disorder agreement.
 - 6) Contractor must have direct communication access with the participant, including but not limited to by phone and email.

- E. The contractor must facilitate an assessment of each participant as part of the intake process to establish the necessary basis for appropriately managing each participant both initially and throughout their program participation. The contractor must also coordinate or help facilitate timely interventions and treatment.
- F. Reporting and Data
 - 1) Quarterly Reports
 - 2) Immediate reporting to the regulatory agency is required for specific circumstances or on demand per Board or Board staff request.
- G. Must employ an addiction-trained Medical Review Officer or Medical Director with expertise in recovery of healthcare professionals. Expertise shall be reflected in applicable certification(s) in personal recovery or addiction medicine (e.g. ASAM).
- H. Must have an independent, confidential administrative and/or case management review committee that gives recommendations to program staff. Peer program participants of the committee should only serve in an advisory capacity.
- I. Provide an independent internal review for participant disagreements/grievances against staff or case review committee recommendations
- J. Contractor must provide, communicate, and advocate for or against licensure of participants during regular MS Board of Pharmacy meetings and as needed. This attendance shall be in person. Advocacy must be based on established and tracked metrics.
- K. Referrals for mental health or fitness to practice including providing the Board guidance on the physical or mental capacity of a licensee to participate in the practice of pharmacy or assist in the practice of pharmacy with reasonable skills, confidence and safety to the public.
- L. Must maintain competency in the best practices of substance use disorder and mental health management, including dual diagnosis, and serve as a resource to the Board and Board staff in these areas.
- M. Collaborate with Board staff to provide educational programs concerning substance use disorder, benefits of self-reporting, and mental health wellness to identified stakeholders including but not limited to schools of pharmacy, targeted professional groups, and employers.
- N. The Board reserves the right to audit all records maintained by the contractor or its subcontractor's relative to the contractor's performance under this Contract. At least two (2) business days' notice by the Board will be given to the contractor of the intent to audit. The Board shall have the right to perform financial, performance, and other special audits on such records maintained by the contractor during regular business hours throughout the contract period. The contractor agrees that confidential information including, but not limited to, medical and other pertinent information relative to this contract, shall not be disclosed to any person or organization for any purpose without the expressed, written authority from the Board. The selected contractor will make available all records for review at no cost to the Board. Indicate your acceptance of this Proposals requirement and

willingness to cooperate. For the purposes of this section, the term “audits” refers to financial, performance, and other special audits on such records maintained by the contractor and/or its subcontractors relative to the contractor’s performance under this Contract. Confirm you will comply with this requirement.

SECTION 3. REFERENCES

It is a requirement for the Offeror to provide the following references as part of the Proposals. Failure to do so will result in disqualification of the Proposals submitted. References provided by the company must be familiar with the Offeror's abilities in the areas involved with this solicitation. Board staff will use these references to determine the Offeror's ability to perform the services. It is the responsibility of the Offeror to ensure that the reference contact information is correct and current. Board staff will not track down references. Offerors should verify before submitting their Proposals that the contact information provided is correct for each reference. Client references that cannot be contacted for verification will not be considered. The determination of the length of time an Offeror has provided these services will be based upon the initial date the Offeror established a contractual relationship to provide such services.

For each client provided pursuant to Subsections A-C please specify:

- 1) Client contact information, including the name, title, address, email address, and phone number of a person whom we may contact to confirm as needed,
- 2) The specific type of work your company provided to the client,
- 3) Contract effective dates (beginning and end dates) for the time period(s) your company provided services to the client.

If two or more of the following reference requirements are met by the same client, list additional clients so there are at least three (3) clients listed for each section. If you are unable to provide three (3) clients for each reference, provide as many as you have and indicate in the response additional references meeting this requirement are not available.

- A. List up to three clients for whom your company has provided services similar to those requested in this RFP. For each client, specify the type of recovery program services provided by your client, the average number of individual participating in the program, and the period of time retained as a client. For each client, the list must specify:
 - 1) Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,
 - 2) The type of work your company provided to the client,
 - 3) Contract effective dates for the time period(s) (beginning and end dates) your company provided services to the client.
- B. List up to three governmental clients for whom your company has provided one or more of the services requested in this RFP. If possible, please list three additional clients besides any previously listed references. For each client, specify the type of work performed by your company, the average number of individuals participating in the program, and the period of time retained as a client. For each client, the list must specify:
 - 1) Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,
 - 2) The type of work your company provided to the client,
 - 3) Contract effective dates for the time period(s) (beginning and end dates) your company provided services to the client.

C. List all clients that have discontinued use of your services since January 1, 2018 and your understanding of their discontinued use of your services. For each client, the list must specify:

- 1) Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,
- 2) The type of work your company provided to the client,
- 3) Contract effective dates for the time period(s) (beginning and end dates) your company provided services to the client,
- 4) Reason discontinued.

SECTION 4. STATEMENT OF COMPLIANCE AND EXCEPTION(S) FORM

If an Offeror objects to any terms, conditions, or requirements listed in the Board's Invitation for Proposals for Pharmacy Professionals Recovery Program Services, dated August 8, 2025, including all RFP attachments and amendments, the Offeror must list and explain the exceptions taken. If no exceptions are taken, then the Offeror shall state on the form "No Exceptions Taken." Failure to indicate any exception will be interpreted as the Offeror's intent to comply fully with the requirements as written. Failure to complete and/or sign may result in Offeror being determined nonresponsive. Please carefully review the information located in **RFP Section 4, Statement of Compliance and Exception(s) Form**, and include a copy **signed by an officer, principal, or owner** of your company with your completed Proposals. Failure to submit a signed Statement of Compliance and Exception(s) form may result in your Proposals being eliminated from further consideration. If you object to any of the terms and conditions included in the Draft Pharmacy Professionals Recovery Program Services Contract (refer to **RFP Appendix A**), or any requirements listed in this RFP, please note and explain your objection(s) on the Statement of Compliance and Exception(s) form. Clauses in blue type in the Draft Contract are deemed mandatory and are nonnegotiable.

Conditional or qualified Proposals, unless specifically allowed, shall be subject to rejection in whole or in part. The Proposals must contain a high degree of acceptance of contract terms and conditions listed in the draft contract provided as **Appendix A** of this RFP. Refer to **RFP Section 9.7**.

A Proposals response that includes terms and conditions that do not conform to the terms and conditions in the RFP and draft contract is subject to rejection as non-responsive. The Board reserves the right to permit the Offeror to withdraw nonconforming terms and conditions from its Proposals response prior to a determination by the Board of non-responsiveness based on the submission of nonconforming terms and conditions. As a precondition to Proposals acceptance, the Board may request the Offeror to withdraw or modify those portions of the Proposals deemed non-responsive that do not affect quality, quantity, price, or delivery of the service.

Statement of Compliance and Exception(s) Form

Offeror taking exception to any part or section of the solicitation shall indicate such exceptions on the table below. If no exceptions are taken, then the Offeror shall state in this section "No Exceptions Taken." Failure to indicate any exception will be interpreted as the Offeror's intent to comply fully with the requirements as written. Conditional or qualified Proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

We agree to adhere to all terms, conditions, and requirements as set forth in the Mississippi Board of Pharmacy Invitation for Proposals for Pharmacy Professionals Recover Program Services, dated August 8, 2025, including all RFP amendments, and the conditions contained in the draft contract included as RFP Appendix A, Draft Pharmacy Professionals Recovery Program Services Contract, except as listed below:

| Procurement Section and Page Number | Original Language | Requested Change/Exception | MBP Decision |
|---|-------------------|-------------------------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

An original signature is required below. This statement must be signed by an appropriate Offeror officer, principal, or owner and returned as part of your Proposals.

Company Name: _____

Printed Name of Representative, Title: _____

Date: _____

Signature: _____

Note: Failure to sign this form may result in the Proposals being rejected as non-responsive. Modifications or additions to any portion of this Proposals document may be cause for rejection of the Proposals.

SECTION 5. GENERAL QUESTIONNAIRE

Failure to answer the following general questionnaire completely will result in Offeror being determined nonresponsive. In preparing your written response to the narrative questionnaire below, you are required to repeat each question, including the number, or requirement followed by your response. Please provide complete answers and explain all issues in a concise, direct manner. If you cannot provide a direct response for some reason (e.g., your company does not collect or furnish certain information), please indicate the reason rather than providing general information that fails to answer the question. "Will discuss" and "will consider" are not appropriate answers.

5.1 Provide the name, title, mailing address, e-mail address, and telephone number of the contact person for this Proposals.

5.2 State the full name of your firm/company, and provide the address, and telephone number of your principal place of business.

5.3 List the office that will service the Board. If it is located at a different address than the home office, provide the complete address, phone number, and facsimile number for this office.

5.4 Describe your organizational structure. Indicate whether your firm operates as a corporation, partnership, individual, etc. If it is incorporated, include the state in which it is incorporated, and list the names and occupations of those individuals serving on your firm's Board of Directors.

5.5 Describe your organizations qualifications demonstrating work with healthcare professionals over the last five (5) years.

5.6 List the types and number of health care professionals and the numbers served in the last five (5) years.

5.7 Describe any ownership or name changes your firm has been through in the past three years. Are any ownership or name changes planned?

5.8 Please provide all information regarding the liability insurance that is held for the organization.

5.9 Provide a brief description of any outside Contractors or subcontractors that will be involved in providing key services detailed within your Proposals. Please include the term of your current contract with each Contractor or subcontractor. Describe the nature of the relationship with the subcontractor, including any ownership interest.

5.10 Describe your policy and procedure for obtaining and handling records. Description should include but should not be limited to access, storage, and destruction.

5.11 Describe the process utilized for informed consent of a participant in the Program.

5.12 Describe your Quality Assurance and Quality Improvement principles and related structure.

5.13 Has your firm had any HIPAA breaches or incidents determined to be reportable to the U.S. Department of Health and Human Services (DHHS) within the last three years? If the answer is yes, please describe the circumstances and the corrective action in detail.

5.14 Is your firm licensed or authorized to provide the proposed services in the State of Mississippi?

5.15 Confirm the Proposal is valid for one (1) year after the date of submission.

SECTION 6. TECHNICAL QUESTIONNAIRE

Failure to answer the following questionnaire completely will result in Offeror being determined nonresponsive. In preparing your written response to the narrative questionnaire below, you are required to repeat each question, including the number, or requirement followed by your response. Please provide complete answers and explain all issues in a concise, direct manner. If you cannot provide a direct response for some reason (e.g., your company does not collect or furnish certain information), please indicate the reason rather than providing general information that fails to answer the question. "Will discuss" and "will consider" are not appropriate answers.

Experience in the administration of recovery network monitoring programs for healthcare professionals is required for all bidders. Describe in detail your knowledge and experience in providing peer assistance recovery services to include:

6.1 Describe the team dedicated to providing the requested scope of services for the Board. Specifically,

- A. Identify the dedicated individual who will serve as the primary contact for the Board along with a list of job duties and experience with other programs with services requested in this RFP. Include a resume(s) as an appendix to your Proposals in Section 9. Include any licenses and training if a health care professional.
- B. Provide the name(s) and resumes of all key personnel who will oversee and provide the services rendered to the Board, a brief statement of all duties each individual will be assigned, a brief statement as to why each person is qualified relative to this work and identify area(s) of expertise for each key person, detailed information on any special training or designation, and each person's respective total number of years of experience related to the services being requested in this RFP. Include all resumes as an appendix to your Proposals in Section 9. Include any licenses and training for all health care professionals.

6.2 Describe the history, program philosophy, number of years in service, and accomplishments of your organization in managing healthcare professionals whose ability to safely practice is or may be impaired because of alcohol use, substance use/and or mental illness.

6.3 Provide a list and description of all tools used to provide monitoring and compliance of program participants. The list should include examples such as individual and aggregate reports related to meeting participation, drug testing, relapse indicators, etc. Include whether these tools provide date and time stamping and how they have been validated. Please describe how program participants interact with these tools.

6.4 The Board must have prompt and direct access to the Offeror throughout the contract period. Describe in detail how your company will provide this access.

6.5 Describe how the organization will facilitate the use of support groups (in person and online). Support groups shall have a foundation in the 12-step program.

6.6 Describe your organization's confidentiality standards.

6.7 Describe any liaison work with public entities and other states and how your organization maintains awareness and competence in best practices.

6.8 Provide key performance indicators that reflect your ability to monitor health care professionals.

6.9 Describe the frequency of individual meetings with program participants. Please include any anticipated changes as participants progress in the program.

6.10 Describe the structure of your administrative and/or case management review committee.

6.11 Provide details of your internal review process for participant disagreements or grievances.

6.12. Provide a de-identified example of advocacy conducted in support of a program member regaining licensure. (ie. De-identified hearing transcript, letter of support, etc.)

6.13 Provide copies of all applicable program forms used for member management and education (e.g. consent to treat, release of information, intake forms, treatment center-related documents, participant handbook, medication use and reporting guidelines)

SECTION 7. FEE SCHEDULE

The Fee Schedule must be submitted as described herein. Modification or addition to any portion of the Fee Schedule may be cause for rejection of the Proposals. The fees quoted shall be inclusive of, but not limited to the following: all required labor; all required equipment/material; all required insurance, bond, or other surety; all required overhead/profit; all required applicable taxes; all required vehicles; all required fuel and mileage; all required travel; all required labor and supervision; all required training; all required business and professional certifications, licenses, permits, or fees; and, any and all other direct or indirect costs, incurred or to be incurred. All pricing shall include all associated costs with no additional or hidden fees. All expenses shall be inclusive. The fees quoted shall constitute the entire compensation due to the Offeror for services rendered by each staff member. Pricing must be firm, flat dollar amounts, as percentage of other variable amounts will not be accepted. The Offeror shall also include a **total cost** for full performance of all services requested in the RFP.

The Fee Schedule shall be submitted as Section 7 of the Proposals and outline as below:

Direct Payment from MS Board of Pharmacy:

| | Total Amount | Monthly Amount |
|--|---------------------|-----------------------|
| December 1, 2025 to June 30, 2026 | \$ | \$ |
| July 1, 2026 to June 30, 2027 | \$ | \$ |
| July 1, 2027 to June 30, 2028 | \$ | \$ |
| July 1, 2028 to June 30, 2029 | \$ | \$ |
| Optional Renewal: | | |
| July 1, 2029 to June 30, 2030 | \$ | \$ |
| Total Contract Amount | \$ | |

Any Costs expected from Program Participants (do not include lab testing fees):

Pharmacist: _____ Monthly Fee
Technicians: _____ Monthly Fee
Students: _____ Monthly Fee

The pricing quoted above shall constitute the entire compensation due to the selected Offeror for services performed by its staff and all of the selected Offeror's obligations here under regardless of the difficulty, materials, or equipment required. No additional compensation will be provided by the Board for any expense, cost, or fee not specifically authorized by the resulting contract. The Board shall not provide any prepayments or initial deposits in advance of services being rendered. Fees for services provided by the selected Offeror shall be billable to the Board in monthly installments, in arrears, upon completion of services for each month of services delivered pursuant to the Contract.

Only those services agreed to by contract shall be considered for reimbursement/compensation by the Board. Payment for any and all services provided by the selected Offeror to the Board shall be

made only after said services have been duly performed and properly invoiced. The fees listed above are firm for the duration of resulting contract and are not subject to escalation for any reason unless resulting contract is duly amended.

The selected Offeror shall submit all invoices in a form acceptable to the Board with all of the necessary supporting documentation prior to the payment of allowable costs. Such invoices will, at a minimum, include the appropriate descriptions of the services being billed or other bases for charges included in RFP Section 7, Fee Schedule. Details will be determined during contract negotiations.

SECTION 8. SUBMISSION OF PROPOSALS AND PROPOSALS OPENING

8.1 Proposals must be received in the Board in Jackson, Mississippi by 2:00 p.m. CT on September 12, 2025.

8.2 Proposals may be submitted electronically or by paper format as outlined below. Offerors are only required to submit Proposals in one manner.

A. Submission of Paper Proposals

- 1) Paper copies of the original signed Proposals package and one copy of the signed Proposals package may be submitted in a sealed envelope or package to:

**Mississippi Board of Pharmacy
Attn: Todd Dear, Associate Director
6311 Ridgewood Road
Suite E401
Jackson, Mississippi 39211**

- 2) The sealed envelope or package must be labeled:
**SEALED PROPOSALS– DO NOT OPEN
Pharmacy Recovery Program RFP**
- 3) Proposals are subject to rejection unless submitted with the information included on the outside the sealed Proposals envelope or package.
- 4) The time and date of receipt will be indicated on the sealed Proposals envelope or package by Board staff. The only acceptable evidence to establish the time of receipt at the office identified for Proposals opening is the time and date stamp of that office on the Proposals wrapper or other documentary evidence of receipt used by that office.
- 5) All Offerors are urged to take the possibility of delay into account when submitting a Proposals. Timely submission of the Proposals package is the responsibility of the Offeror. Proposals received after the specified time will not be considered. It is suggested that if a Proposals is mailed to the Board, it should be posted in certified mail with a return receipt requested. The Board will not be responsible for mail delays or lost mail. All risk of late arrival due to unanticipated delay – whether delivered by hand, U.S. Postal Service, courier or other delivery service or method – is entirely on the Offeror.

B. Submission of Proposals Electronically

- 1) Electronic submissions of proposals shall be sent to TDear@mbp.ms.gov
- 2) The subject line of the email must read:
**SEALED PROPOSALS Pharmacy Professionals Recovery Program Services
9/12/2025.**
- 3) The time and date stamp on the email as received by the Board will be considered the time and date of receipt. It is the sole responsibility of the Offeror to ensure the email containing the Proposals package is received by the Board prior to the submission deadline.

8.3 Timely submission of the Proposals package is the sole responsibility of the Offeror. Proposals received after the specified time shall be rejected and remain unopened in the procurement file. The Offeror assumes all risk regarding delivery of the Proposals. The Board

will not be responsible for delivery delays, packages which are lost in the delivery process, misdirected emails, or other deliver errors.

8.4 Offerors shall identify each page of the Proposals package with the Offeror's name.

8.5 Failure to submit a Proposals in the Proposals form provided will be considered cause for rejection of the Proposals. Modifications or additions to any portion of the Proposals document may be cause for rejection of the Proposals. The Board reserves the right to decide, on a case-by-case basis, whether to reject a Proposals with modifications or additions as non-responsive. As a precondition to Proposals acceptance, the Board may request the Offeror to withdraw or modify portions deemed non-responsive that do not affect the service's quality, quantity, price, or delivery.

8.6 Proposals submitted by facsimile (fax) machine will not be accepted/considered.

8.7 Submission Format –Each Offeror must submit their Proposals in the style and format outlined herein.

A. The Proposals should be labeled and submitted as applicable per file version:

Section 1 – Introduction/Signed Proposals Cover Letter

Section 2 – Scope of Services Confirmation

Section 3 – References

Section 4 – Signed Statement of Compliance and Exception(s) Form

Section 5 – General Questionnaire

Section 6 – Technical Questionnaire

Section 7 – Fee Schedule

Section 8 - Signed Acknowledgement

Section 9 – Résumés for Key Staff: Provide a complete résumé of key Offeror staff who will be assigned to render services to the Board, including detailed information on any special training or designations and each person's respective total number of years of experience related to the services being requested in this RFP.

Section 10 – Any Additional Information Not Specifically Requested: If you have additional information you would like to provide, include it as Section 10 of your Proposals. It is the Offeror's sole responsibility to submit information relative to the evaluation of its Proposals and the Board is under no obligation to solicit such information if it is not included in the Proposals.

- B. Each page of the Proposals should be numbered. Multiple page attachments and samples should be numbered internally within each document, and not necessarily numbered in the overall page number sequence of the entire Proposals. The intent of this requirement is for the Offeror to submit all information in a manner that is clearly referenced and easily located.

8.8 Any Offeror claiming that its response contains information exempt from the Mississippi Public Records Act (Mississippi Code Annotated §§ 25-61-1 et seq. and 79-23-1), shall segregate and mark the information as confidential and provide the specific statutory authority for the exemption. If the Proposals contains confidential information, one (1) redacted electronic copy of the complete Proposals including all attachments shall be submitted in a searchable Microsoft Office® format, preferably in Word ® or PDF® .

- A. **If a redacted copy is not submitted, the Board shall consider the entire Proposals to be public record.** The redacted copy should identify which section or information has been redacted and the Offeror shall provide the specific statutory authority for the exemption. Per Mississippi Code Annotated § 25-61-9(7), the type of service to be provided, the price to be paid, and the term of the Contract cannot be deemed confidential.
- B. The redacted copy shall be considered public record and immediately released, without notification to the Offeror, pursuant to any request under the Mississippi Public Records Act, Mississippi Code Annotated §§ 25-61-1 et seq. and 79-23-1. Redacted copies shall also be used/released for any reason deemed necessary by the Board, including but not limited to, submission to the PPRB, posting to the Transparency Mississippi website, etc.
- C. In accordance with *PPRB OPSCR Rules and Regulations Section 1-301*, “Any party seeking a protective order on a procurement contract awarded by state agencies shall give notice to and provide the reasons for the protective order to the party requesting the information in accordance with the Mississippi Rules of Civil Procedure. The notice and reasons for the protective order must also be posted on the Mississippi Procurement Portal for a minimum of seven (7) days before filing the petition seeking the protective order in a chancery court. Any party seeking a protective order in violation of this subsection may be barred by a state agency from submitting Proposals, Proposals or qualifications for state procurements for a period not to exceed five (5) years.” Any records requested through a public records request shall be released no later than twenty-one (21) days from the date the third parties are given notice by the public body unless the third parties have followed the notification requirements and also filed in chancery court a petition seeking a protective order on or before the expiration of the twenty-one (21) daytime period.

8.9 All documentation submitted in response to this RFP and any additional information submitted in response to subsequent requests for information pertaining to this RFP shall become the property of the Board and will not be returned to the Offeror.

8.10 All information requested is considered important. Failure to provide all requested information and in the required format may result in disqualification of the Proposals. The Board

has no obligation to locate or acknowledge any information in the Proposals that is not presented under the appropriate outline and in the proper location according to the instructions herein.

8.11 If determined that the Offeror has altered any language in the original RFP, the Board may, at its sole discretion, disqualify the Offeror from further consideration. The RFP issued by the Board is the official version and will supersede any conflicting language subsequently submitted in Proposals.

8.12 Important Dates and Deadlines

| | |
|-----------------------------------|--|
| August 8, 2025 | Invitation for Proposals Released |
| August 21, 2025 | Questions and Request for Clarification due to the Board |
| August 24, 2025 | Anticipated responses to Offeror questions to be posted |
| September 12, 2025 2:00 pm | Proposals submission deadline |
| September 18, 2025 | Presentation of Finalist, if Required by Board |
| September 25, 2025 | Notice of Intent to Award |
| November 6, 2025 | Notice of Contract Award Published |
| December 1, 2025 | Contract Effective Date |

*Adjustments to the schedule may be made as deemed necessary by the Board. Any Offerors selected as finalists will make presentations in Jackson, Mississippi. The Board shall not be responsible for any expenses incurred by the Offeror for such presentation. **Due to the constraints of the RFP timeline and the relative importance of presentations in the evaluation process, interested Offerors are encouraged to be prepared to accommodate this schedule.**

8.13 Contact, Questions/Request for Clarification, and Acknowledgement of Responses/RFP Amendments

- A. Offerors must carefully review this solicitation, the Contract, risk management provisions, and all attachments for defects, questionable, or objectionable material. Following review, Offerors may have questions to clarify or interpret the RFP to submit the best Proposals possible. To accommodate the questions and requests for clarifications, Offerors shall submit any such question via email by the deadline reflected in RFP Section 9.2. All questions and requests for clarifications must be directed by email to:

Todd Dear, Associate Director

Email: TDear@mbp.ms.gov

- B. Offerors should enter "RFP Pharmacy Professionals Recovery Program Services - Questions" as the subject for the email. Question submittals should include a reference to the applicable RFP section and be submitted in the format shown below:

| | RFP Section, Page Number | Offeror Question/Request for Clarification |
|----|---------------------------------|---|
| 1. | | |
| | | |

- C. Official responses will be provided only for questions submitted as described above and only to clarify information already included in the RFP. The identity of the organization

submitting the question(s) will not be revealed. All questions and answers will be published on The Buying and Selling to Government in Mississippi website and the Board's website as an amendment to the RFP by the date and time reflected in RFP Section 8.2.

- D. Offerors shall acknowledge receipt of any amendment to the RFP in writing. The acknowledgement shall be submitted to Todd Dear, Associate Director, via email TDear@mbp.ms.gov. Each Offeror shall submit a written acknowledgement of every amendment to the Board on or before the submission deadline.
- E. The Board will not be bound by any verbal or written information that is not contained within this RFP unless formally noticed and issued by the contact person as an RFP amendment. Offerors are cautioned that any statements made by Board personnel that materially change any portion of the Proposals document shall not be relied upon unless subsequently ratified by a formal written amendment to the Proposals document.
- F. All Offeror communications regarding this RFP must be directed to Todd Dear, Associate Director. Unauthorized contact regarding the RFP with other employees of the Board may result in the Offeror being disqualified, and the Offeror may also be suspended, disbarred, or removed from consideration for award of contracts with the State of Mississippi for a period of two (2) years. At no time shall any Offeror or its personnel contact, or attempt to contact, any Board staff regarding this RFP except the contact person as set forth and, in the manner, prescribed herein.
- G. No pre-Proposals conference will be held for this RFP.
- H. The Board reserves the right to amend this RFP at any time. Should an amendment to the RFP be issued, it will be posted on The Buying and Selling to Government in Mississippi website and also the Board's website under the heading at "MBP Proposals Announcements" at <https://www.mbp.ms.gov/news> in a manner that all Offerors will be able to view. Offerors must acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the Proposals package, by identifying the amendment number and date in the space provided for this purpose on the RFP amendment, or by letter. The acknowledgment should be received by the Board by the time, date, and at the place specified for receipt of Proposals. It is the Offeror's sole responsibility to monitor The Buying and Selling to Government in Mississippi website and the Board's website for any updates or amendments to the RFP. Questions and Answer document(s), if any are issued/posted on The Buying and Selling to Government in Mississippi website and the Board's website, must be treated the same as an RFP Amendment, meaning they will require acknowledgement.
- I. The RFP is comprised of the base RFP document, any attachments, any amendments issued prior to the submission deadline, and any other documents released before contract award.

8.14 Corrections and Clarifications

The Board reserves the right to request clarifications or corrections to Proposals. Any Proposals received which does not meet any of the requirements of this RFP, including clarification or correction requests, may be considered non-responsive and eliminated from further consideration.

8.15 Modification, Withdrawal, or Rejection of a Proposals

- A. Modifications or additions to any portion of the procurement document may be cause

for rejection of the Proposals. The Board reserves the right to decide, on a case-by-case basis, whether to reject a Proposals with modifications or additions as non-responsive. As a precondition to Proposals acceptance, The Board may request the Offeror to withdraw or modify those portions of the Proposals deemed non-responsive that do not affect quality, quantity, price, or delivery of the service. The RFP issued by the Board is the official version and will supersede any conflicting RFP language subsequently submitted in Proposals.

- B. An Offeror may withdraw a submitted Proposals by submitting a written notification for its withdrawal to the Board, signed by the Offeror, and emailed, or mailed to the addresses provided within RFP Section 8.1 prior to the time and date set for Proposals opening. The Board shall not accept any amendments, revisions, or alterations to Proposals after the due date unless requested by the Board. Late Proposals shall not be considered for award and the Offeror shall be notified as soon as practicable.
- C. If the price proposed/offered is substantially lower than those of other Offerors, a mistake may have been made. An Offeror may withdraw its Proposal from consideration if certain conditions are met:
 - 1) The Proposal is submitted in good faith;
 - 2) The price proposed/offered is substantially lower than those of other Offerors because of a mistake;
 - 3) The mistake is a clerical error, not an error of judgment; and,
 - 4) Objective evidence drawn from original work papers, documents, and other materials used in the preparation of the Proposal demonstrates clearly that the mistake was an unintentional error in arithmetic or an unintentional omission of a quantity of labor or material.
- D. To withdraw a Proposal that includes a clerical error after Proposal's opening, the Offeror must give notice in writing to the Board of claim of right to withdraw a Proposal. Within two (2) business days after the Proposal's opening, the Offeror requesting withdrawal must provide to the Board all original work papers, documents, and other materials used in the preparation of the Proposal.
- E. An Offeror may also withdraw a Proposal, prior to the time set for the opening of Proposal, by simply making a request in writing to the Board. No explanation is required.
- F. No Offeror who is permitted to withdraw a Proposal shall, for compensation, supply any material or labor to or perform any subcontract or other work for the person to whom the Contract is awarded, or otherwise benefit from the Contract.
- G. No partial withdrawals of a Proposal is permitted after the time and date set for the Proposal's opening; only complete withdrawals are permitted.
- H. A Proposal that includes terms and conditions that do not conform to the terms and conditions in the RFP document is subject to rejection as non-responsive. Further, submission of a Proposal that is not complete and/or signed is subject to rejection as non-responsive. The Board reserves the right to permit the Offeror to withdraw nonconforming terms and conditions from its Proposal prior to a determination by the Board staff of non-responsiveness based on the submission of nonconforming terms and conditions.

8.16 Right to Consider Historical Information

The Board reserves the right to consider historical information regarding the Offeror, whether gained from the Offeror's Proposal, conferences with the Offeror, references, or any other source during the evaluation process. This may include, but is not limited to, information from any state or federal regulatory entity.

8.17 Right to Reject, Cancel and/or Issue Another RFP

The Board specifically reserves the right to reject any or all Proposals received in response to the RFP, cancel the RFP in its entirety, or issue another RFP.

8.18 Availability of Funds

It is expressly understood and agreed that the obligation of Board to proceed under this agreement is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt the appropriated funds. If the funds anticipated for the continuing time fulfillment of the agreement are, at any time, not forthcoming or insufficient, regardless of the source of funding, Board shall have the right upon 10 business days written notice to Contractor, to terminate this agreement without damage, penalty, cost or expense to the Board of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

8.19 Cost of Proposals Preparation

All costs incurred by the Offeror in preparing and delivering its Proposal, making presentations, and any subsequent time and travel to meet with the Board regarding its Proposal shall be borne exclusively by the Offeror.

8.20 Registration with Mississippi Secretary of State

By submitting a Proposal, the Offeror certifies that it is registered to do business in the State of Mississippi as prescribed by Mississippi law and the Mississippi Secretary of State or, if not already registered, that it will do so within seven (7) business days of being notified by the Board that it has been selected for contract award. Sole proprietors are not required to register with the Mississippi Secretary of State.

8.21 Offeror Investigations and Certifications

- A. Before submitting a Proposal, each Offeror shall make all investigations and examinations necessary to ascertain all site conditions and requirements affecting the full performance of the Contract and to verify any representations made by the Board upon which the Offeror will rely. If the Offeror receives an award because of its Proposals submission, failure to have made such investigations and examinations will in no way relieve the Offeror from its obligation to comply in every detail with all provisions and requirements of the Contract documents, nor will a plea of ignorance of such conditions and requirements be accepted as a basis for any claim whatsoever for additional compensation.
- B. By submitting a Proposal, the Offeror certifies the following:
 - 1) That he/she has thoroughly read and understands the RFP and all attachments thereto;

- 2) That the company meets all requirements and acknowledges all certifications contained in the RFP and attachments thereto;
 - 3) That it is not currently debarred from submitting Proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting Proposals for contracts issued by any political subdivision or agency of the State of Mississippi;
 - 4) That the prices submitted in response to the solicitation have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other Offeror or competitor relating to those prices, the intention to submit a Proposal, or the methods or factors used to calculate the prices proposed/offered; and,
 - 5) That such Offeror has not retained any person or agency on a percentage, commission, or other contingent arrangement to secure this Contract.
- C. The Offeror agrees that submission of a signed Proposal, fee schedule and deliverable date forms is certification that the Offeror will accept an award made to it because of the submission. Under no circumstances, shall the maximum time for Proposal acceptance by the State extend beyond one (1) year from the date of opening.

8.22 Contract and Property Rights

Contract rights do not vest in any party until a contract is legally executed. The Board is under no obligation to award a contract following issuance of this solicitation.

Property rights do not inure to any Offeror until such time as services have been provided under a legally executed contract. No party responding to this RFP has a legitimate claim of entitlement to be awarded a contract or to the provision of work thereunder. The Board is under no obligation to award a contract and may terminate a legally executed contract at any time.

8.23 Minor Informalities and Irregularities

The Board has the right to waive minor defects or variations of a proposal from the exact requirements of the specifications that do not affect the price, quality, quantity, delivery, or performance of the services being procured and if doing so does not create an unfair advantage for any Offeror. If insufficient information is submitted by a Offeror for the Board to properly evaluate the offer, the Board has the right to require such additional information as it may deem necessary after the submission deadline, provided that the information requested does not change the price, quality, quantity, delivery, or performance time of the services being procured and such a request does not create an unfair advantage for any Offeror.

8.24 Request for Reconsideration of the Terms of the Solicitation

Any actual or prospective vendor who is aggrieved in connection with this solicitation or the outcome of this RFP may file a request for reconsideration to Todd Dear, Associate Director of the Board, and the MDFA Director of OPSCR. It shall be the sole responsibility of the requesting vendor to ensure the request is timely received by all required parties. Failure to timely request reconsideration in compliance shall result in waiver of any claim a vendor may have. If requesting

reconsideration of the terms of the solicitation, the request shall be submitted within three (3) business days following the date of public notice as defined in PPRB OPSCR Rules & Regulations Section 6.5.1. The request shall contain the requesting vendor's name, a single contact person, all contact information for the contact person, the RFX number of the solicitation, the date the RFP was issued, and an explanation of the specific basis for the request, including the identification of which of these rules and regulations the requesting offeror believes were violated by the solicitation, as written. The request may not be based on anything other than the solicitation document and the Rules and Regulations of the Office of Personal Service Contract in effect at the time of the issuance of this RFP.

SECTION 9. PROPOSALS EVALUATION AND AWARD

9.1 All Proposals received in response to this RFP by the stated deadline will receive a comprehensive, fair, and impartial evaluation. A formal scoring methodology comprised of two phases – compliance, analysis – will be utilized, with each Proposal required to pass the previous phase to qualify for further evaluation in the next phase. The Board, at its discretion, may require a finalist phase during which a presentation will be made by Offerors reaching such phase. The Board will use an evaluation committee to review and evaluate the Proposals using a 100-point scale as well as consensus scoring. Consensus scoring involves a solidarity or general agreement of opinion among evaluators, based on information and data contained in the RFP Proposals. The evaluation of any Proposals may be suspended and/or terminated at the Board's discretion at any point during the evaluation process at which time the Board determines that said Proposals and/or Offeror fails to meet any of the mandatory requirements as stated in this RFP, the Proposal is determined to contain fatal deficiencies to the extent that the likelihood of selection for contract negotiations is minimal, or the Board receives reliable information that would make contracting with the Offeror impractical or otherwise not in the best interests of the Board and/or the State of Mississippi.

9.2 Evaluation Process

- A. Compliance Phase - In this initial phase of the evaluation process, all Proposals received are reviewed by the Board's Associate Director and/or designee to determine if mandatory RFP requirements have been satisfied, meaning whether a Proposals/Offeror is responsive, responsible, and/or acceptable. Compliance requirements are not assigned a point percentage or score but are simply recorded as Pass or Fail.
- 1) Every statement containing "must," "shall," "will," etc., is a mandatory requirement. Failure to respond leads to mandatory Proposals disqualification. Such mandatory requirements are to be clear and (preferably) standing alone.
 - 2) Every statement containing "may," "can," "should," etc., is a desirable requirement. Offerors may ignore these if they wish. The only penalty for doing so is a possible loss of scoring points if the requirement has scoring points tied to it.
 - 3) A Pass score is assigned to each factor for which the response to the question(s) defined is "Yes." If any factor receives a Fail score or for some reason cannot be evaluated, an explanation of the problem or concern and the corresponding question must be evaluated and made part of the record, to include any allowable waivers.
 - 4) Proposals with errors that do not alter the substance of the Proposals can be accepted, and the Board Associate Director may allow the Offeror to correct the problem prior to review if the irregularities are insignificant mistakes that can be waived or corrected without prejudice to other Offerors. The Board has the right to waive minor defects or variations of a Proposals from the exact requirements of the specifications that do not affect the price, quality, quantity, delivery, or performance time of the services being procured. If insufficient information is submitted by an Offeror with the Proposals for the Board to properly evaluate the Proposals, the Board has the right to require such additional information as it may deem necessary after the time set for receipt of Proposals, provided that the information requested does not change the price, quality, quantity, delivery, or performance time of the services being procured. Discussions may be conducted with Offerors who submit Proposals determined to be reasonably

susceptible of being selected for the award, but Proposals may also be accepted without such discussions. If any component received a Fail score (a "No" response) on any item or contains an item which for some reason cannot be evaluated, it shall be deemed as non-responsive and/or non-responsible. Failure to comply with these RFP requirements may result in the Proposals being eliminated from further consideration. All Proposals which are determined to be responsive, responsible, and/or acceptable will continue to next phase.

B. Analysis Phase - In this phase of the evaluation process, the evaluation committee will utilize consensus scoring to determine numerical scores for each Proposals. The evaluation factors are listed in order of their relative importance and weight:

- 1) Cost (40%)
- 2) Management (25%)
- 3) Technical (25%)
- 4) Quality Improvement and Governance (10%)

Eligible proposals will be ranked per these evaluation criteria. Award will be based on the overall evaluation score.

C. Finalist Phase - Upon completion of the Analysis Phase, the Board reserves the right to conduct a finalist phase. At the Board's discretion, all finalists may be required to make a presentation to the evaluation committee. If scheduled, individual finalist presentations shall be held either in Jackson, Mississippi, or virtually, to allow the evaluation committee the opportunity to conduct technical interviews of the finalists, and to confirm/clarify information provided in the submitted Proposals or otherwise gathered during the evaluation process. Any substantial oral clarification shall be reduced to writing by the Offeror. The Board will provide at least five (5) days advance notice to the impacted Offerors. Due to the constraints of the RFP timeline and the relative importance of presentations and site visits in the evaluation process, interested Offerors are encouraged to be prepared to accommodate this schedule.

9.3 Upon completion of the evaluation of Proposals, the evaluation committee will determine the top scoring Proposals and provide a recommendation to the Board. The Board will decide as to the Proposals deemed most advantageous to the Board and will authorize the issuance of (an) intent to award the contract(s) to the selected Offeror(s) and authorize contract negotiations with selected Offeror(s). After such authorization by the Board, all participating Offerors will be notified in writing of the contract award(s) and will be afforded the opportunity to participate in a post-award debriefing.

9.4 The Board intends to award one contract to provide the services described within this RFP to a responsible and responsive Offeror whose Proposals is determined in writing to be the most advantageous to the State taking into consideration the price and the evaluation factors set forth in this RFP. No other factors or criteria shall be used in the evaluation. Award for this procurement will be posted on the Board's website under the heading "MBP Proposals Announcements" at <https://www.mbp.ms.gov/news> . Offerors will be notified via email of the awards.

9.5 The Board reserves the right to further clarify and/or negotiate with selected Offeror(s) evaluated best following completion of the evaluation of Proposals but prior to contract execution if deemed necessary. The Board reserves the right to further clarify and/or negotiate with selected

Offeror(s) on any matter submitted to facilitate arriving at contract(s). The Board also reserves the right to move to the next best Offeror if negotiations do not lead to executed contract(s) with the best Offeror(s).

9.6 Request for Reconsideration of the Intent to Award

If requesting reconsideration of the intent to award, the request shall be submitted within seven (7) calendar days of the Notice of Intent to Award and posting of the Board's Procurement File, in writing after such aggrieved person or entity knows or should have known of the facts giving rise thereto. The request shall contain the requesting Offeror's name, a single contact person, all contact information for the contact person, the RFx number of the solicitation, the date the RFP was issued, the date the Notice of Intent to Award was issued, and an explanation of the specific basis for the request, including the identification of which of these rules and regulations and/or the terms of the RFP the requesting Offeror believes were violated by the Board during the evaluation process, explain the factual basis for the alleged violation(s), and specify how the alleged violation(s) affected the outcome of the procurement. The request shall not be based on anything other than the Board Procurement File, these rules and regulations, and the terms of the RFP. If the requesting Offeror believes the Board Procurement File posted on the Board website is incomplete (i.e., does not contain a document or documents required by these rules and regulations), the requesting Offeror shall so state in the request and shall specify what it believes to be missing. Should the requesting Offeror believe the trade secrets and/or confidential commercial or financial information which were redacted from the Board Procurement File posted on the Board website contain issues related to its request, the requesting Offeror shall state those concerns in the request – even if speculative – in a manner which is specific enough for the Board to provide a response.

All requests must be in writing, dated, signed by the Offeror or an individual authorized to sign contracts on behalf of the requesting Offeror. Exhibits shall not be included with the request. The request shall not be supplemented. Reference to documents outside of or facts not supported by the Board Procurement File or the RFP shall not be considered by the Board when responding to the request.

9.7 Required Contract Terms and Conditions

A draft contract has been included as Appendix A to this RFP for your review and comment. Any contract entered into with the Board pursuant to this RFP shall have the clauses in blue font as these are required pursuant to the PPRB OPSCR Rules and Regulations as updated and replaced by PPRB. These required clauses are mandatory and are non-negotiable. The Board discourages exceptions from the draft contract content, regardless of content being required or not. Such exceptions may cause a Proposals to be rejected as non-responsive. Proposals which condition the Proposals based upon the State accepting other terms and conditions not found in the RFP, or which take exception to the State's terms and conditions, may be found non-responsive, and no further consideration of the Proposals will be given.

9.8 Agency Website

This RFP, any amendment thereto, such as Questions and Answer document(s) and Summary of Pre-Proposals Conference, Tour, or Site Visit, if any were issued, the Notice of Intent To Award, and the Evaluation Report will be posted on the Board's website at <https://www.mbp.ms.gov/news> and The Buying and Selling to Government in Mississippi website at https://www.ms.gov/dfa/contract_bid_search/Bid?autoloadGrid=False

9.9 Attachments

The attachments to this RFP are made a part of this RFP as if copied herein in words and figures.

Appendix A
Contractor Services Contract

PHARMACY PROFESSIONALS RECOVERY PROGRAM SERVICES CONTRACT

This Pharmacy Professionals Recovery Program Services Contract (Contract) is made by and between the Mississippi Board of Pharmacy (Board) and [Insert Company Name] (Contractor), effective December 1, 2025, under the following terms and conditions under which the Contractor agrees to provide a Pharmacy Professionals Recovery Program ("Program") for impaired pharmacists, pharmacy students and pharmacy technicians licensed or registered with the Board.

1. Scope of Services

The Contractor shall provide a recovery program for pharmacists, pharmacy students and pharmacy technicians licensed or registered with the Board, which shall align with the Board's goal to protect the public while encouraging and supporting the wellbeing of pharmacists, pharmacy students and pharmacy technicians from the diseases of substance abuse disorder, mental or physical illness that may impact a licensee's ability to practice with reasonable skills, confidence, and safety to the public.

The Contractor will provide all services and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

Program Services

- A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time.
- B. The contractor must develop and maintain a referral list of treatment providers approved to provide assessments and treatment for inpatient and intensive outpatient care and aftercare. Assessments must be performed by qualified evaluators using recognized methodologies, including, but not limited to, screening instruments, psychosocial testing, results of mental health/drug and alcohol history, and personal interviews.
- C. The contractor must administer an individualized treatment plan created by an approved treatment program. Case management must be administered by a qualified resource or resources. The resource(s) may be dedicated or shared.
- D. The contractor must use the intake assessment and recommendations from treatment providers and determine the elements for continuous monitoring for each participant, including:
 - 1) Required participation in treatment to include inpatient, intensive outpatient, outpatient, recommended aftercare, support groups, and one-on-one counseling. The ability to track recovery activities in real time through mobile technology applications and on paper forms.
 - 2) Recovery-related activities, with validation reports from the participants' employers, work-site monitors, counselors, sponsors, and others.
 - 3) Random drug testing incorporating alternative specimens, including hair test, Peth testing, nail, and oral fluid testing, performed by a laboratory that has the

- appropriate national certification for the performed testing. Testing fees are paid directly to the performing laboratory.
- 4) Contractor must have routine individual meetings with the participant and coordinate framework for peer-to-peer support (ie. Pharmacist to Pharmacist).
 - 5) Execute and oversee a written substance use disorder agreement.
 - 6) Contractor must have direct communication access with the participant, including but not limited to by phone and email.
- E. The contractor must facilitate an assessment of each participant as part of the intake process to establish the necessary basis for appropriately managing each participant both initially and throughout their program participation. The contractor must also coordinate or help facilitate timely interventions and treatment.
- F. Reporting and Data
- 1) Quarterly Reports
 - 2) Immediate reporting to the regulatory agency is required for specific circumstances or on demand per Board or Board staff request.
- G. Must employ an addiction-trained Medical Review Officer or Medical Director with expertise in recovery of healthcare professionals. Expertise shall be reflected in applicable certification(s) in personal recovery or addiction medicine (e.g. ASAM).
- H. Must have an independent, confidential administrative and/or case management review committee that gives recommendations to program staff. Peer program participants of the committee should only serve in an advisory capacity.
- I. Provide an independent internal review for participant disagreements/grievances against staff or case review committee recommendations
- J. Contractor must provide, communicate, and advocate for or against licensure of participants during regular MS Board of Pharmacy meetings and as needed. This attendance shall be in person. Advocacy must be based on established and tracked metrics.
- K. Referrals for mental health or fitness to practice including providing the Board guidance on the physical or mental capacity of a licensee to participate in the practice of pharmacy or assist in the practice of pharmacy with reasonable skills, confidence and safety to the public.
- L. Must maintain competency in the best practices of substance use disorder and mental health management, including dual diagnosis, and serve as a resource to the Board and Board staff in these areas.
- M. Collaborate with Board staff to provide educational programs concerning substance use disorder, benefits of self-reporting, and mental health wellness to identified stakeholders including but not limited to schools of pharmacy, targeted professional groups, and employers.
- N. The Board reserves the right to audit all records maintained by the contractor or its subcontractor's relative to the contractor's performance under this Contract. At least two (2) business days' notice by the Board will be given to the contractor of the intent to audit.

The Board shall have the right to perform financial, performance, and other special audits on such records maintained by the contractor during regular business hours throughout the contract period. The contractor agrees that confidential information including, but not limited to, medical and other pertinent information relative to this contract, shall not be disclosed to any person or organization for any purpose without the expressed, written authority from the Board. The selected contractor will make available all records for review at no cost to the Board. Indicate your acceptance of this Proposals requirement and willingness to cooperate. For the purposes of this section, the term "audits" refers to financial, performance, and other special audits on such records maintained by the contractor and/or its subcontractors relative to the contractor's performance under this Contract. Confirm you will comply with this requirement.

2. Contract Term

- A. This Contract is effective December 1, 2025 and shall terminate on June 30, 2029. There will be an option to renew the contract for an additional one (1) year term, at the discretion and approval of the Board.
- B. All records and information provided by the Board or through its Licensees to the Contractor are the sole property of the Board and will be returned to the Board within thirty (30) days of the termination date of this Contract.

3. Consideration

The Board agrees to compensate the Contractor for services approved by the Board and performed by the Contractor under the terms of this Contract in an amount as follows:

- A. The yearly and monthly rates as listed in Exhibit A, Fee Schedule for Pharmacy Professionals Recovery Program Services (including the total cost of contract services sum), of this Contract will constitute the entire compensation due to the Contractor for services and all the Contractor's obligations hereunder regardless of the difficulty, materials, or equipment required. The total fees include all associated costs with no additional or hidden fees. The hourly rates include, but are not limited to, all required labor; all required equipment/material; all required insurance, bond, or other surety; all required overhead/profit; all required applicable taxes, fees, and general office expense; all required vehicles; all required fuel and mileage; all required travel; all required labor and supervision; all required training; all required business and professional certifications, licenses, permits, or fees; and any and all other direct and indirect costs, incurred or to be incurred, by the Contractor. The fees and rates listed in Exhibit A, Fee Schedule for Pharmacy Professionals Recovery Program Services, of this Contract are firm for the duration of this Contract and are not subject to escalation for any reason, unless otherwise provided for within this Contract, or unless this Contract is duly amended.
- B. The Contractor will be paid in monthly installments in arrears upon completion of services.
- C. The Contractor will submit all invoices, in a form acceptable to the Board (provided that such acceptance will not be unreasonably withheld) with all the necessary supporting documentation, prior to any payment to the Contractor of any allowable fees. Fees will be

invoiced in sufficient detail and format as determined by the Board. Such invoices will include, at a minimum, a description of the service(s) provided, the compensation rate, the time period in which services were provided, and total fees requested for the period being invoiced. The Board shall not provide any prepayments or initial deposits in advance of services being rendered. Fees for services provided by the Contractor shall be billable to the Board in arrears at the end of each deliverable date. Payment for any and all services provided by the Contractor to the Board shall be made only after said services have been duly performed and properly invoiced. Only those services agreed to by contract shall be considered for reimbursement/compensation by the Board. No additional compensation will be provided by the Board for any expense, cost, or fee not specifically authorized by this Contract, or by written authorization from the Board.

- D. Upon the effective date of termination of this Contract, the Contractor will remain liable for any obligations arising hereunder prior to the effective date of such termination. In addition, in the event of termination of the Contract for any reason, the Contractor shall be paid for services rendered and allowable expenses incurred up to the effective date of termination.

4. Anti-Assignment/Subcontracting

Contractor acknowledges that it was selected by the State to perform the services required hereunder based, in part, upon Contractor's special skills and expertise. The Contractor shall not assign, subcontract, or otherwise transfer this Contract, in whole or in part, without the prior written consent of the State, which the State may, in its sole discretion, approve or deny without reason. Any attempted assignment or transfer without such consent shall be null and void. No such approval by the State of any subcontract shall be deemed in any way to provide for the incurrence of any obligation of the State in addition to the total fixed price agreed upon in this Contract. Subcontracts shall be subject to the terms and conditions of this Contract and to any conditions of approval that the State may deem necessary. Subject to the foregoing, this Contract shall be binding upon the respective successors and assigns of the parties.

5. Applicable Law

The Contract shall be governed by and construed in accordance with the laws of the State of Mississippi (State), excluding its conflicts of laws provisions, and any litigation with respect thereto shall be brought in the courts of the State. The Contractor shall comply with applicable federal, state, and local laws and regulations.

6. Approval

It is understood that if this Contract requires approval by the Public Procurement Review Board (PPRB) and/or the MDFA Office of Personal Service Contract Review (OPSCR), and this Contract, if not approved by the PPRB and/or OPSCR, is void and no payment shall be made hereunder.

7. Attorney's Fees and Expenses

In the event Contractor defaults on any obligations under this Agreement, Contractor shall pay to the Board all costs and expenses, without limitation, incurred by the Board in enforcing this Agreement or reasonably related to enforcing this Agreement. This includes but is not limited to investigative fees, court costs, and attorneys' fees. Under no circumstances shall the Board be obligated to pay attorneys' fees or legal costs to Contractor.

8. Authority to Contract

Contractor warrants: (a) that it is a validly organized business with valid authority to enter into this Contract; (b) that it is qualified to do business and in good standing in the State of Mississippi; (c) that entry into and performance under this Contract is not restricted or prohibited by any loan, security, financing, contractual, or other contract of any kind; and, (d) notwithstanding any other provision of this Contract to the contrary, that there are no existing legal proceedings or prospective legal proceedings, either voluntary or otherwise, which may adversely affect its ability to perform its obligations under this Contract.

9. Availability of Funds

It is expressly understood and agreed that the obligation of the Board to proceed under this agreement is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt of the appropriated funds. If the funds anticipated for the continuing time fulfillment of the agreement are, at any time, not forthcoming or insufficient, regardless of the source of funding, the Board shall have the right upon 10 business days written notice to Contractor, to terminate this agreement without damage, penalty, cost or expense to the Board of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

10. Change in Scope of Work

The Board may order changes in the work consisting of additions, deletions, or other revisions within the general scope of the Contract. No claims may be made by the Contractor that the scope of the project or of the Contractor's services have been changed, requiring changes to the amount of compensation to the Contractor or other adjustments to the Contract, unless such changes or adjustments have been made by written amendment to the Contract signed by the Executive Director of the Board and the Contractor. If the Contractor believes that any particular work is not within the scope of the project, is a material change, or shall otherwise require more compensation to the Contractor, the Contractor shall immediately notify the Board in writing of this belief. If the Board believes that the particular work is within the scope of the Contract as written, the Contractor shall be ordered to and shall continue the work as changed and at the cost stated for the work within the Contract.

11. Compliance with Equal Opportunity in Employment Policy

The Contractor understands that the Board is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age,

national origin, physical handicap, disability, genetic information, or any other consideration made unlawful by federal, state, or local laws. All such discrimination is unlawful and the Contractor agrees during the term of the Contract that the Contractor shall strictly adhere to this policy in its employment practices and provision of services.

12. Compliance with Laws

Contractor shall comply with, and all activities under this agreement shall be subject to, all applicable federal, state, and local laws and regulations, as now existing and as may be amended or modified.

13. Confidentiality

Notwithstanding any provision to the contrary contained herein, it is recognized that Board is a public agency of the State of Mississippi and is subject to the Mississippi Public Records Act. Mississippi Code Annotated § 25-61-1 et seq. If a public records request is made for any information provided to the Board pursuant to the Contract and designated by the Contractor in writing as trade secrets or other proprietary confidential information, the Board shall follow the provisions of Mississippi Code Annotated §§ 25-61-9 and 79-23-1 before disclosing such information. The Board shall not be liable to the Contractor for disclosure of information required by court order or required by law.

14. Contractor Personnel

The Board shall, throughout the life of the Contract, have the right of reasonable rejection and approval of staff or subcontractors assigned to the work by the Contractor. If the Board reasonably rejects staff or subcontractors, the Contractor shall provide replacement staff or subcontractors satisfactory to the Board in a timely manner and at no additional cost to the Board. The day-to-day supervision and control of the Contractor's employees and subcontractors is the sole responsibility of the Contractor.

15. Disclosure of Confidential Information

In the event that either party to this Contract receives notice that a third party requests divulgence of confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of confidential or otherwise protected information that party shall, within 2 days of receipt of such request, inform the other party and thereafter respond in conformity with such subpoena to the extent mandated by law. This section shall survive the termination or completion of this Contract. The parties agree that this section is subject to and superseded by Mississippi Code Annotated § 25-61-1 et seq.

16. Disputes

Any dispute concerning the Contract which is not disposed of by agreement shall be decided by the President of the Board who shall reduce such decision to writing and mail or otherwise furnish a copy thereof to the Contractor. The decision of the President of the Board shall be final and

conclusive. Nothing in this paragraph shall be construed to relieve the Contractor of full and diligent performance of the Contract.

17. E-Payment

The Contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. The Board agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies", which generally provides for payment of undisputed amounts by the agency within forty-five (45) days of receipt of the invoice. Mississippi Code Annotated § 31-7-301, et seq.

18. E-Verification

If applicable, Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act and will register and participate in the status verification system for all newly hired employees. Mississippi Code Annotated §§ 71-11-1 and 71-11-3. Contractor agrees to provide a copy of each verification upon request of the [Agency] subject to approval by any agencies of the United States Government. Contractor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws.

The breach of this clause may subject Contractor to the following: (1) termination of this contract and exclusion pursuant to Chapter 15 of the Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations; (2) the loss of any license, permit, certification or other document granted to Contractor by an agency, department, or governmental entity for the right to do business in Mississippi; or (3) both. In the event of such termination, Contractor would also be liable for any additional costs incurred by the Agency due to Contract cancellation or loss of license or permit to do business in the state.

19. Failure to Deliver

In the event of failure of Contractor to deliver services in accordance with the contract terms and conditions, the Board, after due oral or written notice, may procure the services from other sources and hold Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies that the Board may have.

20. Failure to Enforce Does Not Constitute Waiver

Failure by the Board at any time to enforce the provisions of the contract shall not be construed as a waiver of any such provisions. Such failure to enforce shall not affect the validity of the contract or any part thereof or the right of the Board to enforce any provision at any time in accordance with its term

21. Force Majeure

Each party shall be excused from performance for any period and to the extent that it is prevented from performing any obligation or service, in whole or in part, as a result of causes beyond the reasonable control and without the fault or negligence of such party and/or its subcontractors. Such acts shall include without limitation acts of God, strikes, lockouts, riots, acts of war, epidemics, governmental regulations superimposed after the fact, fire, earthquakes, floods, or other natural disasters ("force majeure events"). When such a cause arises, the Contractor shall notify the Board immediately in writing of the cause of its inability to perform, how it affects its performance, and the anticipated duration of the inability to perform. All parties shall make reasonable efforts to minimize the impact of the force majeure event on contract performance. The Board may exercise any rights it has under the contract which are available when neither party is in default.

22. Indemnification

To the fullest extent allowed by law, the Contractor shall indemnify, defend, save and hold harmless, protect, and exonerate the Board, its Commissioners, Board Members, officers, employees, agents, and representatives and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever, including, without limitation, court costs, investigative fees and expenses, and attorneys' fees, arising out of or caused by Contractor and/or its partners, principals, agents, employees, and/or subcontractors in the performance of or failure to perform this Contract.

In the Board's sole discretion, upon approval of the Office of the Mississippi Attorney General, the Contractor may be allowed to control the defense of any such claim, suit, etc. In the event the Contractor defends said claim, suit, etc., the Contractor shall use legal counsel acceptable to the Office of the Mississippi Attorney General and the Board. The Contractor shall be solely responsible for all costs and/or expenses associated with such defense, and the Board shall be entitled to participate in said defense. The Contractor shall not settle any claim, suit, etc., without the concurrence of the Office of the Mississippi Attorney General and the Board, which shall not be unreasonably withhold.

23. Independent Contractor Status

The Contractor shall at all times, be regarded as, and shall be legally considered an Independent Contractor and shall at no time act as an agent for the Board. Nothing contained herein shall be deemed or construed by the Board, the Contractor, or any third party as creating the relationship of principal and agent, master and servant, partners, joint ventures, employer and employee, or any similar such relationship between the Board and the Contractor. Neither the method of computation of fees or other charges, nor any other provision contained herein, nor any acts of the Board or the Contractor hereunder creates, or shall be deemed to create a relationship other than the independent relationship of the Board and Contractor.

The Contractor's personnel shall not be deemed in any way, directly or indirectly, expressly or by implication, to be employees of the Board. Neither the Contractor nor its employees shall, under any circumstances, be considered servants, agents, or employees of the Board, and the Board shall

be at no time be legally responsible for any negligence or other wrongdoing by the Contractor, its servants, agents, or employees.

The Board shall not withhold from the Contract payments to the Contractor any federal or state unemployment taxes, federal or state income taxes, Social Security tax, or any other amounts for benefits to the Contractor. Further, the Board shall not provide to the Contractor any insurance coverage or other benefits, including Worker's Compensation, normally provided by the State for its employees.

24. Information Designated by the Board as Confidential

Any liability resulting from the wrongful disclosure of confidential information on the part of Contractor, or its subcontractor(s) shall rest with Contractor. Disclosure of any confidential information by Contractor or its subcontractor(s) without the express written approval of the Board may result in the immediate termination of this agreement.

25. Modification or Renegotiation

This Contract may be modified, altered or changed only by written agreement signed by the parties hereto. The parties agree to renegotiate the Contract if federal, State and/or the Board revisions of any applicable laws or regulations make changes in this Contract necessary.

26. No Limitation of Liability

Nothing in this agreement shall be interpreted as excluding or limiting any liability of the Contractor for harm arising out of the Contractor's or its subcontractors' performance under this agreement.

27. Oral Statements

No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in this Contract. All modifications to the Contract shall be made in writing by the Board and agreed to by the Contractor.

28. Ownership of Documents and Work Papers

The Board shall own all documents, files, reports, work papers and working documentation, electronic or otherwise, created in connection with the project which is the subject of this Contract, except for the Contractor's internal administrative and quality assurance files and internal project correspondence. The Contractor shall deliver such documents and work papers to the Board upon termination or completion of the Contract. The foregoing notwithstanding, the Contractor shall be entitled to retain a set of such work papers for its files. The Contractor shall be entitled to use such work papers only after receiving written permission from the Board and subject to any copyright protections.

29. Paymode

Payments by state agencies using the State's accounting system shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of the Contractor's choice. The State may, at its sole discretion, require the Contractor to submit invoices and supporting documentation electronically at any time during the term of this Contract. The Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

30. Procurement Regulations

The Contract shall be governed by the applicable provisions of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations, a copy of which is available at 501 North West Street, Suite 701E, Jackson, Mississippi 39201 for inspection, or downloadable at <http://www.dfa.ms.gov/dfa-offices/personal-service-contract-review/opscr>.

31. Professional Certifications and Licenses

Contractor shall provide official copies of all valid licenses and certificates required for performance of the work. The official copies shall be delivered to the Board no later than ten business days after Contractor receives the Notice of Intent to Award from the Board. Current official copies of licenses and certificates shall be provided to the Board within five business days of request at any time during the contract term. Licenses and certificates required for this contract include the following: a business license valid in Mississippi; a professional license or certificate.

32. Property Rights

Property rights do not inure to Contractor until such time as services have been provided under a legally executed contract. Contractor has no legitimate claim of entitlement to the provision of work hereunder and acknowledges that the Board may terminate this contract at any time for its own convenience.

33. Representation Regarding Gratuities

Contractor represents that it has not, is not, and will not offer, give, or agree to give any employee or former employee of Board a gratuity or offer of employment in connection with any approval, disapproval, recommendation, development, or any other action or decision related to the solicitation and resulting contract. Contractor further represents that no employee or former employee of Board has or is soliciting, demanding, accepting, or agreeing to accept a gratuity or offer of employment for the reasons previously stated; any such action by an employee or former employee in the future, if any, will be rejected by Contractor. Contractor further represents that it is in compliance with the Mississippi Ethics in Government laws, codified at Mississippi Code Annotated §§ 25-4-101 through 25-4-121, and has not solicited any employee or former employee to act in violation of said law.

34. Required Public Records and Transparency

Upon execution of a contract, the provisions of the contract which contain the personal or professional services provided, the unit prices, the overall price to be paid, and the term of the contract shall not be deemed to be a trade secret or confidential commercial or financial information pursuant to Mississippi Code Annotated § 25-61-9(7). The contract shall be posted publicly on www.transparency.ms.gov and shall be available for at the Agency for examination, inspection, or reproduction by the public. The Contractor acknowledges and agrees that the Board and this contract are subject to the Mississippi Public Records Act of 1983 codified at Mississippi Code Annotated §§ 25-61-1, et seq. and its exceptions, Mississippi Code Annotated § 79-23-1, and the Mississippi Accountability and Transparency Act of 2008, codified at Mississippi Code Annotated §§ 27-104-151, et seq.

35. Right to Audit

Contractor shall maintain such financial records and other records as may be prescribed by the Board or by applicable federal and state laws and regulations. Contractor shall retain these records for a period of three years after final payment, or until they are audited by the Board, whichever event occurs first. These records shall be made available during the term of the contract and the subsequent three-year period for examination, transcription, and audit by the Board, the Mississippi State Auditor's Office, and/or other entity of the state.

36. Right to Inspect

The Board may, at reasonable times, inspect the place of business of a Contractor or any subcontractor which is related to the performance of any contract awarded by the Board.

37. Severability

If any part of this Contract is declared to be invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of the Contract that can be given effect without the invalid or unenforceable provision, and to this end the provisions hereof are severable. In such event, the parties shall amend the Contract as necessary to reflect the original intent of the parties and to bring any invalid or unenforceable provisions in compliance with applicable law.

38. Standards of Care/Remedies

The Contractor shall exercise reasonable care and due diligence consistent with standards in the industry in the performance of its obligations under this Contract.

39. Stop Work Order

The Board may, by written order to Contractor at any time, require Contractor to stop all or any part of the work called for by this contract. This order shall be for a period of time specified by the Board. Upon receipt of such an order, Contractor shall forthwith comply with its terms and take all reasonable steps to minimize any further cost to the Board. Upon expiration of the stop work order, Contractor shall resume providing the services which were subject to the stop work order,

unless the Board has terminated that part of the agreement or terminated the agreement in its entirety. The Board is not liable for payment for services which were not rendered due to the stop work order.

40. Termination

Termination for Convenience. The Board may, when the interests of the Board so require, terminate this contract in whole or in part, for the convenience of the Agency. The Board shall give written notice of the termination to Contractor specifying the part of the contract terminated and when termination becomes effective. Contractor shall incur no further obligations in connection with the terminated work and on the date set in the notice of termination Contractor will stop work to the extent specified. Contractor shall complete the work not terminated by the notice of termination and may incur obligations as are necessary to do so.

Termination for Default. If the Board gives the Contractor a notice that the personal or professional services are being provided in a manner that is deficient, the Contractor shall have 30 days to cure the deficiency. If the Contractor fails to cure the deficiency, the Board may terminate the contract for default and the Contractor will be liable for the additional cost to the Board to procure the personal and professional services from another source. Termination under this paragraph could result in Contractor being excluded from future contract awards pursuant to Chapter 15 of the Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations. Any termination wrongly labelled termination for default shall be deemed a termination for convenience.

41. Third Party Action Notification

The Contractor shall give the Board prompt notice in writing of any action or suit filed, and prompt notice of any claim made against the Contractor by any entity that may result in litigation related in any way to this Contract.

42. Waiver

No delay or omission by either party to this agreement in exercising any right, power, or remedy hereunder or otherwise afforded by contract, at law, or in equity shall constitute an acquiescence therein, impair any other right, power or remedy hereunder or otherwise afforded by any means, or operate as a waiver of such right, power, or remedy. No waiver by either party to this agreement shall be valid unless set forth in writing by the party making said waiver. No waiver of or modification to any term or condition of this agreement will void, waive, or change any other term or condition. No waiver by one party to this agreement of a default by the other party will imply, be construed as or require waiver of future or other defaults.

43. Notices

All notices required or permitted to be given under this Contract shall be in writing and personally delivered or sent by certified United States mail, postage prepaid, return receipt

requested, to the party to whom the notice should be given at the address set forth below. Notice shall be deemed given when actually received or when refused. The parties agree to promptly notify each other in writing of any change of address.

If to the Board:

**Attention: Susan McCoy, Executive Director
Mississippi Board of Pharmacy
6311 Ridgewood Road
Suite E401
Jackson, Mississippi 39211**

If to the Contractor:

**[Name, Title]
[Contractor Name]
[Address]
[City, State, Zip]**

44. Incorporation of Documents

This Contract consists of and precedence is hereby established by the order of the following documents incorporated herein:

- A. This Contract signed by the parties including Exhibit A - Fee Schedule for Pharmacy Professionals Recovery Program Services;
- B. The Mississippi Board of Pharmacy's Request for Proposals for Pharmacy Professionals Recovery Program Services, dated August 8, 2025, and attached hereto as Exhibit B and incorporated fully herein by reference; and
- C. The Contractor's Response to the Mississippi Board of Pharmacy's Request for Proposals for Pharmacy Professionals Recovery Program Services, dated _____, 2025, attached hereto as Exhibit C and incorporated fully herein by reference.

CONTRACT EXHIBIT A

**FEE SCHEDULE FOR
PHARMACY PROFESSIONALS RECOVERY PROGRAM
SERVICES**

CONTRACT EXHIBIT B

**MISSISSIPPI BOARD OF PHARMACY'S
REQUEST FOR PROPOSALS FOR
PHARMACY PROFESSIONALS RECOVERY PROGRAM
SERVICES**

CONTRACT EXHIBIT C
CONTRACTOR'S RESPONSE TO
THE MISSISSIPPI BOARD OF PHARMACY'S
REQUEST FOR PROPOSALS FOR
PHARMACY PROFESSIONALS RECOVERY PROGRAM SERVICES

Section 2. SCOPE OF SERVICES

This section contains information on services and procedures that the Offeror must provide, or adhere to, in servicing the Board's proposed services. For the services, please respond by restating each service listed, including the number, and confirm your intention to provide the service as described, respond by stating, "Confirmed". If your company can provide the service, but not exactly as described, respond by stating, "Confirmed, but with exceptions", and state the specific exceptions. Any exceptions should also be noted in Section 4 – Statement of Compliance. If your company is currently unable to provide a listed service, respond by stating, "Unable to provide this service". Any additional details regarding these services should be provided in your responses to the questionnaire, or as additional information included as an appendix to your Proposals.

2.1 Program Services

A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time.

Confirmed.

B. The contractor must develop and maintain a referral list of treatment providers approved to provide assessments and treatment for inpatient and intensive outpatient care and aftercare. Assessments must be performed by qualified evaluators using recognized methodologies, including, but not limited to, screening instruments, psychosocial testing, results of mental health/drug and alcohol history, and personal interviews.

Confirmed.

C. The contractor must administer an individualized treatment plan created by an approved treatment program. Case management must be administered by a qualified resource or resources. The resource(s) may be dedicated or shared.

Confirmed.

D. The contractor must use the intake assessment and recommendations from treatment providers and determine the elements for continuous monitoring for each participant, including:

1) Required participation in treatment to include inpatient, intensive outpatient, recommended aftercare, support groups, and one-on-one counseling. The ability to track recovery activities in real time through mobile technology applications and on paper forms.

Confirmed.

2) Recovery-related activities, with validation reports from the participants' employers, work-site monitors, counselors, sponsors, and others.

Confirmed.

3) Random drug testing incorporating alternative specimens, including hair test, Peth testing, nail, and oral fluid testing, performed by a laboratory that has the appropriate national certification for the performed testing. Testing fees are paid directly to the performing laboratory.

Confirmed.

4) Contractor must have routine individual meetings with the participant and coordinate framework for peer-to-peer support (ie. Pharmacist to Pharmacist).

Confirmed.

5) Execute and oversee a written substance use disorder agreement.

Confirmed.

6) Contractor must have direct communication access with the participant, including but not limited to by phone and email.

Confirmed.

E. The contractor must facilitate an assessment of each participant as part of the intake process to establish the necessary basis for appropriately managing each participant both initially and throughout their program participation. The contractor must also coordinate or help facilitate timely interventions and treatment.

Confirmed.

F. Reporting and Data 1) Quarterly Reports 2) Immediate reporting to the regulatory agency is required for specific circumstances or on demand per Board or Board staff request.

Confirmed.

G. Must employ an addiction-trained Medical Review Officer or Medical Director with expertise in recovery of healthcare professionals. Expertise shall be reflected in applicable certification(s) in personal recovery or addiction medicine (e.g. ASAM).

Confirmed.

H. Must have an independent, confidential administrative and/or case management review committee that gives recommendations to program staff. Peer program participants of the committee should only serve in an advisory capacity.

Confirmed.

I. Provide an independent internal review for participant disagreements/grievances against staff or case review committee recommendations.

Confirmed.

J. Contractor must provide, communicate, and advocate for or against licensure of participants during regular MS Board of Pharmacy meetings and as needed. This attendance shall be in person. Advocacy must be based on established and tracked metrics.

Confirmed.

K. Referrals for mental health or fitness to practice including providing the Board guidance on the physical or mental capacity of a licensee to participate in the practice of pharmacy or assist in the practice of pharmacy with reasonable skills, confidence, and safety to the public.

Confirmed.

L. Must maintain competency in the best practices of substance use disorder and mental health management, including dual diagnosis, and serve as a resource to the Board and Board staff in these areas.

Confirmed.

M. Collaborate with Board staff to provide educational programs concerning substance use disorder, benefits of self-reporting, and mental health wellness to identified stakeholders including but not limited to schools of pharmacy, targeted professional groups, and employers.

Confirmed.

N. The Board reserves the right to audit all records maintained by the contractor or its subcontractor's relative to the contractor's performance under this Contract. At least two (2) business days' notice by the Board will be given to the contractor of the intent to audit. The Board shall have the right to perform financial, performance, and other special audits on such records maintained by the contractor during regular business hours throughout the contract period. The contractor agrees that confidential information including, but not limited to, medical and other pertinent information relative to this contract, shall not be disclosed to any person or organization for any purpose without the expressed, written authority from the Board. The selected contractor will make available all records for review at no cost to the Board.

Sherri C. Patham
Pathways Counseling, PLLC

Indicate your acceptance of this Proposals requirement and willingness to cooperate. For the purposes of this section, the term "audits" refers to financial, performance, and other special audits on such records maintained by the contractor and/or its subcontractors relative to the contractor's performance under this Contract. Confirm you will comply with this requirement.

Confirmed.

SECTION 3. REFERENCES

- A. List up to three clients for whom your company has provided services similar to those requested in this RFP. For each client, specify the type of recovery program services provided by your client, the average number of individuals participating in the program, and the period-of-time retained as a client. For each client, the list must specify:
- 1) Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,
 - 2) The type of work your company provided to the client,
 - 3) Contract effective dates for the time-period(s) (beginning and end dates) your company provided services to the client.

Kelly White, LPC-S, NCC, BC-TMH
Lead Mental Health Counselor
Raymond Campus, Denton Hall 209
P.O. Box 1100

Raymond, MS 39154

Office: 601-857-3611

kelly.white@hindsgcc.edu

Pathways Counseling, PLLC provides a counseling program for students and employees.
The contract began on 04/2020 and renews annually.

Med-Tech Solutions, Inc

544 Keyway Drive

Flowood, MS 39232

Owner: Kevin Parkman

Phone: 601-932-1008

Pathways Counseling, PLLC provides clients to be screened for drug usage.

The contract began on 01/2019 and renews annually.

Mississippi College

200 S Capitol St

Clinton, MS 39056

Kayla Acklin

kacklin@mc.edu

Office: Lowery 112

Pathways Counseling, PLLC provides internships for the counseling students.

The contract began on 08/2025 and renews annually.

- B.** List up to three governmental clients for whom your company has provided one or more of the services requested in this RFP. If possible, please list three additional clients besides any previously listed references. For each client, specify the type of work performed by your company, the average number of individuals participating in the program, and the period-of-time retained as a client. For each client, the list must specify:
- 1) Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,
 - 2) The type of work your company provided to the client,
 - 3) Contract effective dates for the time-period(s) (beginning and end dates) your company provided services to the client.

Mississippi Bureau of Narcotics
6090 I-55 South Frontage Rd.
Byram, MS 39273
Phone: (601) 987-1218
(601) 371-3695

Pathways Counseling, PLLC provided psychotherapy for the employees.
The effective dates of service: began on 01/2005 and ended on 07/2019.

- C.** List all clients that have discontinued use of your services since January 1, 2018 and your understanding of their discontinued use of your services. For each client, the list must specify:
- 1) Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,
 - 2) The type of work your company provided to the client,
 - 3) Contract effective dates for the time-period(s) (beginning and end dates) your company provided services to the client,
 - 4) Reason discontinued.

Mississippi Department of Corrections
Personnel Services
301 North Lamar Street
Jackson, MS 39201
601-359-5600

Pathways Counseling, PLLC provided psychotherapy for the employees.
The effective dates of service: began on 01/2005 and ended on 07/2019.

Sherri Chatham
Pathways Counseling, PLLC

The program was discontinued when Pathways Counseling, PLLC left the facility providing the service.

Mississippi Department of Revenue
JACKSON DISTRICT

Mailing Address: P.O. Box 1033 Jackson, MS 39215-1033

Physical Address: 500 Clinton Center Drive Clinton, MS 39056

Phone: (601) 923-7300 **Fax:** (601) 923-7318

Pathways Counseling, PLLC provided psychotherapy for the employees.

The effective dates of service: began on 01/2005 and ended on 07/2019.

The program was discontinued when Pathways Counseling, PLLC left the facility providing the service.

Section 4. Statement of Compliance and Exception(s) Form

Offeror taking exception to any part or section of the solicitation shall indicate such exceptions on the table below. If no exceptions are taken, then the Offeror shall state in this section "No Exceptions Taken." Failure to indicate any exception will be interpreted as the Offeror's intent to comply fully with the requirements as written. Conditional or qualified Proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

We agree to adhere to all terms, conditions, and requirements as set forth in the Mississippi Board of Pharmacy Invitation for Proposals for Pharmacy Professionals Recover Program Services, dated August 8, 2025, including all RFP amendments, and the conditions contained in the draft contract included as RFP Appendix A, Draft Pharmacy Professionals Recovery Program Services Contract, except as listed below:

| Procurement Section and Page Number | Original Language | Requested Change/Exception | MBP Decision |
|-------------------------------------|-------------------|----------------------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

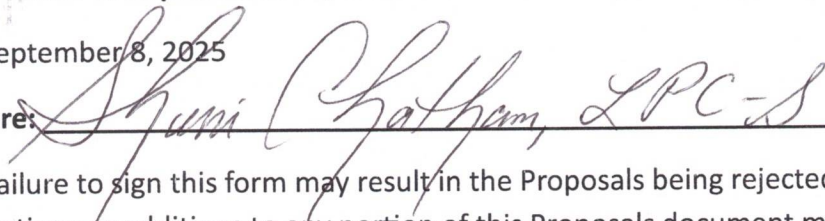
An original signature is required below. This statement must be signed by an appropriate Offeror officer, principal, or owner and returned as part of your Proposals.

Company Name: Pathways Counseling, PLLC

Printed Name of Representative, Title: Sherri Chatham, LPC-BQS, NCC, BC-TMH, Chair Person

Date: September 8, 2025

Signature:



Note: Failure to sign this form may result in the Proposals being rejected as non-responsive. Modifications or additions to any portion of this Proposals document may be cause for rejection of the Proposals.

SECTION 5. GENERAL QUESTIONNAIRE

Failure to answer the following general questionnaire completely will result in Offeror being determined nonresponsive. In preparing your written response to the narrative questionnaire below, you are required to repeat each question, including the number, or requirement followed by your response. Please provide complete answers and explain all issues in a concise, direct manner. If you cannot provide a direct response for some reason (e.g., your company does not collect or furnish certain information), please indicate the reason rather than providing general information that fails to answer the question. "Will discuss" and "will consider" are not appropriate answers.

5.1 Provide the name, title, mailing address, e-mail address, and telephone number of the contact person for this Proposals.

Sherri Kent, LPC-S

660 Lakeland East Drive, Suite 200, Flowood, Mississippi 39232

Path2anewyou@gmail.com

601-502-7984 Emergency contact cell phone: 601-941-6217

5.2 State the full name of your firm/company, and provide the address, and telephone number of your principal place of business.

Pathways Counseling, PLLC

660 Lakeland East Drive, Suite 200, Flowood, Mississippi 39232

Path2anewyou@gmail.com

601-502-7984

5.3 List the office that will service the Board. If it is located at a different address than the home office, provide the complete address, phone number, and facsimile number for this office.

Pathways Counseling, PLLC

660 Lakeland East Drive, Suite 200, Flowood, Mississippi 39232

Path2anewyou@gmail.com

601-502-7984

5.4 Describe your organizational structure. Indicate whether your firm operates as a corporation, partnership, individual, etc. If it is incorporated, include the state in which it is incorporated, and list the names and occupations of those individuals serving on your firm's Board of Directors.

Pathways Counseling, PLLC is an S-Corporation licensed in the state of Mississippi, which is owned and operated by Sherri Chatham, LPC-BQS, NCC, BC-TMH. Pathways Counseling, PLLC is a psychotherapy treatment program for highly functional individuals suffering from serious mental disorders resulting in psychosocial work or school impairments. We strive to provide treatment of major disorders with emphasis on psychotherapy and specializing in anxiety and depression therapy. We offer a structured and organized therapy program with schedules meant to meet the needs of the patient. We create an intensive treatment of an outpatient hospital without the confinement. We encourage mobility and freedom to maintain home/social life and work/school schedules, which is more effective in the long run. We facilitate long term recovery by addressing grief, loss, trauma/abuse, family disfunction and unhealthy behaviors.

The Board of Directors is as follows:

Sherri M. Chatham, LPC-BQS, NCC, BC-TMH, Chair Person

William Chriss Lott, Ph. D, Non-Executive Director

Jennifer Mooneyham, NP, Independent Director

5.5 Describe your organizations qualifications demonstrating work with healthcare professionals over the last five (5) years.

Pathways Counseling, PLLC has worked closely with Merit Health, Four the Family Healthcare, and American Addictions Association with joint clientele to provide holistic care. Our team of behavioral health professionals help individuals struggling with depression, anxiety, and other debilitating health issues to create a personalized treatment plan addressing emotional and behavioral health needs.

5.6 List the types and number of health care professionals and the numbers served in the last five (5) years.

We are a team of licensed professionals, psycho therapists, psychiatric nurse practitioner, and psychologists that help clientele better their lives. We have served 10,000 to 30,000 individuals over the last five years.

Sherri Chatham
Pathways Counseling, PLLC

5.7 Describe any ownership or name changes your firm has been through in the past three years. Are any ownership or name changes planned?

No ownership or name changes in the past three years, nor planned for the future.

5.8 Please provide all information regarding the liability insurance that is held for the organization.

Lockton Affinity Health and Fitness Insurance Program

10895 Lowell Ave, Suite 300, Overland Park, KS 66210, USA

5.9 Provide a brief description of any outside Contractors or subcontractors that will be involved in providing key services detailed within your Proposals. Please include the term of your current contract with each Contractor or subcontractor. Describe the nature of the relationship with the subcontractor, including any ownership interest.

Med-Tech Solutions, Inc
544 Keyway Drive
Flowood, MS 39232

Owner: Kevin Parkman

Terms of contract: Obligated to perform hair follicle and urinalysis for clientele for Pathways Counseling, PLLC, which renews annually.

Four the Family Healthcare
112 Lake Vista Place
Brandon, MS 39047

Owner: Jennifer Mooneyham, Nurse Practitioner

Terms of contract: Obligated to assess and perform medical assessments for clientele for Pathways Counseling, PLLC, which renews annually.

American Addictions Association
500 Wilson Park Circle, Suite 360
Brentwood, Tennessee 37027

Consultant: Michelle Rushing

Terms of contract: Consultant basis for assessment and needs for clientele of Pathways Counseling, PLLC.

5.10 Describe your policy and procedure for obtaining and handling records. Description should include but should not be limited to access, storage, and destruction.

Current records, including clientele intakes, assessment notes for each visit, doctor referrals, and drug screening, are kept in client files in the file room which are accessible by staff only. Old files and files for those who are no longer clients are stored in a secure storage facility and those files are shredded by a private company after a term of seven years.

5.11 Describe the process utilized for informed consent of a participant in the Program.

The client completes the Pathways Counseling, PLLC Intake packet and signs the consent for treatment forms contained within the packet. The forms are discussed and the client is assessed during the first appointment. If the records are to be shared with client's employer or other entities, the client must sign a consent of release.

5.12 Describe your Quality Assurance and Quality Improvement principles and related structure

Pathways Counseling, PLLC adheres to the ethical standards of the ACA Code of Ethics (or relevant professional code) ensuring informed consent, confidentiality, and boundaries. It complies with HIPAA regulations, requires state licensure for all counselors, and retains proper documentation of client notes, billing, and treatment plans. It ensures all staff maintain licensure, CEUs, and certifications, and keeps current training records. It ensures standardized intake, assessment, and referral processes, emergency and crisis protocols, and billing and insurance procedures that follow regulations. The structure includes compliance checklists (ethical, legal, billing), file audits (random review of clinical documentation), credentialing files (licenses, malpractice insurance, CEUs), and policy manuals (office handbook for staff and clinicians).

Pathways Counseling, PLLC, quality improvement principles are aimed at improving client care and practice performance by being client-centered, using data to improve treatment plans, providing supervision of interns, and continuing professional development. Related Structures include tracking reschedules, cancellations, and no-shows, peer review/consultation groups, and reviewing quarterly trends.

5.13 Has your firm had any HIPAA breaches or incidents determined to be reportable to the U.S. Department of Health and Human Services (DHHS) within the last three years? If the answer is yes, please describe the circumstances and the corrective action in detail.

NO

5.14 Is your firm licensed or authorized to provide the proposed services in the State of Mississippi?

Sherri Chatham
Pathways Counseling, PLLC

Yes

5.15 Confirm the Proposal is valid for one (1) year after the date of submission

Confirmed

SECTION 6. TECHNICAL QUESTIONNAIRE

Failure to answer the following questionnaire completely will result in Offeror being determined nonresponsive. In preparing your written response to the narrative questionnaire below, you are required to repeat each question, including the number, or requirement followed by your response. Please provide complete answers and explain all issues in a concise, direct manner. If you cannot provide a direct response for some reason (e.g., your company does not collect or furnish certain information), please indicate the reason rather than providing general information that fails to answer the question. "Will discuss" and "will consider" are not appropriate answers.

Experience in the administration of recovery network monitoring programs for healthcare professionals is required for all bidders. Describe in detail your knowledge and experience in providing peer assistance recovery services to include:

6.1 Describe the team dedicated to providing the requested scope of services for the Board. Specifically,

A. Identify the dedicated individual who will serve as the primary contact for the Board along with a list of job duties and experience with other programs with services requested in this RFP. Include a resume(s) as an appendix to your Proposals in Section 9. Include any licenses and training if a health care professional.

Dedicated Individual:

Sherri M. Chatham, LPC-BQS, NCC, BC-TMH
Owner and Clinical Director, Pathways Counseling, PLLC

Job Duties:

- Serves as the primary liaison between Pathways Counseling and the Mississippi Board of Pharmacy.
- Oversees intake, assessment, and referral processes for all program participants.
- Provides clinical oversight for individualized treatment and monitoring plans.
- Coordinates with treatment providers, laboratories, and support networks.
- Ensures compliance with reporting requirements, including quarterly and immediate reports to the Board.
- Supervises staff and interns, maintaining adherence to ACA ethical standards, HIPAA, and best practices in behavioral healthcare.

Experience with Similar Programs:

Mrs. Chatham has 15+ years of clinical experience working with healthcare professionals managing substance use and mental health conditions. She has coordinated recovery and monitoring services with hospitals, primary care providers, and addiction treatment programs across Mississippi and the Southeast. She has overseen programs that include drug testing, psychotherapy, intensive outpatient treatment coordination, and case management for impaired healthcare providers.

Licenses/Training:

- Licensed Professional Counselor Supervisor (LPC-S), Mississippi
- Board Qualified Supervisor (BQS)
- National Certified Counselor (NCC)
- Board Certified–Tele Mental Health (BC-TMH)

Her full resume is included in Section 9, Appendix.

B Provide the name(s) and resumes of all key personnel who will oversee and provide the services rendered to the Board, a brief statement of all duties each individual will be assigned, a brief statement as to why each person is qualified relative to this work and identify area(s) of expertise for each key person, detailed information on any special training or designation, and each person's respective total number of years of experience related to the services being requested in this RFP. Include all resumes as an appendix to your Proposals in Section 9. Include any licenses and training for all health care professionals.

- **Sherri M. Chatham, LPC-BQS, NCC, BC-TMH** – Clinical Director and Primary Contact. Expertise in clinical oversight, ethics, and recovery program management.
- **William Chriss Lott, Ph.D.** – Psychologist, Non-Executive Director. Provides psychological expertise, program evaluation, and consultation for participant treatment plans.
- **Jennifer Mooneyham, NP** – Nurse Practitioner. Provides patient counseling and education on disease prevention and healthy lifestyles, and collaborates with treatment providers for dual-diagnosis participants.

Each team member has extensive experience in behavioral health and healthcare professional recovery, with resumes and licenses attached in Appendix Section 9

- **Ethel Warren** - Office Manager. Brings a background in special education and administrative support. Manages day-to-day office operations, scheduling, and client communication. Assists in coordinating services, maintaining documentation, and supporting compliance processes for participants under monitoring.

6.2 Describe the history, program philosophy, number of years in service, and accomplishments of your organization in managing healthcare professionals whose ability to safely practice is or may be impaired because of alcohol use, substance use/and or mental illness.

Pathways Counseling, PLLC, embraces a holistic, person-centered philosophy of recovery that views addiction and mental health conditions as treatable illnesses rather than moral failings. Recovery is seen as a lifelong process that involves medical, psychological, social, and spiritual dimensions. This philosophy is applied through individualized treatment planning, ongoing monitoring, and collaboration with multidisciplinary providers. Emphasis is placed on accountability, professional responsibility, and the restoration of both health and career functioning.

6.3 Provide a list and description of all tools used to provide monitoring and compliance of program participants. The list should include examples such as individual and aggregate reports related to meeting participation, drug testing, relapse indicators, etc. Include whether these tools provide date and time stamping and how they have been validated. Please describe how program participants interact with these tools.

The program integrates evidence-based approaches, including Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), trauma-informed care, and relapse prevention planning. Random drug screening, structured recovery contracts, and frequent case management meetings are used to monitor compliance. Pathways Counseling, PLLC also uses telehealth platforms for accessibility, HIPAA-compliant documentation systems, and validated screening/assessment instruments to guide treatment planning.

6.4 The Board must have prompt and direct access to the Offeror throughout the contract period. Describe in detail how your company will provide this access.

Compliance is monitored through a combination of scheduled and random drug screenings, regular progress reports from treatment providers, and quarterly in-person or telehealth check-ins. Electronic tracking systems maintain up-to-date records of drug testing, therapy attendance, and self-reports. Immediate reporting procedures are in place for noncompliance, with written notice sent to the Board within 48 hours of a violation.

6.5 Describe how the organization will facilitate the use of support groups (in person and online). Support groups shall have a foundation in the 12-step program.

Verification is obtained directly from treatment providers and laboratories. Documentation is reviewed monthly, with confirmation of therapy attendance, medication adherence, and toxicology results. Cross-checking is done through secure communication with providers. Any discrepancies are immediately investigated and reported.

6.6 Describe your organization's confidentiality standards.

Pathways Counseling, PLLC strictly adheres to HIPAA and 42 CFR Part 2 regulations. Records are stored in encrypted, password-protected systems with role-based access restrictions. Paper records, when required, are kept in locked filing systems accessible only to authorized personnel. Release of information is obtained from participants before any communication with external providers. Staff receive annual HIPAA training, and internal audits are conducted to ensure compliance.

6.7 Describe any liaison work with public entities and other states and how your organization maintains awareness and competence in best practices.

Relapse is treated as part of the recovery process rather than as immediate grounds for dismissal. When a relapse occurs, a reassessment is conducted to determine the level of care needed. Treatment plans are adjusted, often including increased therapy frequency, higher levels of care, or intensified monitoring. The Board is notified promptly, and collaborative planning with the participant, treatment team, and the Board is initiated to support continued recovery while maintaining public safety.

6.8 Provide key performance indicators that reflect your ability to monitor health care professionals.

A supportive yet accountable approach is taken. Pathways Counseling, PLLC works with participants to identify barriers, whether motivational, logistical, or clinical, and provides tailored support such as additional counseling, referral to community resources, or adjustments in recovery plans. Clear communication of expectations and consistent monitoring ensure participants understand responsibilities. If difficulties persist, noncompliance is reported to the Board per contractual obligations.

6.9 Describe the frequency of individual meetings with program participants. Please include any anticipated changes as participants progress in the program.

Staff maintain ongoing continuing education, participate in professional associations (e.g., ACA, NAADAC), and regularly review updated research and state/federal guidelines. Program policies

are reviewed annually to integrate new evidence-based practices. Collaboration with other healthcare providers and attendance at professional conferences ensure the program remains at the forefront of effective recovery monitoring.

6.10 Describe the structure of your administrative and/or case management review committee.

Pathways Counseling, PLLC has extensive experience working with nurses, physicians, pharmacists, and other licensed professionals requiring monitoring due to substance use or mental health concerns. Our clinicians understand the unique stressors of healthcare roles, the need for professional accountability, and the importance of structured recovery plans to protect both the individual's health and public safety.

6.11 Provide details of your internal review process for participant disagreements or grievances.

Reports are submitted quarterly or as otherwise required. Each report includes a compliance summary, toxicology results, treatment provider updates, and any recommendations.

Immediate reports are filed within 48 hours for critical incidents such as relapse, noncompliance, or threats to public safety. Reports are transmitted through secure, encrypted communication channels to ensure confidentiality.

6.12. Provide a de-identified example of advocacy conducted in support of a program member regaining licensure. (ie. De-identified hearing transcript, letter of support, etc.)

Before returning to practice, participants must demonstrate sustained compliance, stable recovery, and clearance from their treatment providers. A formal review meeting is conducted with the participant, clinical director, and Board representative to confirm readiness. A structured monitoring plan is put in place, often including continued drug testing, therapy, and professional support. Ongoing oversight is provided to ensure safe reintegration into the workplace.

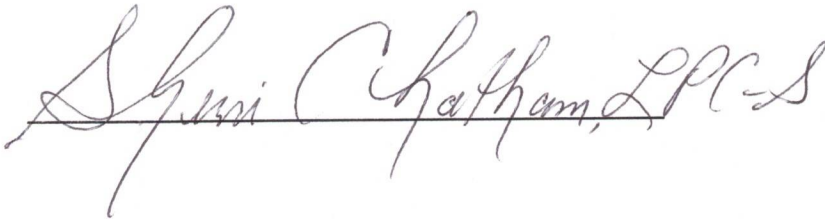
6.13 Provide copies of all applicable program forms used for member management and education (e.g. consent to treat, release of information, intake forms, treatment center-related documents, participant handbook, medication use and reporting guidelines)

Pathways Counseling, PLLC believes advocacy is a critical part of recovery. Advocacy involves ensuring participants receive fair and ethical treatment within the healthcare system, legal system, and workplace. Staff advocate for access to evidence-based care, reasonable accommodations, and stigma reduction while balancing the Board's responsibility to protect the public. Advocacy is always grounded in professional ethics and transparent communication with all stakeholders.

Sherri Chatham
Pathways Counseling, PLLC

Section 8. Signed Acknowledgement

I, Sherri Chatham acknowledge that I have read, understand, and agree to comply with the terms of the proposed contract with the Mississippi Board of Pharmacy.

A handwritten signature in cursive script that reads "Sherri Chatham, LPC-S". The signature is written in dark ink and is positioned over a horizontal line.

September 8, 2025

Section 9. Resumes for Key Staff

Sherri Chatham

660 Lakeland East Dr., Suite 200 • Flowood, MS 39232 • 601-502-7984
path2anewyou@gmail.com

OBJECTIVE

A career opportunity utilizing my psychology education and management experience to contribute to organizational goals with any prosperous entity.

EDUCATION

Licensed Professional Counselor *July 2014 License # 1915*

National Board Certified Counselor *July, 2014 Certificate # 331077*

University of North Carolina at Greensboro *Greensboro, NC*

- *15-hour Approved Clinical Supervision Professional Development (8/23/2017)*
- *30-hour Approved Clinical Supervision Professional Development (2/2/2016)*

Mississippi College *Clinton, MS*

- *Master of Science in Psychology; May 2013*
- *Bachelor of Science in Psychology; May 2010*
- *Minor Christian Studies*
- *GPA: 3.89/ 4.00*

Hinds Community College *Pearl, MS*

- *Associates of Arts May 2007*
- *GPA: 3.86/ 4.00*

EXPERIENCE

January 2015- Present

Pathways Counseling, PLLC (Owner)
228 Avalon Circle Brandon, MS 39047
Licensed Professional Counselor July 2014 License # 1915
National Board Certified Counselor 7/8/2014 Certificate # 331077

April 2017 – March 2020

Co-Director The Counseling Center Ridgeland, MS

- *Mental Health Counselor, Marriage & Family, Adults and Children*
- *Schedule customer appointments*
- *Advocate for client's personal, social and economic needs*
- *Supervision of Master level student*

December 2010-March 2017

Office Manager The Counseling Center Ridgeland, MS

- *Mental Health Counselor, Marriage & Family, Adults and Children*
- *Schedule customer appointments*
- *Advocate for client's personal, social and economic needs*
- *Supervision of Master level students*
-

August 2010-December 2010

Clinical Assistant

Dr. John B. Jolly

Jackson, MS

Clinical Psychologist

- Schedule customer appointments
- Clean and verify customers final reports
- Assist with various testing procedures
- Monitor multiple-line telephone system

1994- 2010

Office Assistant

G & S Construction

Jackson, MS

Family Owned Business

- Schedule customer appointments
- Plan and coordinate crew locations
- Assist with various accounting and payroll functions
- Monitor multiple-line telephone system

1995-2005

Office Administrator

Community Coffee Co. L.L.C. Richland, MS

- Assisted in inventory control of twenty-one routes
- Coordinated customer service and donations
- Monitored bank deposits and route reports
- Planned employee events and activities



LICENSED PROFESSIONAL COUNSELOR
State of Mississippi

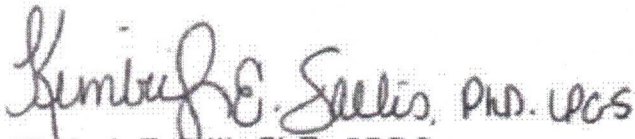
This certifies that

Sherri Michelle Chatham LPC-S

Has complied with the official Code of Mississippi and all of the amendatory acts thereto to practice Professional Counseling in this State, by the authority granted under Section 73-30-1 through Section 73-30-29 – Mississippi code 1972.

License first issued: **7/25/2014** License Number: **1915**

License currently valid through **June 30, 2027.**
Mississippi State Board of Examiners for Licensed Professional Counselors


Kimberly E. Sallis, Ph.D., LPC-S



LICENSED PROFESSIONAL COUNSELOR
State of Mississippi
This certifies that
Sherri Michelle Chatham LPC-S

Is licensed to practice Professional Counseling in this State, by the authority granted under Section 73-30-1 through Section 73-30-29 – Mississippi code 1972.

License first issued: **7/25/2014** License Number: **1915**

License currently valid through **June 30, 2027.**
Mississippi State Board of Examiners for Licensed Professional Counselors



CERTIFICATE OF LIABILITY INSURANCE

Acct#: 2274980

DATE (MM/DD/YYYY)
07/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Lockton Affinity, LLC
P. O. Box 879610
Kansas City, MO 64187-9610

CONTACT
NAME: Lockton Affinity, LLCPHONE
(A/C, NO Ext): 800-253-5486FAX
(A/C, No): 913-652-7599E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Beazley Insurance Company Inc.

37540

INSURED

Sherri Kent
DBA Pathways Counseling, PLLC
660 Lakeland East Drive Suite 200
Flowood, MS 39232

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER

REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | | | | | | |
|---------------------------------------|---|------------------------------|--|--------------------------------------|------------------------|----------|---------------|-------------------------|-------------------------|-------------|---|---------------------------------|--------------|--------|--|
| INSR LTR | TYPE OF INSURANCE | | | | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | |
| A | X | COMMERCIAL GENERAL LIABILITY | | | | X | X | V156AK25AD03 | 28-AUG-2025 | 28-AUG-2026 | EACH OCCURRENCE | \$ N/A | | | |
| | | | | | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ N/A | | | |
| | X | Claims Made | | Occur | | | | | | | MED EXP (Any one person) | \$ 2,000 \$ 50,000 aggregate | | | |
| | X | Professional Liability | | | | | | | | | PERSONAL & ADV INJURY | \$ Included | | | |
| | | | | | GENERAL AGGREGATE | | | | | | \$ 4,000,000 | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | | | | | | \$ Excluded | | | | |
| | X | POLICY | | PROJEC | | | | | | | LOC | Each Claim | \$ 2,000,000 | | |
| | AUTOMOBILE LIABILITY | | | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | |
| | | ANY AUTO | | | | | | | | | BODILY INJURY (Per person) | \$ | | | |
| | | OWNED AUTOS ONLY | | SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) | \$ | | | |
| | | HIRED AUTOS ONLY | | | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | | | | | \$ | | | |
| | | UMBRELLA LIAB | | | OCCUR | | | | | | EACH OCCURRENCE | \$ | | | |
| | | EXCESS LIAB | | | CLAIMS- | | | | | | AGGREGATE | \$ | | | |
| | | D | | RETENTION \$ | | | | | | | | \$ | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | N/A | | | | | | | PER STATUTE | | OTH-ER | |
| | N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | | | | E.L. EACH ACCIDENT | \$ | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | | |
| | | | | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | | |
| A | Fire Legal Liability | | | | | | V156AK25AD03 | 28-AUG-2025 | 28-AUG-2026 | | ANY ONE FIRE OR WATER DAMAGE (SUBJECT TO GENERAL AGGREGATE) | \$ 100,000 | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Master Policy Holder: National Professional Purchasing Group Association, Inc. The Insured listed above is a member of the National Professional Purchasing Group Association, Inc. The insurance afforded by the certificate issued to the member named above is subject to all the terms, exclusions, and conditions of the master policy to which it refers. Limits may have been reduced by paid claims and expenses.

CERTIFICATE HOLDER

2274980
UCR Properties, LLC and UCR Management, LLC,

PO Box 321442
Flowood, MS 39232

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)
2274980

39232

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VITAE
William Criss Lott, Ph.D.
Clinical and Forensic Psychologist

Address: 665 Highway 51 North
Ridgeland, MS 39157
Tel: 601-707-5023 Fax: 601-707-5068
drwclott@gmail.com

Education:

Ph.D. 1990 Clinical Psychology
University of Southern Mississippi

M.S. 1985 Counseling Psychology
University of Southern Mississippi

B.A. 1978 Philosophy
Millsaps College

License: Mississippi 1991 (License No. 31-466)
District of Columbia 2022 (PSY200001315)

Expert Testimony: Federal, Circuit, Chancery, and Youth Court

Professional Affiliations:

American Professional Society on the Abuse of Children

American Psychological Association
Division 41 Psychology and Law
Division 31 State, Provincial and Territorial Affairs

Association of Family and Conciliation Courts

Mental Health Association of the Capital Area 2000-2002

Mississippi Hospital Association, Society for Behavioral Health
Board Member 2000-2001
President Elect, 2001
President, 2002

Mississippi Psychological Association
Legislative Committee 1995-1998
Chair, Legislative Committee, 1996-97
Secretary-Treasurer, 1998-99
President Elect, 1999
President, 2000
Past President, 2001
Federal Advocacy Coordinator, 2002-07
Distinguished Legislative Achievement Award 2003
Psychology in the Workplace Network Representative-2010

Mississippi Psychologists PAC Executive Director, 2002 to 2021

Mississippi Sex Offender Advisory Board, 1997- 2000

National Academy of Neuropsychology

Clinical Experience:

Clinical and Forensic Psychologist
Jackson/Ridgeland, Mississippi
1991 to present

Clinical Director, St. Dominic Counseling Center
St. Dominic/Jackson Memorial Hospital
969 Lakeland Drive
Jackson, Mississippi
January 2000 to October 2010

Coordinator, Community Based Forensic Evaluations
Mississippi State Hospital
January 2007 to 2010

Clinical Director, Baptist Behavioral Health
Baptist Health Systems

Jackson, Mississippi
August 1996 to January 2000

Outpatient Forensic Services/Evaluations

Mississippi State Hospital
Whitfield, Mississippi
1990 to 1996

Consultant, Forensic Services

Mississippi State Hospital
Whitfield, MS
2005 to present

Mental Health Technician/Psychometrician

Jackson, Mississippi
May 1985 to August 1986

Project Manager/Mental Health Technician

Home 2, Inc., Nashville, Tennessee
1981 to 1982

Cottage Parent/Teacher's Aide

North Mississippi Retardation Center
Oxford, Mississippi
1980 to 1981

Academic Experience:

Jackson State University

Adjunct Professor Psychology
Fall 1998, Psychopathology
Fall 2000, Forensic Psychology
Summer 2008, Forensic Psychology

Millsaps College

Adjunct Instructor Psychology
1990 to 1992, Introduction to Psychology
Fall 2003, Forensic Psychology and Developmental Disabilities
Spring 2004, Adolescence Psychology
Fall 2004, Forensic Psychology and Developmental Disabilities

Spring 2005, Abnormal Psychology
Fall 2005, Forensic Psychology
Spring 2006, Abnormal Psychology
Fall 2006, Psychological Assessment Practicum

Tougaloo College

Adjunct Instructor Psychology
Fall 2007, Forensic Psychology
Fall 2008, Clinical Psychology

Adjunct Instructor Mississippi Law Enforcement
Officers Training Academy
1990 to 1996

Forensic Presentations:

Gordon, B. H., Mcvaugh, G. S., & Lott, W. C. (2009). Evaluation of Civil Capacities: Clinical and Forensic Issues. Presented at the Mississippi Psychological Annual Conference, Biloxi, MS, September.

Koestler, A., Cooker, P., Lott, C., O'Brien, G., Macvaugh, G., (2012) Forensic Alert. Presented at the Mississippi Psychological Annual Conference, Gulfport, MS, September.

Lott, W.C. (2018). Child Custody Evaluations. Presented at the Annual Family Law Update, University of Mississippi Law School, Ridgeland, MS, March.

Lott, W. C. (1992). Competency to Be Tried: Components of Pretrial Evaluation. Presented at the Annual Conference for Prosecutors, Meridian, MS, September.

Lott, W. C. (1993). Competency Assessments: History and Standards. Presented at the Annual Conference for Prosecutors, Biloxi, MS, May.

Lott, W. C. (1993). Pre-Trial Forensic Evaluation. Presented at the Public Defenders Seminar, Jackson, MS, November.

Lott, W. C. (1993). Pre-Trial Forensic Evaluation. Presented at the Seminar for Trial and Appellate Judges, Jackson, MS, November.

Lott, W. C. (1995). Conducting Pre-Trial Forensic Screening Evaluations. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, MS, September.

Lott, W. C. (1995). Malingering: Myths and Methods. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, MS, September.

Lott, W. C. (1996). The Use of Mental Retardation as a Mitigating Factor at Capital Sentencing. Presented at the Mississippi Public Defenders Conference, Jackson, MS, October.

Lott, W. C. (1996). Correlation of the MCMI-2 6A and 6B Scales with the MMPI-2 in a Substance Abuse Population. Presented at the Annual Meeting of the Southeastern Psychological Association, Atlanta, Georgia.

Lott, W. C. (1997). Posttraumatic Stress Disorder: What PTSD is Not. Presented at the Mississippi Bar Litigation and General Practice Section, Jackson, MS, October.

Lott, W. C. (1997). The Role of the Forensic Expert in Evaluating Personal Injury Claims. Presented at the Joint Seminar of the Mississippi Claims Association and the Mississippi Defense Lawyers Association. Jackson, MS, November.

Lott, W. C. (1998). Child Custody Evaluations: A Compilation of Clinical and Legal Guidelines. Sponsored by the Mississippi Psychological Association, Jackson, MS, May.

Lott, W.C. (1999). Psychological Sequela of Domestic Abuse. Sponsored by the Office of District Attorney, District 18, Laurel, MS, January.

Lott, W.C. & Bercaw, S. (1992). Personality Characteristics of Adult Sex Offenders. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, MS, September.

Lott, W.C. and Cardin, T. (1996). Jail Suicides: Prevention and Recent Case Law. Presented at the Annual Meeting of the Mississippi Sheriff's Association, Natchez, Mississippi, June.

Lott, W. C. and Dubose, J. (2012). Efficacy of Effort Testing in a Juvenile Population. Presented at the Annual Meeting of the Mississippi Psychological Association, Gulfport, MS, September.

Lott, W.C. and Porter, T. (2005). Conducting Child Custody Evaluations: How to Serve the Courts, Survive Cross Examination, and Do No Harm to the Families. Invited Presentation for the Mississippi Psychological Association, Jackson, MS, May.

Lott, W.C. & Robertson, H. (1989). Factor Analytic Study of the MCMI in a Forensic Population. Presented at the Annual Meeting of the American Psychological Association, New Orleans, LA, August.

Lott, W.C., Robertson, H., & Pruitt, L. (1988). Comparison of the MCMI and the MMPI in an Adult Forensic Population. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, MS, October.

Lott, W. C., Whelan, M., & Cotton, P. (1997). Sex Offender Advisory Board: Introduction and Update. Presented at the Fall Conference of Mississippi Trial and Appellate Judges, Jackson, MS, October.

Lott, W.C. & McMichael, R. (1998). Abraham and Isaac: Filicide Revisited. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, MS, September.

Lott, W. C. & McMichael, R. (2006). Competency and Sanity Evaluations: Developing Outpatient Community Based Forensic Evaluations. Presented at the Annual Meeting of the Attorney General's Conference, Tunica, MS, October.

McMichael, R. & Lott, W. C. (1993). M'Naughten in Mississippi. Presented at the Annual Meeting of the American Academy of Psychiatry and the Law, San Antonio, TX, October.

McVaugh, G. & Lott, W. C. (2005). Validity of Clinical Methods for Assessing Mental Retardation for Death Row Inmates. Presented at the Annual Meeting of the Mississippi Psychological Association, Vicksburg, Mississippi, February.

Additional Presentations/Publications:

Burnett, D., Prosser, V., and Lott, W.C. (2000). Cross Cultural Factors for Competency Assessment with Juveniles. Presented at the Annual Meeting of the Southeastern Psychological Association, New Orleans, March.

Carter, C., Rutherford, D. and Lott, W. C., (1997). Assessment of Personality Characteristics of Drug and Alcohol Patients Using the MCMI-III. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, September.

Ellison, D. & Lott, W. C. (1995). Correlation of the M-Test and the Validity Scales on the MMPI-2. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, September.

Lott, W. C. & Lowe, J.D. (1989). Adult Children's Attitudes Toward Eldercare: Does Consanguinity Make A Difference? Presented at the Annual Meeting of the Southern Gerontological Society, Charleston, SC, April.

Lott, W. C. & Robertson, H. (1989). A Comparison of the Factor Structure of the MCMI Personality Scales with the DSM-III-R Personality Clusters. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, MS, September.

Lott, W. C., Robertson, H., & Pruitt, L. (1989). Concurrent Validation of the MCMI WF Scale. Paper presented at the Annual Meeting of the Southeastern Psychological Association, Washington, DC, March.

Lott, W. C., Vinzant, R., & Bercaw, S. (1991). Validity of Silverstein's WAIS-R Short Form in a Psychiatric Population. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, MS, September.

Lowe, J. D., Anderson, N.H., Lott, W.C., & Cotton, R. (1991). Construct Validity of the Filial Anxiety Scale. Presented at the Annual Meeting of the Southeastern Psychological Association, New Orleans, LA, March.

Lowe, J. D. & Lott, W. C. (1987). Insomnia, REM-Deprivation & Ethanol Consumption in Rats. Presented at the Annual Meeting of the Southeastern Psychological Association, New Orleans, LA, March.

Malow, R., West, J., Penal, & Lott, W. C. (1990). Affective disorders and adjustment problems in cocaine and opioid addicts. *Psychology of Addictive Behaviors*, 4, 6-11.

Malow, R., West, J., Corrigan, S., Penal, & Lott, W. C. (1991). Psychopathology differences between cocaine and speedball users. *Pharmacology, Biochemistry & Behavior*.

Malow, R., West, Jr., Penal, & Lott, W. C. (1990). Depression and adjustment problems in cocaine and opioid addicts. *Pharmacology, Biochemistry & Behavior*, 36, 439.

Prosser, V. and Lott, W. C. (2004). Psychological Assessment of Juvenile Competency to Stand Trial. Presented at the Annual Meeting of the Mississippi Psychological Association, Philadelphia, September.

Rutherford, D., Carter, C. and Lott, W. C. (1997). Assessing the relationship between the Alcohol and Drug Scales of the SASSI and the Alcohol and Drug Scales on the MCMI-III. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, September.

Shaw, B. and Lott, W. C. (1997). Racial Differences on the MMPI-2 and MCMI-III in a Chemically Dependent Population. Presented at Annual Meeting of the Mississippi Psychological Association, Biloxi, September.

Steele, I. and Lott, W. C. (1997). Correlates of persistence: MMPI-2, MCMI-III, and SASSI-2 Indices of Early Treatment Termination in Substance Abusers. Presented at the Annual Meeting of the Mississippi Psychological Association, Biloxi, September.

Supervised Dissertations:

Black, S. (2005). Dissertation: A Longitudinal Study of Sexual Experiences and Attitudes of Students at a Small Liberal Arts College 1997 – 2003. Jackson State University.

Boudreaux, J. (2005). Dissertation: An Assessment of Cognitive Functioning for West Nile Survivors. Jackson State University.

Burnett, D. (1999). Dissertation: Evaluation of Competency to Stand Trial in a Juvenile Population. University of Southern Mississippi.

Dubose, J. (2012). Dissertation: The Applicability of Symptom Validity Testing with Adolescent Offenders. Jackson State University.

Duncan, C. (2007). Dissertation: The Physical and Psychological Well-being of Elderly Survivors with West Nile Virus. Jackson State University.

Hall, M. L.(2006). Dissertation: The Effect of Accumulation of Stressors on the Severity of Depressive symptoms in African American Women. Jackson State University.

Holmes, S. (2010). Dissertation: The use of the NV-MSVT and TOMM with Young Children. Jackson State University.

January, S. (2011). Dissertation: Examining the Relationship among Spirituality, Empathy, and Attitudes toward Sex Offenders.

Kobayakawa, Naome (2020). Dissertation: The Comparison of Two Performance Validity Tests in a Child Sample.

Konkhe, J. (2001). Dissertation: Interrogatory Suggestibility in Juveniles. University of Southern Mississippi.

Prosser, V. (2004). Dissertation: Psychological Assessment of Juvenile Competency to Stand Trial. Jackson State University.

Smith, S. Dissertation: Personality Traits in Incarcerated Male Adolescents. Jackson State University.

Schweitzer, J. L. (2005). Dissertation: A Principal Components Analysis of the MCMI-III with a Substance Abuse Population. Jackson State University.

MISSISSIPPI BOARD OF PSYCHOLOGY

This certifies that

W. Criss Lott, Ph.D.

Whose credentials have been approved by the Mississippi Board of Psychology

Licensed Number: 31 466 Originally Issued: 12/13/1991

Has registered with the Mississippi Board of Psychology as required by
Title 73, Chapter 31, Sections 1-29, of the Mississippi code 1972
and is licensed to practice as a PSYCHOLOGIST and is duly certified to perform
CIVIL COMMITMENT EVALUATIONS
in the State of Mississippi.

Current license valid from July 1, 2025 through June 30, 2026

Monica J. Sutton, PhD

Executive Secretary

Mississippi Board of Psychology

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Current license valid from July 1, 2025 through June 30, 2026

NAME: **Jennifer W. Mooneyham, FNP-BC**

1127 Old Fannin Road, C
Brandon, MS 39047
Cell(s): 601-214-4420
Business 601-919-1090
Email: jeni4moon@yahoo.com

TITLE: Registered Nurse, Certified Family Nurse Practitioner
Certified Legal Nurse Consultant

DATE AND PLACE OF BIRTH: May 5, 1972; Jackson, Mississippi

MARITAL STATUS: Married

EDUCATIONAL BACKGROUND:

University of Mississippi School of Nursing
Jackson, Mississippi
Masters of Science in Nursing - Family Nurse Clinician
August, 1998

University of Mississippi School of Nursing
Jackson, Mississippi
Bachelors of Science in Nursing
December, 1994

Hinds Community College
Raymond, Mississippi
Associates in Applied Science Degree
May, 1992

PROFESSIONAL EXPERIENCES

4 the Family Healthcare

4/2010-Present

Family Nurse Practitioner/Owner (Free Standing Clinic)

Responsibilities: Include providing primary medical care to patients of all ages.

Crossgates River Oaks Hospital

4/2010-05/2011

Family Nurse Practitioner (Hospitalist)

Responsibilities: Include medical management of the acute patient in the hospital setting while collaborating with internal medicine physicians.

Biloxi Regional Medical Center

10/99-4/2010

Biloxi, Mississippi

Family Nurse Practitioner

General/Vascular Surgery & Industrial Health & Wellness Clinic

Responsibilities: Provide ongoing education in the clinical setting to staff nurses and nurse practitioners. In collaboration with 4 general/vascular surgeons, perform history and physicals, discharge summaries and follow patients throughout their hospitalizations while decreasing length of stay. Also responsible for surgical consultations and

continuous collaboration with other specialties including pulmonology, cardiology, neurology, orthopedics, etc. Comprehensive care of critical patients to include trauma victims. I have developed protocols on wound care, wound vacs, declothing ports, DVT prophylaxis, heparin dosing, potassium replacement, total parenteral nutrition administration, femoral block monitoring, and alcohol detoxification. Provide care to Workmans Compensation patients in the Center for Industrial Health and Wellness Clinic which involves occasional I&Ds, suturing, splinting, and joint injections. Maintain medical record completions for 22 different surgeons. Maintain 100% compliance with core measures and quality indicators to include VTE and SCIP.

Innovative Legal Nurse Consultants
Brandon Mississippi

03/03-Present

Certified Legal Nurse Consultant

Responsibilities: Provide attorneys with expert nursing and medical services to assist in their legal determinations. Previous clients include Daniel, Coker, Horton, & Bell, PA, Bryant, Clark, Dukes, & Blakeslee, PLLC, & Quintairos, Prieto, Wood, & Boyer, PA.

Mississippi State Hospital

02/06-07/07

Family Nurse Practitioner

Responsibilities: Provide medical coverage for approximately 200 patients. Patients also have a mental illness. Be available to cover for Psychiatry service. Three fourths of the patients are mentally retarded with various comorbidities. Patients include adults and geriatrics.

The Schumaker Group
Biloxi, Mississippi

10/01-10/2003

Family Nurse Practitioner (Emergency Medicine)

Responsibilities: Provide coverage in conjunction with an emergency medicine physician to an eleven bed, 3 trauma room emergency department. Employed PRN.

Newton Regional Hospital
Newton, Mississippi

10/98-10/99

Family Nurse Practitioner

Responsibilities: Properly assess, diagnose, and treat patients of all ages at Newton Regional Clinic and the LaZBoy nurse practitioner run clinic. This was done in collaboration with an internal medicine physician and a pediatric gastroenterologist. Responsibilities also included obtaining certification as a rural health clinic and functioning as director of the rural health clinic. Also responsible for being an early prevention diagnostic screening tool (EPSDT) provider for Medicaid children of Newton County.

Rankin Medical Center
Brandon, Mississippi
Staff Registered Nurse

07/97-06/99

Responsibilities: Provide total care to patients in various hospital areas to include ICU, med-surg, subacute, gerio-psych, and telemetry. Occasional work as the intravenous therapist and charge nurse.

Whitfield Medical-Surgical Hospital

04/96-08/97

Whitfield, Mississippi

Staff Registered Nurse

Responsibilities: Provide care on a 40 bed med-surg floor consisting primarily of a geriatric population specializing in wound care. Charge on an 11 bed acute male psychiatric receiving unit while supervising licensed practical nurses and direct care workers. Coordinate and collaborate care of psychiatric patients. Establish and conduct group therapy (wellness and medication groups). Provide intravenous therapy including medication administration. Obtain arterial blood gasses when indicated. Perform physical assessments on a continuous basis.

Pegasus Airwave, Inc.

10/95-04/96

Mississippi

Wound Care Consultant

Responsibilities: Be accessible to nurses throughout Mississippi 24 hours a day to provide expert consultation on wound care while marketing an alternating pressure mattress.

Mississippi State Hospital

03/95-10/95

Whitfield, Mississippi

Staff Registered Nurse

Responsibilities: Provide and coordinate care for acute and long-term psychiatric patients while collaborating with various disciplines and supervising licensed practical nurses and direct care workers. Functioned in the capacity of charge nurse for a geriatric building.

Parkview Medical Center Neonatal Intensive Care Unit

12/94-05/95

Vicksburg, Mississippi

Staff Registered Nurse

Responsibilities: Attend deliveries and perform any resuscitation measures indicated to the newborns. Transition infants to newborn nursery and care for critically ill infants. Perform extensive discharge instructions to parents.

MILITARY SERVICE:

Mississippi Air National Guard – 172nd

11/01-01/03

Jackson, Mississippi

Air Force Nurse Corp/Critical Care Air Transport Team (1st Lieutenant/Registered Nurse/Nurse Practitioner)

Responsibilities: Function as a clinic medical provider. Be available to air transport critically ill patients in peace and wartime missions.

Mississippi Army National Guard - Det. 5 TDA, Headquarters Starc

12/98-11/01

Jackson, Mississippi

Army Nurse Corp (1st Lieutenant/Registered Nurse)

Responsibilities: Function as the primary care provider at a troop medical clinic/hospital during summer camp. Perform physical exams on many soldiers while assisting the physicians with any requested needs. These tasks are done in addition to normal physical

and mental requirements for officer personnel. *Additional assignments include being a chief investigating officer and the weight control officer.*

Mississippi Army National Guard - 972nd Dental Detachment

08/89-12/98

Jackson, Mississippi

Dental Technician (91E)

Responsibilities: Assist with various dental procedures, take x-rays, & maintain all other physical and mental requirements for enlisted personnel.

Military Schools:

United States Air Force School of Aerospace Medicine, San Antonio, TX

Critical Care Air Transport Course, January 5-18, 2003

Officers' Basic Course, Fort Sam Houston, San Antonio, TX

Completed 1999

Academy of Health Sciences, Fort Sam Houston, San Antonio, TX

Dental Specialist - 91E, completed 1990

AWARDS: Department of The Army Certificate of Achievement (Annual Training 2000)
Army Service Ribbon (30 August 93)
National Defense Service Medal (30 August 93)
Army Component Achievement Medal (30 August 93)
Mississippi War Medal (30 August 93)
Mississippi Longevity Medal (30 August 93)

LICENSURE: Residential Contractor 2006
DEA license active since 2003
Family Nurse Practitioner Active since 1998
Registered Nurse, Mississippi Active since 1995

CERTIFICATION: Certified Legal Nurse Consultant, 2003
Certified by the Vickie Milazzo Institute
Certified Family Nurse Practitioner, 1998
Certified by the American Nurses' Association
Certified Psychiatric and Mental Health Nursing, 1997
Certified by the American Nurses' Association

PROFESSIONAL MEMBERSHIPS:

Central Chapter of Nurses in AIDS Care (4/98-present)
Sigma Theta Tau International, Theta Beta Chapter (3/98-present)
Nurses Strategic Action Team (2/97-present)
Nurse Practitioner Special Interest Group (1/97-present)
Mississippi Nurses Association (6/96-present)
American Nurses Association (6/96-present) MS

HOSPITAL PRIVILEGES: *Biloxi Regional Medical Center:* Limited Health Practitioner Staff status with Category II (active)

COMMITTEES: Chairman of the Biloxi Regional Research Committee (7/07-present)
Pain Control Committee Biloxi Regional Hospital (5/02-present)
Pharmacy and Therapeutics Committee at Biloxi Regional Hospital (5/01-present)
Invasive Procedures Committee at Biloxi Regional Hospital (5/01-present)
Wound Care Team at Biloxi Regional Hospital (10/99-present)
Performance Appraisal Quality Improvement Committee at Biloxi Regional (10/99-present)
LaZBoy Safety Committee (6/99)
Newton Regional Hospital Community Development Committee (3/99)
Newton County Relay for Life Planning Committee (3/99)
Friends of Children of Newton County (1/99)
Master of Science in Nursing Focus Group (4/98)
Suicide Prevention Task Force /Army National Guard (2/98)

LECTURES: Inservices to hospital nurses at Biloxi Regional Medical Center have been provided every six months on wound care, paracentesis, thoracentesis, and chest tube management. Also, I have provided monthly 1-2 hour lectures to medical-surgical nurses. This is a lecture series that involves 9 months. Formal 2-hour lectures were provided to MS Gulf Coast Coding Society focusing on identifying wounds and wound care. Have functioned as a clinical preceptor for medical and nurse practitioner students for University of Arizona, University of South Alabama, and University of Southern Mississippi. At Mississippi State Hospital, provided an NCLEX review course to nursing students on August 7, 2006 and January 24, 2007. Below are educational programs created for Biloxi Regional Medical Center and Healthnet.edu:

| | |
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| <i>Opiod Therapy</i> | 6/9/2009 |
| <i>Acute Liver Failure</i> | 6/23/2009 |
| <i>Common Neuro Problems and Key Exam Points</i> | 9/9/2009 |
| <i>Intravenous Infiltration</i> | 9/15/2009 |
| <i>Inpatient Diabetes</i> | 10/13/2009 |

PROFESSIONAL DEVELOPMENT:

BHRT Symposium
Sponsored by Global Education Group
Contact Hours 26

March 1-4, 2017
Las Vegas, NV

Theralase Onsite Training
Sponsored by Theralase
Contact Hours (Training Hours) 24

Brandon, MS

Tulane Neuroscience Alumni Symposium
Sponsored by Tulane University Brain Institute
Contact Hours 8

October 7, 2016
New Orleans, LA

Bovie Device Training
Sponsored by Bovie
Contact Hours (Training Hours) 3

January, 2015
Brandon, MS

Dysport Injection Onsite Training
Sponsored by Dysport
Contact Hours (Training Hours) 22

November, 2014
Brandon, MS

Botox for Chronic Migraine Patients Injection Training
Sponsored by Allergan
Contact Hours 16

May 8, 2013
New Orleans, LA

Advanced Cardiac Life Support
Sponsored by American Heart Association
Contact Hours 8

September, 2013
Biloxi, MS

Pediatric Advanced Cardiac Life Support
Sponsored by American Heart Association
Contact Hours 8

September, 2013
Biloxi, MS

Basic Life Support
Sponsored by American Heart Association
Contact Hours 8

September, 2013
Biloxi, MS

Forrest General Primary Care Update
Sponsored by Forrest General Hospital
Contact Hours 8

May 26-27, 2012
Orange Beach, AL

Advanced Cardiac Life Support
Sponsored by American Heart Association
Contact Hours 8

September, 2011
Biloxi, MS

Pediatric Advanced Cardiac Life Support
Sponsored by American Heart Association
Contact Hours 8

September, 2011
Biloxi, MS

Basic Life Support
Sponsored by American Heart Association
Contact Hours 8

September, 2011
Biloxi, MS

Forrest General Primary Care Update
Sponsored by Forrest General Hospital
Contact Hours 8

May 28-29, 2011
Orange Beach, AL

Forrest General Primary Care Update
Sponsored by Forrest General Hospital

May 15-16, 2010
Orange Beach, AL

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| Contact Hours | 8 | |
| Pri-Med Updates for American College of Physicians <i>Sponsored by Pri-Med</i> | | October 27-28, 2009 Orlando, FL |
| Contact Hours | 12 | |
| Advanced Cardiac Life Support <i>Sponsored by American Heart Association</i> | | September, 2009 Biloxi, MS |
| Contact Hours | 8 | |
| Pediatric Advanced Cardiac Life Support <i>Sponsored by American Heart Association</i> | | September, 2009 Biloxi, MS |
| Contact Hours | 8 | |
| Basic Life Support <i>Sponsored by American Heart Association</i> | | September, 2009 Biloxi, MS |
| Contact Hours | 8 | |
| Pri-Med Updates (Primary Care) <i>Sponsored by Pri-Med</i> | | June 17-18, 2009 New Orleans, LA |
| Contact Hours | 14 | |
| Forrest General Primary Care Update <i>Sponsored by Forrest General Hospital</i> | | May 1-3, 2009 Orange Beach, AL |
| Contact Hours | 8 | |
| Focus on the Spine: Getting "Back" in Action <i>Sponsored by Memorial Hospital</i> | | February 18, 2009 Biloxi, MS |
| Contact Hours | 7 | |
| A Bleed is Not A Bleed, that is the Stroke Question <i>Sponsored by Memorial Hospital</i> | | February 5, 2009 Biloxi, MS |
| Contact Hours | 7 | |
| Brain ABC's: How to Fix it When It's Broken <i>Sponsored by Memorial Hospital</i> | | January 28, 2009 Biloxi, MS |
| Contact Hours | 7 | |
| Indications for Surgery of the Spine and Neck/Pain Management for Lower Back Pain <i>Sponsored by Central Mississippi Medical Center</i> | | November 6, 2008 |
| Contact Hours | 3.25 | |
| Advances in Emergency and Acute Care Medicine <i>Sponsored by Vanderbilt University</i> | | July 30 – Aug 3, 2008 Sandestin, FL |
| Contact Hours | 14 | |
| Primary Care Update <i>Sponsored by Forrest General Hospital</i> | | May 16-18, 2008 Perdido Beach, AL |

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|--|------|-------------------|
| Contact Hours | 8.0 | |
| KCI: Advanced Vac Training | | May 8, 2008 |
| <i>Sponsored by KCI</i> | | New Orleans, LA |
| Adult ADHD: When Comorbidities Are the Tip of the Iceberg | | |
| <i>Sponsored by PRI-MED</i> | | March 25, 2008 |
| Contact Hours | 2.0 | On Line |
| Answering the Questions Raised by Stents and Clinical Trials for Your ACS Patients | | |
| <i>Sponsored by PRI-MED</i> | | March 25, 2008 |
| Contact Hours | 3.0 | On Line |
| Defining Headache with Sensory Disturbances in a 46yo Man | | |
| <i>Sponsored by PRI-MED</i> | | March 25, 2008 |
| Contact Hours | 2.0 | On Line |
| The Role of Cardiovascular Risk Reduction in an Elderly Woman | | |
| <i>Sponsored by PRI-MED</i> | | March 25, 2008 |
| Contact Hours | 2.0 | On Line |
| Basic Critical Care Course | | Nov 12-14, 2007 |
| <i>Sponsored by Central Mississippi Medical Center</i> | | Jackson, MS |
| Contact Hours | 19.5 | |
| Neuroscience 2007 | | November 7, 2007 |
| <i>Sponsored by Memorial Neurosciences & Rehabilitation</i> | | Gulfport, MS |
| Contact Hours | 7.0 | |
| Scooter Fractures, Buckle Fractures, and Beyond | | October 30, 2007 |
| <i>Sponsored by AHC Media LLC</i> | | On Line |
| Contact Hours | 2.5 | |
| Restless Legs Syndrome: Calming the Storm | | October 25, 2007 |
| <i>Sponsored by University of Virginia</i> | | On Line |
| Contact Hours | 1.0 | |
| Resuscitation of the Critically Ill Pediatric Patient | | October 15, 2007 |
| <i>Sponsored by Alabama Board of Nursing</i> | | Biloxi, MS |
| Contact Hours | 1.2 | |
| 2007 Fall CME Symposia | | October 13, 2007 |
| <i>Sponsored by Singing River Hospital</i> | | Ocean Springs, MS |
| Contact Hours | 7.0 | |
| Effectively Managing Anticoagulation | | October 10, 2007 |
| <i>Sponsored by University of Virginia</i> | | On Line |
| Contact Hours | 1.0 | |
| Eat Right, Live Right.. The Power of Simple Steps | | October 10, 2007 |

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| <i>Sponsored by University of Virginia</i> | On Line |
| Contact Hours 1.0 | |
| Aspirin Therapy: Maximizing the Benefits | October 10, 2007 |
| <i>Sponsored by University of Virginia</i> | On Line |
| Contact Hours 1.0 | |
| Bariatric Surgery: Weighing the Options | August 10, 2007 |
| <i>Sponsored by University of Wisconsin</i> | On Line |
| Contact Hours 1.0 | |
| HPV and Cervical Cancer: Managing the Risk | August 10, 2007 |
| <i>Sponsored by University of Virginia Health Systems</i> | On Line |
| Contact Hours 1.0 | |
| Emergency Contraception: A Guide to Over-the Counter Availability | |
| <i>Sponsored by Power-Pak</i> | May 15, 2007 |
| Contact Hours 2.0 | On Line |
| Facts or Fiction 2006: Influenza in America and Global Influences | |
| <i>Sponsored by Power-Pak</i> | May 15, 2007 |
| Contact Hours 1.8 | On Line |
| Update on surgical incisions, wound closures, and drains | April 11, 2007 |
| <i>Sponsored by AHC Media LLC</i> | On Line |
| Contact Hours 1.0 | |
| Pulmonary Embolism: New algorithms for diagnosis and treatment | April 11, 2007 |
| <i>Sponsored by AHC Media LLC</i> | On Line |
| Contact Hours 1.0 | |
| Prophylaxis of venous thromboembolism in surgical patients | April 11, 2007 |
| <i>Sponsored by AHC Media LLC</i> | On Line |
| Contact Hours 1.0 | |
| Readdressing the Importance of Gram-Negative Resistance: Pathogens, Practice Patterns, and Pharmacotherapy | April 11, 2007 |
| <i>Sponsored by AHC Media LLC</i> | Online |
| Contact Hours 2.0 | |
| Diabetic Emergencies | March 30, 2007 |
| <i>Sponsored by AHC Media LLC</i> | On Line |
| Contact Hours 2.25 | |
| Central Venous Lines Pose High Risk for Infection | March 30, 2007 |
| <i>Sponsored by AHC Media LLC</i> | On Line |
| Contact Hours 1.5 | |
| Sepsis Management | March 30, 2007 |
| <i>Sponsored by AHC Media LLC</i> | On Line |

Contact Hours 2.25

Pharmacodynamic Considerations in the Treatment of Cold Sores: A Comparative Look at Available Treatments

Sponsored by Power-Pak

Contact Hours 2.0

February 16, 2007

On Line

Leaving against medical advice: Should you take no for an answer?

Sponsored by AHC Media LLC

Contact Hours 1.5

February 14, 2007

On Line

Federal law, EMTALA, and state law enforcement: Conflict in the ED?

Sponsored by AHC Media LLC

Contact Hours 1.5

February 14, 2007

On Line

Maxillofacial Injuries: Clinical Characteristics and Initial Management

Sponsored by AHC Media LLC

Contact Hours 2.5

February 14, 2007

On Line

If surgery patients call back following discharge, do staff know their limits?

Sponsored by AHC Media LLC

Contact Hours 1.5

February 14, 2007

On Line

Pain management in the ED: A method for the madness

Sponsored by AHC Media LLC

Contact Hours 1.5

February 14, 2007

On Line

Pelvic Trauma

Sponsored by AHC Media LLC

Contact Hours 2.5

October 16, 2006

On Line

MedPix Case of the Week

Uniformed Services of Health Science

Contact Hours 1.2

October 16, 2006

On Line

Lacerations: To Glue or Not to Glue

Sponsored by AHC Media LLC

Contact Hours 1.5

October 16, 2006

On Line

Colorectal Cancer Screening: What's the Evidence?

Sponsored by AHC Media LLC

Contact Hours 3.0

October 16, 2006

On Line

Evaluation & Mgt. of Blunt and Penetrating Thoracic Trauma

Sponsored by AHC Media LLC

Contact Hours 2.5

October 16, 2006

On Line

Evaluation of the Clinical Use of Newer Macrolides and Ketolides

Sponsored by Power-Pak

Contact Hours 2.0

October 16, 2006

On Line

| | |
|--|---------------------------------------|
| Knee Trauma: Assessment, Diagnosis, Eval., & Mgt. <i>Sponsored by AHC Media LLC</i> Contact Hours 2.5 | October 10, 2006 On Line |
| Blunting Macrovascular Risk: New Perspectives on Metabolic Interventions <i>Sponsored by i3 dln</i> Contact Hours 1.2 | October 10, 2006 Whitfield, MS |
| Surgical Care Improvement Project, Module I: Infection Prevention <i>Sponsored by Medscape Continuing Education Provider</i> Contact Hours 1.2 | October 10, 2006 On Line |
| Knee Trauma: Assessment, Diagnosis, Eval., & Mgt. <i>Sponsored by AHC Media LLC</i> Contact Hours 2.5 | October 10, 2006 On Line |
| Standard of Care: Does it exist in every malpractice case? <i>Sponsored by AHC Media LLC</i> Contact Hours 1.0 | October 10, 2006 On Line |
| Opioid Pharmacotherapy <i>Sponsored by Power-Pak</i> Contact Hours 2.0 | October 10, 2006 On Line |
| Current Controversies in the Management of Insomnia <i>Sponsored by Massachusetts General Hospital</i> Contact Hours 1.2 | September 20, 2006 Whitfield, MS |
| The Clinician's Dilemma: To Use Two Antipsychotics at Once? <i>Sponsored by i3 dln</i> Contact Hours 1.2 | September 12, 2006 Whitfield, MS |
| Risk and Resilience in PTSD <i>Sponsored by Massachusetts General Hospital</i> Contact Hours 1.2 | May 31, 2006 Whitfield, MS |
| Psychotropic Drug Use During Pregnancy <i>Sponsored by Massachusetts General Hospital</i> Contact Hours 1.2 | May 17, 2006 Whitfield, MS |
| Are We Treating Schizophrenia Effectively? <i>Sponsored by i3dln</i> Contact Hours 1.2 | May 9, 2006 Whitfield, MS |
| Primary Care Update <i>Sponsored by Forrest General Hospital</i> Contact Hours 9.0 | April 28-30, 2006 Orange Beach, AL |
| Diagnosis, Neurobiology, and Treatment Approaches to ADHD | April 26, 2006 |

Sponsored by Massachusetts General Hospital
Contact Hours 1.2

Whitfield, MS

Jumping the Big Hurdle: New Standard of Care for Bipolar Depression

Sponsored by i3dlm

Contact Hours 1.2

April 25, 2006
Whitfield, MS

Redefining the Management of Treatment-Resistant Depression

Sponsored by i3dlm

Contact Hours 1.2

April 18, 2006
Whitfield, MS

The History of Antidepressants and the Future for Patients with Depression

Sponsored by i3dlm

Contact Hours 1.2

April 11, 2006
Whitfield, MS

Alzheimer's Disease in the Skilled Nursing Facility

Sponsored by AKH Inc.

Contact Hours 1.2

April 10, 2006
Whitfield, MS

How Do We Choose a First-Line Antipsychotic?

Sponsored by Massachusetts General Hospital Psychiatric Academy

Contact Hours 1.2

March 29, 2006
Whitfield, MS

Insomnia and Emerging Therapies: Treating the Whole Patient

Sponsored by i3 DLN

Contact Hours 1.2

March 7, 2006
Pearl, MS

Exploring the Neurocircuitry of the Brain and Its Impact on ADHD

Sponsored by CME Outfitters

Contact Hours 1.2

March 1, 2006
Whitfield, MS

Bipolar Disorder Beyond Episodes: The Challenge of ..

Sponsored by Massachusetts General Hospital Psychiatric Academy

Contact Hours 1.2

February 22, 2006
Whitfield, MS

University of Arkansas Summer CE

Sponsored by University of Arkansas

Contact Hours 6.0

August 23, 2005
Sandestin, FL

Alabama Soc of Health-System Pharmacists Summer Meeting

Sponsored by Alabama Soc of Pharmacists

Contact Hours 6.0

July 17, 2005
Sandestin, FL

Pediatric Advanced Cardiac Life Support

Sponsored by Biloxi Regional Medical Center

Contact Hours 8.0

May 19, 2005
Biloxi, MS

Advanced Cardiac Life Support

Sponsored by Biloxi Regional Medical Center

May 19, 2005
Biloxi, MS

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|--|-------|--|
| Contact Hours | 8.0 | |
| Preserving What's Left of Anitipseudomonal Antibiotics <i>Sponsored by Biloxi Regional Medical Center</i> | | April 26, 2005 Biloxi, MS |
| Contact Hours | 1.0 | |
| Use of Long Acting Opioids for Chronic Pain <i>Sponsored by POWER-PAK</i> | | November 17, 2004 Internet Course |
| Contact Hours | 2.0 | |
| Certification of TcpO2 Course Completion <i>Sponsored by PERIMED</i> | | September 13, 2004 Biloxi, MS |
| Contact Hours | 6.0 | |
| Update on COPD <i>Sponsored by Biloxi Regional Medical Center</i> | | August 27, 2004 Biloxi, MS |
| Contact Hours | 1.0 | |
| Advances in Emergency and Acute Care Medicine <i>Sponsored by Vanderbilt University</i> | | July 28 – Aug 1, 2004 Sandestin, FL |
| Contact Hours | 11.25 | |
| Conquering Urinary Incontinence <i>Sponsored by Mississippi Nurses' Association</i> | | June 10, 2004 Biloxi, MS |
| Contact Hours | 1.3 | |
| Gulf Coast Trauma Conference <i>Sponsored by Gulf Coast Trauma Association</i> | | April 30, 2004 Biloxi, MS |
| Contact Hours | 8.0 | |
| Psychopharmacology Update in the Elderly Population <i>Sponsored by Prime CME</i> | | April 4, 2004 Biloxi, MS |
| Contact Hours | 1.0 | |
| Postoperative Care of Patients with Surgical Drains <i>Sponsored by Cross Country University</i> | | December 15, 2003 |
| Contact Hours | 1.0 | |
| Advanced Cardiac Life Support <i>Sponsored by Biloxi Regional Medical Center</i> | | October 2003 Biloxi, MS |
| Contact Hours | 8.0 | |
| Pediatric Advanced Life Support <i>Sponsored by Biloxi Regional Medical Center</i> | | June 25, 2003 Biloxi, MS |
| Contact Hours | 8.0 | |
| Skin Cancer <i>Sponsored by Biloxi Regional Medical Center</i> | | June 11, 2003 Biloxi, MS |
| Contact Hours | 1.0 | |

| | |
|---|---|
| Evaluating Hepatitis C from an Infectious Disease Perspective <i>Sponsored by AdvanMed</i> Contact Hours 1.0 | April 10, 2003 Biloxi, MS |
| Legal Nurse Consultant Certification <i>Sponsored by Vickie Milazzo Institute</i> Contact Hours 43.2 | March 24-29, 2003 Orlando, FL |
| Antimicrobial Resistance in Community Acquired Respiratory Infections <i>Sponsored by Abcomm, Inc.</i> Contact Hours 1.0 | March 13, 2003 Biloxi, MS |
| Concepts in Peripherally Inserted Central Venous Catheters <i>Sponsored by Arrow International, Inc.</i> Contact Hours 8.0 | February 19, 2003 Biloxi, MS |
| Critical Care Air Transport Team Course <i>Sponsored by USAF School of Aerospace Medicine</i> Contact Hours 91.0 | January 2-17, 2003 San Antonio, TX |
| Treatment of Cough <i>Sponsored by Mississippi Nurses' Association</i> Contact Hours 1.20 | November 21, 2002 Pass Christian, MS |
| Guidelines for the Management of Unstable Angina and Non-ST Segment Elevation Acute Coronary Syndromes Satellite Broadcast <i>Sponsored by American Association of Critical-Care Nurses</i> Contact Hours: 2.00 | June 12, 2002 Biloxi, MS |
| Southern Association for Oncology's Annual Meeting <i>Sponsored by Southern Association for Oncology</i> Contact Hours: 12.00 | July 17-20, 2002 Sandestin, FL |
| Spring Aircare Trauma Conference <i>Sponsored by UMC Dept. of Aircare</i> Contact Hours: 7.5 | June 14, 2002 Jackson, MS |
| Documentation and CPT/HCPCS Coding <i>Sponsored by Mississippi Nurses' Association</i> Contact Hours: 3.6 | May 3, 2002 Raymond, MS |
| Developing a QI Plan for your Practice <i>Sponsored by Mississippi Nurses' Association</i> Contact Hours: 1.2 | May 3, 2002 Raymond, MS |
| Nursing Issues Update <i>Sponsored by Mississippi Nurses' Association</i> Contact Hours: 1.0 | May 3, 2002 Raymond, MS |
| Controlled Substances Training for Nurse Practitioners | May 3, 2002 |

Sponsored by Mississippi Nurses' Association
Contact Hours 12.00

Raymond, MS

KCI Wound Vac Training
Sponsored by KCI
Contact Hours: 8.00

Dec 3 & 4, 2001
San Antonio, TX

Stroke Lecture (Dr. Redmond – Neurology)
Sponsored by Biloxi Regional Medical Center
Contact Hours: 1.00

November 7, 2001
Biloxi, MS

Advanced Cardiac Life Support
Sponsored by Custom Training Affiliates
Contact Hours: 16.00

October 19, 2001
Ocean Springs, MS

Advanced Practice Nursing: Premier Practicum
Sponsored by MCP Hahnemann University
Contact Hours: 19.00

Sept 23 – 25, 2001
Orlando, FL

Emergency Medical Service Expo
Sponsored by E.M.S. Magazine
Contact Hours: 16.00

June 1 – 2, 2001
New Orleans, LA

Chronic Wound Management
Sponsored by 3M
Contact Hours: 2.0

May 16, 2001
Biloxi, MS

Advanced Lab Interpretation
Sponsored by PESI HealthCare
Contact Hours: 7.7

March 27, 2001
Gulfport, MS

COPD and Asthma Therapy (Dr. Douglas, Pulmonology)
Sponsored by MS Nurses' Association
Contact Hours: 1.3

January 11, 2001
Gulfport, MS

Current Treatment of Migraine Headaches (Dr. Lenox)
Sponsored by MS Nurses' Association
Contact Hours: 1.4

December 14, 2000
Biloxi, MS

CPR Recertification
Sponsored by Biloxi Regional Medical Center
Contact Hours: 4

December 8, 2000
Biloxi, MS

Acute Coronary Events
Sponsored by MED-ED
Contact Hours: 15

Dec 7 – 8, 2000
Biloxi, MS

Med-Surg Patient in Acute Distress
Sponsored by MED-ED
Contact Hours: 7.5

November 30, 2000
Pensacola, FL

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|---|--|
| Trauma- Critical Management of The Injured Patient Sponsored by American Society of Critical Care Nurses Contact Hours: 7.5 | October 16, 2000 Gulfport, MS |
| Mississippi Emergency Medicine Conference <i>Sponsored by Mississippi Emergency Medicine Association</i> Contact Hours: 16 | October 6-7, 2000 Biloxi, MS |
| Neupogen: A Clinical Overview <i>Sponsored by AMGEN</i> Contact Hours: 1.0 | August 23, 2000 Biloxi, MS |
| Pediatric Advanced Life Support Course <i>Sponsored by Choctaw Medical Center</i> Contact Hours: 16.0 | June 23-24, 2000 Philadelphia, MS |
| Diagnosis and Treatment of Panic Disorders <i>Sponsored by MS Nurses' Foundation</i> Contact Hours: 1.4 | April 27, 2000 Gulfport, MS |
| Mechanisms of Disease – Plain English Pathophysiology <i>Sponsored by PESI HealthCare</i> Contact Hours: 7.6 | April 14, 2000 Biloxi, MS |
| Understanding X-rays: A Plain English Approach <i>Sponsored by PESI HealthCare</i> Contact Hours: 7.6 | April 13, 2000 Biloxi, MS |
| Advanced Pathophysiology <i>Sponsored by PESI Health Education for</i> Contact Hours 7.25 | March 14, 2000 Biloxi, MS |
| Plain Interpretation of X-rays <i>Sponsored by PESI Health Education</i> Contact Hours 7.25 | March 12, 2000 Biloxi, MS |
| Advanced Cardiac Life Support <i>Sponsored by Bishop State Community College</i> Contact Hours 16.0 | February 17, 2000 Mobile, AL |
| Management of Arthritis Pain <i>Sponsored by Mississippi Nurses' Association</i> Contact Hours: 1.2 | January, 27, 2000 Ocean Springs, MS |
| Nurse Practitioner Update 1999 <i>Sponsored by University of Mississippi Medical Center</i> Contact Hours 7.5 | June 25, 1999 Jackson, MS |
| Nurse Practitioner Update Casting/Splinting Workshop | June 25, 1999 |

| | |
|--|---------------------|
| <i>Sponsored by University of Mississippi Medical Center</i> | Jackson, MS |
| Contact Hours 3.6 | |
| Introduction to 12-Lead EKG Interpretation | December 10, 1998 |
| <i>Sponsored by Mississippi Nurses' Association</i> | Morton, MS |
| Contact Hours 7.0 | |
| Nurse Practitioner Update 1998 | June 12, 1998 |
| <i>Sponsored by University of Mississippi Medical Center</i> | Jackson, MS |
| Contact Hours 7.5 | |
| Nurse Practitioner Update Suturing Workshop | June 11, 1998 |
| <i>Sponsored by University of Mississippi Medical Center</i> | Jackson, MS |
| Contact Hours 5.1 | |
| Nurse Practitioner Update Casting/Splinting Workshop | June 11, 1998 |
| <i>Sponsored by University of Mississippi Medical Center</i> | Jackson, MS |
| Contact Hours 3.6 | |
| Introduction to 12-Lead EKG Interpretation | March 6, 1998 |
| <i>Sponsored by Mississippi Nurses' Association</i> | Morton, MS |
| Contact Hours 7.0 | |
| Basic Dysrhythmic Review | March 5, 1998 |
| <i>Sponsored by Mississippi Nurses' Association</i> | Morton, MS |
| Contact Hours 4.8 | |
| 1998 Nursing Summit | January 26, 1998 |
| <i>Sponsored by the Mississippi Nurses' Association</i> | Jackson, MS |
| Contact Hours 5.1 | |
| Nurse Practitioner Symposium | January 1, 1998 |
| <i>Sponsored by Mississippi Nurses' Association</i> | Morton, MS |
| Contact Hours 8.1 | |
| MNA Nurse Practitioner Post-Convention Workshop | October 7, 1997 |
| <i>Sponsored by the Mississippi Nurses' Association for</i> | Biloxi, MS |
| Contact Hours 6.1 | |
| How to Interpret X-Rays - A Simplified Approach | October, 1997 |
| <i>Sponsored by Mississippi Nurses' Association</i> | Morton, MS |
| Contact Hours 8.0 | |
| Advanced Cardiac Life Support Provider Course | September 4-5, 1997 |
| <i>Sponsored by Methodist Medical Center</i> | Jackson, MS |
| Contact Hours 18.4 | |
| Basic EKG Class | August, 1997 |
| <i>Sponsored by Rankin Medical Center</i> | Brandon, MS |

Contact Hours 8.0

University of Mississippi Nurse Practitioner Update
Sponsored by UMC and MNA
Contact Hours 13.8

February 6-7, 1997
Jackson, MS

University of Mississippi Suturing Workshop
Sponsored by University of Mississippi Medical Center
Contact Hours 5.1

February 7, 1997
Jackson, MS

Hormone Replacement Therapy
Sponsored by The Nursing Institute
Offered in The Nurse Practitioner
Contact Hours 5.0

January, 1997

CLINICAL PRACTICE AREAS & PRECEPTORS:

One Week of Wound Care Field Training
Pegasus Airwave, San Antonio, TX, 12/96

Two Weeks of Wound Care Training
Pegasus Airwave, Boca Raton, FL, 10/96

Family Medicine in an Adult, Adolescent, & Pediatric Acute Psychiatric Care Setting
Gay Barnett, F.N.P (Charter Hospital)

Obstetrics, Gynecology, and Women's Health
Menta Uzodinma, C.N.M (Clinton Health Department)

Pediatrics
Hobson Brock, M.D. (Mississippi Family Health Care Center)

HIV/AIDS
Marie Anderson, F.N.P. (U.M.C. Medicine Clinic)

Neurology
Victor Dostrow, M.D. (MS State Hospital & M.M.R.C.)

Family Medicine
Joey Taylor, P.h.D, F.N.P. (Covington County Emergency Center, Collins Veterans' Home & Green Leaf Health Care Clinics in Mount Olive and Collins)

RESEARCH:

- 70+ Clock hours of laboratory research studying the influences of Reiki therapy on cell migration in regards to wound healing. Performed in the division of plastic surgery at University of Mississippi Medical Center under the direction of Hari Cohly, PhD, and Gwendolyn Bussa, PhD.

- Manuscript accepted and published with Nurse Management Journal, March 2011
Publication: "Employment Incentives for New Graduate Nurses in South Mississippi Post Hurricane Katrina" (primary author)
- Surgical Infection Prevention research from 1999-2008.
- Research regarding long versus short TED compliance and skin breakdown on post operative surgical patients, 2008-2010.

ARTICLES:

- Parents & Kids magazine, September 13 Issue
- Mississippi Business Journal (article involving FIT program (interview))

COMMUNITY SERVICE: Northwest Rankin Mentor 2011- Present
 Southside Baptist Church-Feed the Homeless Dec 25, 2014
 Northwest Rankin Senior Project judge 2012
 Pinelake Church Volunteer for disabled children 2011-2012
 High School Ministry at Pinelake Church 2011-2012
 Stew Pot Server 2009
 Newton Friends of Children Representative for Newton Regional Hospital, 1999
 Volunteer for Newton Junior High Career Development Class, 1999
 Guest Speaker to Newton County Lions Club on Teen Pregnancy and Drug Abuse by Teens, 1999
 Volunteer for Newton County Teleparty (MS Heart Association), 1999
 Volunteer for Newton County Relay for Life (American Cancer Society), 1999
 Volunteer for Newton Elementary As a Class Reader, 1999
 Volunteer for Hinds County Youth Court Teenage Pregnancy Prevention Program, 1998
 Youth Challenge Camp Volunteer, Camp Shelby, MS 1997

Ethel Mae Buchanan Warren

114 Morgan Drive

Terry, MS 39170

769-798-0699

emwarren100@yahoo.com

Office Manager

Experience

Office Manager: Pathways Counseling, PLLC, 660 Lakeland East Drive, Suite 200, Flowood, MS 39232

06/16/2025 – Present

- Manages day-to-day office operations, scheduling, and client communication.
- Assists in coordinating services
- Assists in maintaining documentation
- Assists in supporting compliance processes for participants under monitoring

K-8 Certified Teacher

Education

Master of Education: 2000, Mississippi College, Clinton, Mississippi

BS of Education: 1999, Mississippi College, Clinton, Mississippi

AA of Education: 1997, Hinds Community College, Raymond, Mississippi

Experience

6th -8th Grade SPED Teacher, Mississippi Achievement School District

Areas of Instruction: SPED inclusion

Special Skills: Parent/teacher conferencing; enrichment and remedial instruction; self-esteem building

6th – 8th Grade SPED Inclusion Teacher, mASD/Bettie E. Woolfolk Middle School, Yazoo City, Mississippi 39194

2019-Present

- SPED Inclusion
- Virtual/Hybrid schedule
- Developed personalized IEPs for each child on case load
- Conducted IEP Meetings
- Attended MET Meetings
- Attended weekly Professional Learning Centers - Math/ELA
- Attended weekly Professional Development sessions
- Communication with parents through phone calls, text, email

K-1st Grade SPED Teacher, Mississippi Achievement School District, Woolfolk Middle School, Yazoo City, Mississippi 39194
2019-2019

- Self-contained
- Develop lesson plans based on state curriculum, pacing guide using alternate standards
- Maintain grading, progress reports, student portfolios, classroom documentation
- Integrate technology through I-Ready and Promethean Board
- Develop center activities that align with IEP goals per student
- Attend IEP meetings
- Communicate with parents through phone calls and conferencing
- Participate in monthly faculty meetings
- Participate in special education meetings

1st Grade Classroom Teacher, Yazoo City Municipal School District, Woolfolk Middle School, Yazoo City, Mississippi 39194
2018-2019

- Self-contained
- Develop lesson plans based on state curriculum, test scores, pacing guide
- Maintain grading, progress reports, student portfolios, classroom documentation
- Implement hands-on, thought provoking activities for center activities
- Integrate technology through I-Ready
- Remediate students in reading through one-on-one instruction
- Communicate with parents through phone calls and conferencing
- Participate in monthly faculty meetings

6th-8th Grade Classroom Teacher, Yazoo City Municipal School District, Woolfolk Middle School, Yazoo City, Mississippi 39194
2012 - 2018

- 6th grade science, remedial math, Language Arts, and math for 4 years
- 7th grade Language Arts and math for 1 ½ years
- 8th grade math for 1 semester
- Develop lesson plans based on state curriculum, test scores, WMS pacing guide
- Maintain grading, progress reports, student portfolios, classroom documentation
- Implement hands-on, thought provoking activities for center activities
- Integrate technology through various computer-based learning programs
- Integrate technology through use of a Promethean Board for class instruction
- Remediate students in reading through one-on-one instruction
- Communicate with parents through School Status phone calls and conferencing
- Participate in bi-weekly team meetings to discuss students and school events
- Participate in monthly faculty meetings
- Conducted weekly peer observations to discuss at meetings on Fridays
- Participate in weekly Fit meetings as a math teacher
- Serve as a student mentor to 2 students to help them achieve success in school

- Sponsored a student led and published school newspaper

5th Grade Classroom Teacher, Jackson Public School District, Clausell Elementary School, Jackson, Mississippi

2011-2012

- Self-contained classroom setting for 1 semester: all subjects
- Co-teaching classroom setting for 1 semester: math, science, social studies
- Developed lesson plans based on state curriculum, test scores, JPS pacing guide
- Implemented school-wide discipline plan in a challenging classroom setting
- Implemented the PBIS school-wide reward system for students
- Integrated technology through use of Smart Board for classroom instruction
- Initiated meetings with parents to confer about student progress
- Kept a monthly communication log to track parental contact
- Participated in "Team Talk" and team activities weekly
- Participated in weekly grade-level meetings to discuss student progress, lesson planning
- Implemented small and large group instruction in all subject areas
- Attended various workshops through the Jackson Public School District

4th-5th Grade Classroom Teacher, Copiah County School District, Crystal Springs Middle School, Crystal Springs, Mississippi

1999-2010

- 4th grade English, math, reading, science, and social studies for 4 years
- 5th grade English, math, reading, science, and social studies for 7 years
- Served as fourth grade chair/fifth grade co-chair for several years
- Planned and coordinated field trips for up to 200 students
- Implemented small and large group instruction in all subject areas
- Implemented hands-on, thought-provoking activities for enrichment
- Integrated technology through various computer-based reading programs
- Implemented assertive discipline in challenging classroom settings
- Initiated meetings with parents to confer about student progress

Special Projects Class fundraiser for Heifer International, a group that benefits impoverished nations; coordinator for St. Jude fundraiser; began History Club for fourth through sixth grade students; served as a Science Fair judge

Workshops Middle Grades Institute, Math
Middle Grades Institute, Language Arts
Mississippi Department, Social Studies/Economics
CHAMPS workshop, Columbus Mississippi

Section 10. Additional Information

NAME: _____ Age _____ Race _____ Sex _____

Social Security No: _____ Date of Evaluation: _____

Date of Birth: _____ In what town were you born? _____

Who referred you and what are your (or your child's) concerns?

If this is for a child, are there any current or anticipated legal issues regarding custody? If yes explain. _____

Are there any legal issues regarding your visit? If yes, explain:

Any questions regarding consent, fees or HIPPA? _____

BACKGROUND HISTORY: Description of Family:

Mothers Age: _____ **Education** _____ **Occupation:** _____

StepFtr Age: _____ **Education** _____ **Occupation:** _____

Fathers Age: _____ **Education:** _____ **Occupation:** _____

Step MtrAge _____ **Education:** _____ **Occupation:** _____

How many brothers do you have _____ and how old are they? _____

How many sisters do you have _____ and how old are they? _____

How many stepbrothers do you have? _____

How many stepsisters do you have? _____

Are you the first, second, third, fourth, etc, child? _____

How many times have you been married: _____ times, and how long did each marriage last?
1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

How many boys do you have _____ and how old are they? _____

How many daughters do you have _____ and how old are they? _____

What town do you live in now _____ and with whom do you live? _____

FAMILY PSYCHIATRIC HISTORY: Any family history of Intellectual Disability/Learning Problems: _____

Mental illness: _____

Substance abuse: _____

EDUCATIONAL HISTORY: What was the name of the last school you (or you child) attended? _____ What year did you graduate high school _____
Did you receive special education services, which years _____
Did you repeat a grade tell me which grades (which grade) _____
Were you ever suspended? Which grades and why? _____

Ever expelled? Which grade and why. _____

Did you participate in extracurricular activities (band, clubs, sports, etc) Tell me which grades and activities: _____

If you did not finish high school or college, tell me why. _____

If you went to college tell me where you got your degree and when. _____

EMPLOYMENT HISTORY: Any military history? Give branch, years of service, rank and duties, and discharge (ie, honorable, medical, dishonorable). And describe any time in active combat. _____

How many jobs have you had since school? _____

Where was your longest job and how long did it last? _____

Where was your last job, when did it end and why? _____

If ever fired from a job, give name of job and reason. _____

Ever received Workers' Compensation benefits; if so when and why? _____

Ever filed a personal injury claim, if so when and why? _____

Ever received disability benefits, if so when and why? _____

LEGAL STATUS: Any history of arrests or contact with the Youth Court during childhood, or were you ever placed in Detention or Training School? Yes No Explain _____

Any contact with the Department of Human Services contact? If so, explain _____

Any history of arrests? If so give year and the reason and state if you were ever sentenced to jail or to the penitentiary. _____

MEDICAL/DEVELOPMENTAL HISTORY: Were you (or if for your child) a full term pregnancy? _____

Any problems during your mother's pregnancy, labor or delivery? _____

Any delays walking/talking/toilet training _____

Any problems with your hearing or vision? If so, explain. _____

Any history of seizures, head trauma or motor vehicle accidents? If so, give age and nature of injury/illness. _____

Any hospitalizations/surgeries? _____

Any chronic medical problems (thyroid, diabetes, hypertension) _____

List all medications below

| Medicine | mg | Medicine | mg | Medicine | mg |
|----------|----|----------|----|----------|----|
| | | | | | |
| | | | | | |
| | | | | | |

Are you allergic to any medication? _____

DAILY/SOCIAL ACTIVITIES:

What time do you usually get up in the morning _____ and go to bed each day? _____

Are you able to bath and dress yourself? If not, why not? _____

Do you cook and clean your home? If not who does? _____

Do you pay your bills/use money for personal purposes? If not, who does? _____

Do you drive? _____ Do you have a current driver's license/ _____ If not who transports you? _____

Who do you spend most of your time with? _____

Describe your relationship with your family. _____

Do you visit friends or relatives? If so, who and how often? _____

Do you ever stay overnight with anyone. If so who and how often? _____

How do you spend your time during the day? _____

What hobbies or interests do you enjoy? _____

How often do you go to movies, out to eat/dinner, clubs? _____

Do you attend church/religious services? How often do you go to church and what activities are you involved in at church? _____

If you're not married, are you dating anyone? _____ If so, how long have you been dating? _____

PSYCHIATRIC HISTORY: Give brief summary of past mental health treatment, i.e. any inpatient and/or outpatient, presenting problems, doctor's name, diagnoses, medications.

Any history of physical/sexual/emotional abuse and/or neglect? Explain (perpetrator, length of abuse, age of occurrence, and type) _____

Inpatient Treatment (give name of hospital and dates) _____

Outpatient Counseling (who did you see and when) _____

Have you ever received medication for emotional or behavioral reasons? If what did you receive and when? _____

Ever receive psychological testing? If so, what age and why? _____

DRUG/ALCOHOL USE HISTORY: Include initial age of alcohol and/or illegal substance use, frequency, length of use, amounts consumed, and periods of heavy use:

Give the age you began drinking _____ When did you begin drinking heavily _____

How much were you been drinking on a daily or weekly basis _____

Give the age you began smoking marijuana _____ How often do you use marijuana _____

Have you used other drugs (crack, pain pills) _____ How long have you been using them and how much do you use? _____

Is there anything else that we did not ask that you feel we should know? _____

OFFICE USE ONLY continue on page 7

MENTAL STATUS/BEHAVIORAL OBSERVATIONS:

Appearance: Height _____ weight _____ posture/gait _____ hygiene/grooming _____

Behavior and psychomotor activity: calm, restless, fidgety, tremulous, tics _____

Sensorium: oriented person/place/date/purpose _____ alert/attentive, responded promptly, lethargic, distracted, sedated _____

Speech: tone, rapid, slow, pressured, mumbled, slurred, articulation deficits, expressive or receptive deficits, etc. _____

Thought processes: coherent/incoherent, paucity of ideas/overproductive, relevant/loosening of associations, flight of ideas, thought blocking, goal-directed/tangential, circumstantial, evasive _____

Affect: normal/restricted/flat/blunted/irritable/suspicious/grandiose/elevated/sad/labile/angry; _____

Mood: _____

Sleep _____ appetite _____ Wt loss/gain _____

Suicidal/homicidal history. If yes, give dates? _____

Any current suicidal thoughts _____

History of manic behavior _____

Hallucinations: visual, auditory, tactile, olfactory, etc. Give onset, frequency and content _____

Thought content: delusions (religious/persecutory/grandiose) ideas of reference, obsessions, phobias, suicide/homicidal ideation, etc. _____

Antisocial behaviors prior to age 18: threatens/intimidates others _____ fights _____
weapon _____ cruel to people _____ cruel to animals _____ stolen _____

Destruction of property _____ set fires _____

Lied to obtain goods _____ violates curfew _____ run away _____

Truant _____ inappropriate sexual behavior _____

OFFICE USE ONLY continue on page 7

Memory and Intelligence: Recent/Remote memory- childhood/current _____

Immediate Memory (5 of 5 objects – car, red, dog, shoe, pen) _____

Attention/Concentration: Ability to perform simple calculations: 2+2 ___ 5+5 ___ 4x9 ___

100-35 _____ Serial 7's (100-93-86-79-72-65) World backwards _____

Digit Span forward: 582 _____ 6439 _____ 42731 _____ 619473 _____

5917428 _____ 48296357 _____ 913625847 _____

Digits backward: 682 _____ 3279 _____ 15286 _____ 539418 _____

Name the five words I asked you to repeat earlier. Car Red Dog Shoe Pen _____

Verbal Reasoning: orange/banana; dog/lion; coat/suit; boat/automobile; eye/ear;

button/zipper; north/west; egg/seed; table/chair; air/water; poem/statue; work/play;

Proverbs: Strike while the Iron is hot _____ Don't cry over spilled milk _____

One Swallow doesn't make a summer _____ Shallow brooks are noisy _____

Judgment: Social Customs/Practices: Envelope in the street _____

See smoke coming from neighbor's home _____

Why do we pay taxes? _____

Insight: Are you mentally ill and do you need medication? _____

DIAGNOSES:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Sherri Chatham, LPC-BQS, NCC, BC-TMH

660 Lakeland East Dr. Ste 200
Flowood, MS 39232

Tel: 601-502-7984
Fax: 601-300-6203

Consent To Treatment

Sherri Chatham is a private practitioner who provides services for individuals, families, and couples. Services are available only for persons who request professional care and who sign the Consent to Treatment. If a person has been appointed a legal guardian or is under the age of 18 and not emancipated, the parent or legal guardian must sign the consent before treatment can be provided.

No person will be excluded from participation, be denied on the benefits of, or otherwise subjected to discrimination under any program or activity on the basis of race, creed, sex, national origin, HIV or AIDS.

Each client and family participates in developing a treatment plan. Termination may be at any time by client or this office. If additional services are needed referrals will be arranged as appropriate. My hours are Monday through Friday from 8:00 to 5:00. In case of emergency, you should contact the nearest emergency room.

Keeping scheduled appointments to review and discuss your symptoms is an important part of treatment. If you must cancel an appointment, I request that you notify my office at least 24 hours in advance. **If you fail to notify my office within 24 hours to cancel a service you will be billed \$50.00 for the missed appointment.** Established patients who fail to keep 2 consecutive appointments may be discharged from the practice.

Records and information are confidential and can be released only with a client's or guardian's signed release form, properly executed subpoena, or if I suspect that the client plans to or has attempted to harm self or others, or if I suspect child and/or elder abuse. Non-custodial or custodial parents may see their minor child's record unless I believe it would be damaging to the minor.

My fees are \$200.00 per hour for initial and \$195.00 for each session thereafter. **The client remains responsible for any fees.** If I am subpoenaed to appear in court or give a deposition, my fees are \$150.00 for the first hour and \$100.00 for every hour thereafter. My fees are \$3,000.00 for courtroom testimony. A \$1,500.00 retainer is required seven (7) days in advance for any testimony.

I hereby authorize Sherri Chatham, LPC-BQS, NCC, BC-TMH to perform such services and referrals as is necessary for evaluation and treatment. I acknowledge that no assurance or guarantee of results has been made to me.

Patient's name (printed) _____

Patient's (Parents') signature _____

Date: _____

INFORMED CONSENT FOR TELETHERAPY

This Informed Consent for Teletherapy contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Benefits and Risks of Teletherapy

Teletherapy refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Teletherapy, however, requires technical competence on both of our parts to be helpful. Although there are benefits of teletherapy, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example;

- **Risk to confidentiality:** Because teletherapy sessions take place outside of the therapist's private office, there is a potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy. But it is important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- **Issues related to technology:** There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- **Crisis management and intervention:** Typically, I will not engage in telepsychology with clients who are currently in a crisis requiring high levels of support and intervention. Before engaging in teletherapy, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our teletherapy work.
- **Efficacy:** Most research shows that teletherapy is about as effective as in-person therapy. However, some counselors believe that something is lost by not being in the same room. For example, there is debate about a counselor's ability to fully understand non-verbal information when working remotely.

Electronic Communications

We will decide together which kind of teletherapy service to use. You may have to have certain computer or cell phone systems to use teletherapy services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in teletherapy.

For communication between sessions, I only use email communication and telephone calls with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and voice messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or voice. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. Also, I do not regularly check my email nor do I respond immediately, so these methods **should not** be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence if necessary.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our teletherapy. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for teletherapy sessions and having passwords to protect the device you use for teletherapy).

The extent of confidentiality and the exceptions to confidentiality that outlined in my Informed Consent still apply to teletherapy. Please let me know if you have any questions about exceptions to confidentiality.

Appropriateness of Technology

From time to time, we may schedule in-person sessions to “check in” with one another. I will let you know if I decide that teletherapy is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

Emergencies and technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in teletherapy services. I would like for you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. Your signature below acknowledges that you are allowing me to contact your emergency contact person as needed during such an emergency. [Contact Name: _____ Phone: _____]

If the session is interrupted for any reason, such as technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are **not** having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the teletherapy platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me on the phone number I provided you previously in this paperwork.

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Fees

The same fee rates will apply for teletherapy as apply for in-person counseling. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic counseling sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in teletherapy sessions to determine whether these sessions will be covered.

Records

The teletherapy sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records to in-person sessions in accordance with my policies.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions

Client

Date

REGISTRATION FORM

Today's date: _____ Primary Care Physician: _____

PATIENT INFORMATION

| | | | | | | | |
|--|----------------------------------|---|-----------------------------------|---|---|---|---|
| Patient's last name: | | First: | Middle: | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss <input type="checkbox"/> Ms. | Marital status (circle one) Single / Mar / Div / Sep / Wid | |
| Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, what is your legal name? | | (Former name): | | Birth date: / / | Age: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Street address: | | | Social Security no.: | | Cell phone no.: () | | |
| E-Mail Address: | | City: | | State: | | ZIP Code: | |
| Occupation: | | Employer: | | | Employer phone no.: () | | |
| Chose clinic because/Referred to clinic by (please check one box): | | | | <input type="checkbox"/> Dr. | | <input type="checkbox"/> Insurance Plan <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> Close to home/work | <input type="checkbox"/> Internet | | <input type="checkbox"/> Other | | |

Other family members seen here:

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

| | | | | | | |
|--|---|--|--|--------------------------------------|-----------------------------------|--------------------------------|
| Person responsible for bill: | | Birth date: / / | Address (if different from above): | | Cell phone no.: () | |
| Is this person a patient here? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Occupation: | Employer: | Employer address: | | | Employer phone no.: () | |
| Is this patient covered by insurance? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Please indicate primary insurance | | <input type="checkbox"/> BCBS of MS | <input type="checkbox"/> BCBS of _____ | <input type="checkbox"/> MS Medicaid | <input type="checkbox"/> MS CHIPS | <input type="checkbox"/> CIGNA |
| <input type="checkbox"/> UNITED HEALTHCARE | <input type="checkbox"/> UNITED BEHAVIORAL HEALTH | <input type="checkbox"/> VALUE OPTIONS | <input type="checkbox"/> OTHER: _____ | | | |
| Subscriber's name: | Subscriber's S.S. no.: | Birth date: / / | Group no.: | Policy no.: | Co-payment: \$ | |
| Patient's relationship to subscriber: | | <input type="checkbox"/> Self | <input type="checkbox"/> Spouse | <input type="checkbox"/> Child | <input type="checkbox"/> Other | |
| Name of secondary insurance (if applicable): | | Subscriber's name: | | Group no.: | Policy no.: | |
| Patient's relationship to subscriber: | | <input type="checkbox"/> Self | <input type="checkbox"/> Spouse | <input type="checkbox"/> Child | <input type="checkbox"/> Other | |

IN CASE OF EMERGENCY

| | | | | |
|--|--|--------------------------|------------------------|------------------------|
| Name of local friend or relative (not living at same address): | | Relationship to patient: | Cell phone no.: () | Work phone no.: () |
|--|--|--------------------------|------------------------|------------------------|

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Pathways Counseling, PLLC or insurance company to release any information required to process my claims.

Patient/Guardian signature

Date

Notice of Health Information and Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information often referred to as your health or medical record, serve as a:

- Basis for planning your care and treatment
- Means of communication among the many health professions who contribute to your care
- Legal document describing the care you received
- Means by which your third-party payer can verify the services billed were provided
- A tool in education health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosure of your information as provided by 45 CFR 164,522
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164,524
- Amend your health record as provided in 45 CFR 164,528
- Obtain an accounting of disclosures of your health information as provided in CFR 164,528
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your consent to use or disclose health information except to the extent that action has already been taken.

My Responsibilities

All healthcare providers are required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

I reserve the right to require that requests be made in writing and to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, I will mail a revised notice to the address you provided to me. I will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact my officer and speak directly with me.

If you believe your privacy rights to be violated, you can file complaint with my office or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment, and Health Operations

I will use your health information for treatment.

For example: Information obtained by your healthcare provider will be rerecorded in your record and used to determine the course of treatment that should work best for you. Your provider will document in your record his/her expectation of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the provider will know how you are responding to treatment.

For example: Members of the professional staff or office management may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

I will use your health information for payment.

Business Associates: These are some services provided in our organization through contacts with business associates. Examples include professional insurance billing services, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: I may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for you are, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care.

Research: I may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and establish protocols to ensure the privacy of your health information.

Funeral Directors: I may disclose health information to funeral directors consistent with applicable law to carry their duties.

Marketing: I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): I may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defect, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: I may disclose health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, I may disclose to the FDA health information to the public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and safety of other individuals.

Law Enforcement: I may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Client Signature

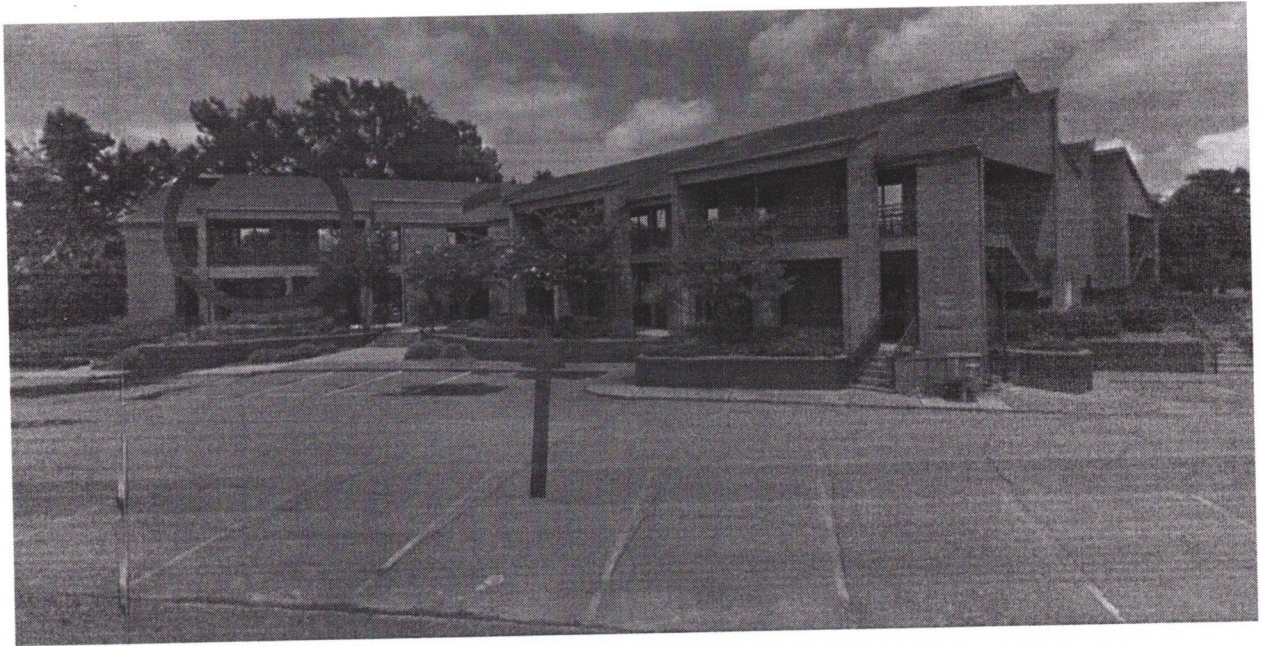
Date

Our Location:

We are located at 660 Lakeland East Suite 200 Flowood, MS 39232

Easily accessible from Lakeland Drive (also known as Hwy 25)

Circled is our office, The arrow points to the approximate location of the elevator



Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

| | Not At All 0 | Mildly but it didn't bother me much. 1 | Moderately - it wasn't pleasant at times 2 | Severely – it bothered me a lot 3 |
|----------------------------|-----------------------|--|--|---|
| Numbness or tingling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling hot | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Wobbliness in legs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unable to relax | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fear of worst happening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dizzy or lightheaded | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heart pounding/racing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unsteady | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Terrified or afraid | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nervous | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling of choking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hands trembling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shaky / unsteady | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fear of losing control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty in breathing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fear of dying | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Scared | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Indigestion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Faint / lightheaded | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Face flushed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hot/cold sweats | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Column Sum | | | | |

Scoring - Sum each column. Then sum the column totals to achieve a grand score.

Write grand score here _____ .

Clear

Save / Print to PDF

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
 - 0 I do not feel sad.
 - 1 I feel sad
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things cannot improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5.
 - 0 I don't feel particularly guilty
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
6.
 - 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
7.
 - 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
8.
 - 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
9.
 - 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
10.
 - 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.

11.
0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12.
0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13.
0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
14.
0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive
3 I believe that I look ugly.
15.
0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16.
0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17.
0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18.
0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19.
0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.

- 20.
- 0 I am no more worried about my health than usual.
 - 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
 - 2 I am very worried about physical problems and it's hard to think of much else.
 - 3 I am so worried about my physical problems that I cannot think of anything else.
- 21.
- 0 I have not noticed any recent change in my interest in sex.
 - 1 I am less interested in sex than I used to be.
 - 2 I have almost no interest in sex.
 - 3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score _____ Levels of Depression

| | |
|---------|---|
| 1-10 | These ups and downs are considered normal |
| 11-16 | Mild mood disturbance |
| 17-20 | Borderline clinical depression |
| 21-30 | Moderate depression |
| 31-40 | Severe depression |
| over 40 | Extreme depression |

http://www.med.navy.mil/sites/NMCP2/PatientServices/SleepClinicLab/Documents/Beck_Depression_Inventory.pdf

Generalized Anxiety Disorder 7-item (GAD-7) scale

| Over the last 2 weeks, how often have you been bothered by the following problems? | Not at all sure | Several days | Over half the days | Nearly every day |
|--|-----------------|--------------|--------------------|------------------|
| 1. Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it's hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |
| <i>Add the score for each column</i> | + | + | + | |
| Total Score (add your column scores) = | | | | |

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

Generalized Anxiety Disorder 7-item (GAD-7) scale

| Over the last 2 weeks, how often have you been bothered by the following problems? | Not at all sure | Several days | Over half the days | Nearly every day |
|--|-----------------|--------------|--------------------|------------------|
| 1. Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it's hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |
| <i>Add the score for each column</i> | + | + | + | |
| Total Score (add your column scores) = | | | | |

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

Scoring

Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for GAD. It is moderately good at screening three other common anxiety disorders - panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%) and post-traumatic stress disorder (sensitivity 66%, specificity 81%).

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead, or of hurting yourself | 0 | 1 | 2 | 3 |

add columns

_____ + _____ + _____

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: _____

10. If you checked off *any* problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

| Total Score | Depression Severity |
|-------------|------------------------------|
| 1-4 | Minimal depression |
| 5-9 | Mild depression |
| 10-14 | Moderate depression |
| 15-19 | Moderately severe depression |
| 20-27 | Severe depression |

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A2662B 10-04-2005

Progress Note

Name: _____ Date: _____

DX: _____

Date: _____

Signature

Consent of Release of Information

I, _____ hereby authorize _____
Client Name Name of Facility

Address Address

City / State / Zip City / State / Zip

Date of Birth

to release the specific information below to: Attn: _____

Address

City / State / Zip

The specific information to be released is:

Psychosocial Assessment

Progress Notes

Psychological Evaluation

Educational/Occupational/Behavioral Reports/Evaluations

Other: _____

I understand that the records to be released may include information regarding my treatment or personal history. The disclosure of the listed information is needed for: _____.

This consent is subject to revocation at any time except to the extent action has been taken in reliance thereon by submitting such request to: Sherri Kent, LPC. This consent will expire without express revocation on: _____.

(Date, event or condition upon which consent will expire or 90 days from the care thereof)

Signature of client or guardian

Signature of witness

Date

REFERRAL FORM

Date: _____

Clinic: **Med-Tech Solutions, Inc. 544 Keyway Dr. Flowood, MS 39232**
Phone #: **(601) 932-1008**

Reason for Referral:

Client Information:

Name: _____ SSN: _____

Address: _____

Phone #: _____ Alt. #: _____

Male Female

DOB: _____

Responsible Party (Parent or Guardian):

Name: _____ Phone #: _____

RISK ASSESSMENT TOOL

Patient name

Date

QUESTIONNAIRE:

1. Have you ever felt depressed for several days at a time? _____ yes _____ no
2. During this time, have you ever had thoughts of killing yourself? _____ yes _____ no
3. When did these thoughts occur? _____
4. What did you think of doing to yourself? _____
5. Did you act on your thoughts? _____
6. How often have these thoughts occurred? _____
7. When is the last time you had these thoughts? _____
8. Have your thoughts ever included harming someone else in addition to yourself?

9. How often has that occurred? _____
10. What have you thought of doing to the other person? _____

11. What would be the outcome or benefit be of this act toward this other person? _____

12. When does this thought occur? _____
13. Recently, what specifically have you thought about doing to yourself or another? _____

14. Have you taken any steps towards acquiring a gun, pills, and so forth? _____

15. Have you thought about when you would do this? _____

SUICIDAL BEHAVIOR

(Check all that apply, so long as these are separate events; must ask about all types)

Actual Attempt:

A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is **any** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. **There does not have to be any injury or harm**, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.

Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.

Have you made a suicide attempt?

Have you done anything to harm yourself?

Have you done anything dangerous where you could have died?

What did you do?

Did you _____ as a way to end your life?

Did you want to die (even a little) when you _____?

Were you trying to end your life when you _____?

Or Did you think it was possible you could have died from _____?

Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent)

If yes, describe:

Since
Last Visit

Yes No
☐ ☐

Total # of
Attempts

Yes No
☐ ☐

Has subject engaged in Non-Suicidal Self-Injurious Behavior?

Interrupted Attempt:

When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred).

Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.

Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?

If yes, describe:

Yes No
☐ ☐

Total # of
interrupted

Yes No
☐ ☐

Total # of
aborted

Aborted Attempt:

When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.

Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?

If yes, describe:

Yes No
☐ ☐

Preparatory Acts or Behavior:

Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).

Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?

If yes, describe:

Yes No
☐ ☐

Suicidal Behavior:

Suicidal behavior was present during the assessment period?

Yes No
☐ ☐

Suicide:

Yes No
☐ ☐

Answer for Actual Attempts Only

Most Lethal
Attempt
Date: _____

Actual Lethality/Medical Damage:

0. No physical damage or very minor physical damage (e.g., surface scratches).
1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).
2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel).
3. Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).
4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).
5. Death

Enter Code

Potential Lethality: Only Answer if Actual Lethality=0

Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).

- 0 = Behavior not likely to result in injury
1 = Behavior likely to result in injury but not likely to cause death
2 = Behavior likely to result in death despite available medical care

Enter Code

SUICIDAL IDEATION

Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.

1. Wish to be Dead

Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.
Have you wished you were dead or wished you could go to sleep and not wake up?

If yes, describe:

Since Last Visit

Yes No
☐ ☐

2. Non-Specific Active Suicidal Thoughts

General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.
Have you actually had any thoughts of killing yourself?

If yes, describe:

Yes No
☐ ☐

3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it.....and I would never go through with it".
Have you been thinking about how you might do this?

If yes, describe:

Yes No
☐ ☐

4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan

Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them".
Have you had these thoughts and had some intention of acting on them?

If yes, describe:

Yes No
☐ ☐

5. Active Suicidal Ideation with Specific Plan and Intent

Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.
Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

If yes, describe:

Yes No
☐ ☐

INTENSITY OF IDEATION

The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe).

Most Severe Ideation: _____

Type # (1-5)

Description of Ideation

Most Severe

Frequency

How many times have you had these thoughts?

(1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day

Duration

When you have the thoughts how long do they last?

(1) Fleeting - few seconds or minutes (4) 4-8 hours/most of day
(2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous
(3) 1-4 hours/a lot of time

Controllability

Could/can you stop thinking about killing yourself or wanting to die if you want to?

(1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty
(2) Can control thoughts with little difficulty (5) Unable to control thoughts
(3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts

Deterrents

Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?

(1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you
(2) Deterrents probably stopped you (5) Deterrents definitely did not stop you
(3) Uncertain that deterrents stopped you (0) Does not apply

Reasons for Ideation

What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?

(1) Completely to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling)
(2) Mostly to get attention, revenge or a reaction from others (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling)
(3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (0) Does not apply

Mood Disorder Questionnaire (MDQ)

Name: _____ Date: _____

Instructions: Check (✓) the answer that best applies to you.
Please answer each question as best you can.

| | Yes | No |
|---|-----------------------|-----------------------|
| 1. Has there ever been a period of time when you were not your usual self and... | | |
| ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? | <input type="radio"/> | <input type="radio"/> |
| ...you were so irritable that you shouted at people or started fights or arguments? | <input type="radio"/> | <input type="radio"/> |
| ...you felt much more self-confident than usual? | <input type="radio"/> | <input type="radio"/> |
| ...you got much less sleep than usual and found you didn't really miss it? | <input type="radio"/> | <input type="radio"/> |
| ...you were much more talkative or spoke faster than usual? | <input type="radio"/> | <input type="radio"/> |
| ...thoughts raced through your head or you couldn't slow your mind down? | <input type="radio"/> | <input type="radio"/> |
| ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? | <input type="radio"/> | <input type="radio"/> |
| ...you had much more energy than usual? | <input type="radio"/> | <input type="radio"/> |
| ...you were much more active or did many more things than usual? | <input type="radio"/> | <input type="radio"/> |
| ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? | <input type="radio"/> | <input type="radio"/> |
| ...you were much more interested in sex than usual? | <input type="radio"/> | <input type="radio"/> |
| ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? | <input type="radio"/> | <input type="radio"/> |
| ...spending money got you or your family in trouble? | <input type="radio"/> | <input type="radio"/> |
| 2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please check 1 response only.</i> | <input type="radio"/> | <input type="radio"/> |
| 3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please check 1 response only.</i> | | |
| <input type="radio"/> No problem <input type="radio"/> Minor problem <input type="radio"/> Moderate problem <input type="radio"/> Serious problem | | |
| 4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder? | <input type="radio"/> | <input type="radio"/> |
| 5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder? | <input type="radio"/> | <input type="radio"/> |

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry*. 2000;157:1873-1875.

Please indicate if any of the following have happened to you and how it may have affected you.

1. Have you ever seen or been in a really bad accident? _____
2. Has someone close to you ever been so badly injured or sick that she/he almost died? _____

3. Has someone close to you ever died? _____
4. Have you ever been so sick that you or the doctor thought you may die? _____
5. Have you ever been unexpectedly separated from someone who you depend on for love or security for more than a few days? _____
6. Has someone close to you ever tried to kill or hurt him/herself? _____
7. Has someone ever physically hurt you or threatened to hurt you? _____
8. Have you ever been in a fire? _____
9. Have you ever been attacked or robbed or seen someone you care about get attacked or robbed? _____
10. Has anyone ever stalked or kidnapped you? _____
11. Have you ever been attacked by a dog or other animal? _____
12. Have you ever seen or heard people physically fighting or threatening to hurt each other? (In or outside of the family) _____

13. Have you ever witnessed a family member being arrested or in jail? _____
14. Have you had a time in your life when you did not have a place to live or enough food? _____

15. Has someone ever made you see or do something sexual? Or have you seen or heard someone else being forced to do sex acts? _____
16. Have you ever watched people using drugs, like smoking drugs or using needles? _____

17. Have you ever served in the military, law enforcement or as a first responder? ___Yes ___No ___N/A (If yes, indicate the capacity in which you served). _____

Trauma Assessment

☐ the past six months
☐ the six months before
☐ the six months since

OTHER DRUGS (FVOD)

| | Never | Once or Twice | Several Times | Repeatedly |
|---|-------|---------------|---------------|------------|
| 1. Had drinks with lunch? | 0 | 1 | 2 | 3 |
| 2. Taken a drink or drinks to help you express your feelings or ideas? | 0 | 1 | 2 | 3 |
| 3. Taken a drink or drinks to relieve a tired feeling or give you energy to keep going? | 0 | 1 | 2 | 3 |
| 4. Had more to drink than you intended to? | 0 | 1 | 2 | 3 |
| 5. Experienced physical problems after drinking (e.g. nausea, seeing/hearing problems, dizziness, etc.)? | 0 | 1 | 2 | 3 |
| 6. Gotten into trouble on the job, in school, or at home because of drinking? | 0 | 1 | 2 | 3 |
| 7. Become depressed after having sobered up? | 0 | 1 | 2 | 3 |
| 8. Argued with your family or friends because of your drinking? | 0 | 1 | 2 | 3 |
| 9. Had the effects of drinking recur after not drinking for a while (e.g. flashbacks, hallucinations, etc.)? | 0 | 1 | 2 | 3 |
| 10. Had problems in relationships because of your drinking (e.g. loss of friends, separation, divorce, etc.)? | 0 | 1 | 2 | 3 |
| 11. Became nervous or had the shakes after having sobered up? | 0 | 1 | 2 | 3 |
| 12. Tried to commit suicide while drunk? | 0 | 1 | 2 | 3 |

| | Never | Once or Twice | Several Times | Repeatedly | |
|--|-------|---------------|---------------|------------|--|
| 1. Taken drugs to improve your thinking and feeling? | 0 | 1 | 2 | 3 | |
| 2. Taken drugs to help you feel better about a problem? | 0 | 1 | 2 | 3 | |
| 3. Taken drugs to become more aware of your senses (e.g. sight, hearing, touch, etc.)? | 0 | 1 | 2 | 3 | |
| 4. Taken drugs to improve your enjoyment of sex? | 0 | 1 | 2 | 3 | |
| 5. Taken drugs to help forget that you feel helpless and unworthy? | 0 | 1 | 2 | 3 | |
| 6. Taken drugs to forget school, work, or family pressures? | 0 | 1 | 2 | 3 | |
| 7. Gotten into trouble with the law because of drugs? | 0 | 1 | 2 | 3 | |
| 8. Gotten really stoned or wiped out on drugs (more than just high)? | 0 | 1 | 2 | 3 | |
| 9. Tried to talk a doctor into giving you some prescription drug (e.g. tranquilizers, pain killers, diet pills, etc.)? | 0 | 1 | 2 | 3 | |
| 10. Spent your spare time in drug-related activities (e.g. talking about drugs, buying, selling, taking, etc.)? | 0 | 1 | 2 | 3 | |
| 11. Used drugs and alcohol at the same time? | 0 | 1 | 2 | 3 | |
| 12. Continued to take a drug or drugs in order to avoid the pain of withdrawal? | 0 | 1 | 2 | 3 | |
| 13. Felt your drug use has kept you from getting what you want out of life? | 0 | 1 | 2 | 3 | |
| 14. Been accepted into a treatment program because of drug | 0 | 1 | 2 | 3 | |

Marital Status: Married or equivalent ☐ Never Married ☐ Divorced ☐ Widowed ☐ Separated ☐
 Employment Status: Full-time ☐ Part-time ☐ Not employed ☐ Student ☐ Homemaker ☐ Disabled ☐ Retired ☐
 Highest Grade Completed _____ Ethnic Origin _____

| Weekly Family Take Home Income: | | Number of People in your Family _____ | | Miscellaneous | |
|---|------------------------------------|---------------------------------------|----------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> \$301-400 | <input type="checkbox"/> \$701-800 | <input type="checkbox"/> A | <input type="checkbox"/> D | <input type="checkbox"/> |
| <input type="checkbox"/> \$0 | <input type="checkbox"/> \$401-500 | <input type="checkbox"/> \$801-900 | <input type="checkbox"/> B | <input type="checkbox"/> E | <input type="checkbox"/> |
| <input type="checkbox"/> Less than \$200 | <input type="checkbox"/> \$501-600 | <input type="checkbox"/> Over \$900 | <input type="checkbox"/> C | <input type="checkbox"/> F | <input type="checkbox"/> |
| <input type="checkbox"/> \$200-300 | <input type="checkbox"/> \$601-700 | <input type="checkbox"/> Not Sure | | | |

the S.A.S.I.

SASSI - 3 ADULT FORM

Fill in this way
Not like this

If a statement tends to be TRUE for you, fill in the square in the column headed T; that is, if a statement tends to be FALSE for you, fill in the square in the column headed F; that is, Please try to answer all questions.

| | T | F |
|--|--------------------------|--------------------------|
| 1. Most people would lie to get what they want. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Most people make some mistakes in their life. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I usually "go along" and do what others are doing. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have never been in trouble with the police. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I was always well behaved in school. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My troubles are not all my fault. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I have not lived the way I should. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I can be friendly with people who do many wrong things. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I do not like to sit and daydream. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. No one has ever criticized or punished me. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Sometimes I have a hard time sitting still. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. People would be better off if they took my advice. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. At times I feel worn out for no special reason. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I think I would enjoy moving to an area I've never been before. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. It is better not to talk about personal problems. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I have had days, weeks or months when I couldn't get much done because I just wasn't up to it. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I am very respectful of authority. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I like to obey the law. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I have been tempted to leave home. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I often feel that strangers look at me with disapproval. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Other people would fall apart if they had to deal with what I handle. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. I have avoided people I did not wish to speak to. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Some crooks are so clever that I hope they get away with what they have done. | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. My school teachers had some problems with me. | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I have never done anything dangerous just for fun. | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. I need to have something to do so I don't get bored. | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. I have sometimes drunk too much. | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Much of my life is uninteresting. | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Sometimes I wish I could control myself better. | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. I believe that people sometimes get confused. | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Sometimes I am no good for anything at all. | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. I break more laws than many people. | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. If some friends and I were in trouble together, I would rather take the whole blame than tell on them. | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Crying does not help anything. | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. I think there is something wrong with my memory. | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. I have sometimes been tempted to hit people. | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. My most important successes are not a direct result of my effort. | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. I always feel sure of myself. | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. I have never broken a major law. | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. There have been times when I have done things I couldn't remember later. | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. I think carefully about all my actions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. I have used alcohol or "pot" too much or too often. | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Nearly everyone enjoys being picked on and made fun of. | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. I know who is to blame for most of my troubles. | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. I frequently make lists of things to do. | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. I guess I know some pretty undesirable types. | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Most people will laugh at a joke at times. | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. I have rarely been punished. | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. I smoke cigarettes regularly. | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. At times I have been so full of energy that I felt I didn't need sleep for days at a time. | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. I have sometimes sat about when I should have been working. | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. I am often resentful. | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. I take all my responsibilities seriously. | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. I have neglected obligations to family or work because of drinking or using drugs. | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. I have had a drink first thing in the morning to steady my nerves or get rid of a hangover. | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. While I was a teenager, I began drinking or using other drugs regularly. | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. My father was/is a heavy drinker or drug user. | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. When I drink or use drugs I tend to get into trouble. | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. My drinking or other drug use causes problems between me and my family. | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. I do most of my drinking or drug using away from home. | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. At least once a week I use some non-prescription antacid and/or diarrhea medicine. | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. I have never felt sad over anything. | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. I am rarely at a loss for words. | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. I am usually happy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. I am a restless person. | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. I like doing things on the spur of the moment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. I am a binge drinker/drug user. | <input type="checkbox"/> | <input type="checkbox"/> |

S.A.S.S.I.

These tests are taken from the Psychological Screening Inventory. Copyright 1988 by Richard L. Lanyon, Ph.D., and are used here by permission.

Sex _____ Age _____

Date _____

Name _____

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Scoring Key
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[illegible]

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For free consultation on this profile: 1-888-297-2774 To reorder: 1-800-726-0526

Name _____ Gender **F** Age _____

Client ID _____ Test Date _____

the
S.A.S.S.I.

| RAP | Random Answering Pattern |
|-----|--------------------------|
|-----|--------------------------|

Random Answering Pattern

Check if RAP is 2 or more.

Results may not be meaningful.

Try to resolve problem before proceeding.

Adult Female Profile

| | Face Valid Alcohol | Face Valid Other Drugs | Symptoms | Obvious Attributes | Subtle Attributes | Defensiveness | Supplemental Addiction Measure | Family vs. Controls | Correctional |
|----------|-----------------------|---------------------------|----------|--------------------|-------------------|---------------|-----------------------------------|---------------------|--------------|
| | FVA | FVOD | SYM | OAT | SAT | DEF | SAM | FAM | COR |
| → Scores | | | | | | | | | |
| 90 | 24 | 27 | 10 | 12 | | | | | 14 |
| T Score | 23 | 26 | | | | | 12 | | 13 |
| | 22 | 25 | | | | | | | |
| | 21 | 24 | 9 | 11 | | | | | |
| 80 | 20 | 23 | | | 6 | | 11 | | 12 |
| | 19 | 22 | | | | | | | |
| | 18 | 21 | 8 | 10 | | 11 | | | 11 |
| | 17 | 20 | | | | | 10 | 14 | 10 |
| | 16 | 19 | 7 | 9 | | 10 | | | |
| 70 | 15 | 18 | | | 5 | | 9 | 13 | 9 |
| | 14 | 17 | | | | | | | |
| | 13 | 16 | 6 | 8 | | 9 | | | |
| | 12 | 15 | | | | | 8 | 12 | 8 |
| | 11 | 14 | 5 | 7 | | 8 | | | |
| 60 | 10 | 13 | | | 4 | | 7 | | 7 |
| | 9 | 12 | | | | | | | |
| | 8 | 11 | 4 | 6 | | 7 | | 11 | 6 |
| | 7 | 10 | | | | | 6 | | |
| | 6 | 9 | | | | | | | |
| 50 | 5 | 8 | 3 | 5 | | 6 | | 10 | 5 |
| | 4 | 7 | | | 3 | | 5 | | |
| | 3 | 6 | | | | | | | |
| | 2 | 5 | | | | | | | |
| | 1 | 4 | 2 | 4 | | 5 | | 9 | 4 |
| 40 | 0 | 3 | | | | | | | |
| | | 2 | 1 | 3 | | 4 | 4 | | 3 |
| | | 1 | | | 2 | | | 8 | 2 |
| | | 0 | | | | 3 | 3 | | |
| | | | 0 | 1 | | | | 7 | 1 |
| 30 | | | | | 1 | 2 | 2 | 6 | 0 |

Percentile
 99th
 90th
 85th
 50th
 15th

| | | | |
|--------|--|------------------------------|-----------------------------|
| Rule 1 | FVA 20 or more? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Rule 2 | FVOD 21 or more? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Rule 3 | SYM 7 or more? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Rule 4 | OAT 10 or more? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Rule 5 | SAT 6 or more? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Rule 6 | OAT 7 or more ____ and SAT 5 or more ____ Both? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Rule 7 | FVA 9 or more OR FVOD 15 or more } ____ and SAM 8 or more ____ Both? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Rule 8 | OAT 5 or more ____ and DEF 6 or more ____ and SAM 8 or more ____ All three? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Rule 9 | FVA 14 or more OR FVOD 8 or more } ____ and SAT 2 or more ____ and DEF 4 or more ____ and SAM 4 or more ____ All four? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Any rule answered "yes"?

High Probability

of having a Substance Dependence Disorder

All rules answered "no"?

LOW PROBABILITY

of having a Substance Dependence Disorder

Check if DEF is 8 or more. Elevated DEF scores increase the possibility of the SASSI missing substance dependent individuals. Elevated DEF may also reflect situational factors.

SASSI-3 Substance Abuse Subtle Screening Inventory

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SASSI

Name _____ Gender **F** Age _____

Client ID _____ Test Date _____

RAP Random Answering Pattern

☐ Check if RAP is 2 or more.
Results may not be meaningful.
Try to resolve problem before proceeding.

Adult Female Profile

| | Face Valid Alcohol | Face Valid Other Drugs | Symptoms | Obvious Attributes | Subtle Attributes | Defensiveness | Supplemental Addiction Measure | Family vs. Controls | Correctional |
|--------|--------------------|------------------------|----------|--------------------|-------------------|---------------|--------------------------------|---------------------|--------------|
| | FVA | FVOD | SYM | OAT | SAT | DEF | SAM | FAM | COR |
| Scores | | | | | | | | | |
| 90 | 24 | 27 | 10 | 12 | | | | | 14 |
| 89 | 23 | 26 | | | | | 12 | | |
| 88 | 22 | 25 | | | | | | | 13 |
| 87 | 21 | 24 | 9 | 11 | | | | | |
| 86 | 20 | 23 | | | 6 | | 11 | | 12 |
| 85 | 19 | 22 | | | | | | | |
| 84 | 18 | 21 | 8 | 10 | | 11 | | | |
| 83 | 17 | 20 | | | | | 10 | 14 | 11 |
| 82 | 16 | 19 | 7 | 9 | | 10 | | | 10 |
| 81 | 15 | 18 | | | 5 | | 9 | 13 | 9 |
| 80 | 14 | 17 | 6 | 8 | | 9 | | | |
| 79 | 13 | 16 | | | | | 8 | 12 | 8 |
| 78 | 12 | 15 | 5 | 7 | | 8 | | | 7 |
| 77 | 11 | 14 | | | 4 | | 7 | 11 | 6 |
| 76 | 10 | 13 | 4 | 6 | | 7 | | | |
| 75 | 9 | 12 | | | | | 6 | 10 | 5 |
| 74 | 8 | 11 | 3 | 5 | | 6 | | | |
| 73 | 7 | 10 | | | 3 | | 5 | 9 | 4 |
| 72 | 6 | 9 | 2 | 4 | | 5 | | | |
| 71 | 5 | 8 | | | | | 4 | 8 | 3 |
| 70 | 4 | 7 | 1 | 3 | | 4 | | | |
| 69 | 3 | 6 | | | 2 | | 3 | 7 | 2 |
| 68 | 2 | 5 | | | | | | | |
| 67 | 1 | 4 | | | | | | | |
| 66 | 0 | 3 | | | | | | | |
| 65 | | 2 | | | | | | | |
| 64 | | 1 | | | | | | | |
| 63 | | 0 | | | | | | | |
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| 30 | | | | | | | | | |

Check every rule, yes or no.

Rule 1 FVA 20 or more? ☐ yes ☐ no

Rule 2 FVOD 21 or more? ☐ yes ☐ no

Rule 3 SYM 7 or more? ☐ yes ☐ no

Rule 4 OAT 10 or more? ☐ yes ☐ no

Rule 5 SAT 6 or more? ☐ yes ☐ no

Rule 6 OAT 7 or more _____ and SAT 5 or more _____ Both? ☐ yes ☐ no

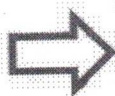
Rule 7 FVA 9 or more OR FVOD 15 or more } _____ and SAM 8 or more _____ Both? ☐ yes ☐ no

Rule 8 OAT 5 or more _____ and DEF 8 or more _____ and SAM 8 or more _____ All three? ☐ yes ☐ no

Rule 9 FVA 14 or more OR FVOD 8 or more } _____ and SAT 2 or more _____ and DEF 4 or more _____ and SAM 4 or more _____ All four? ☐ yes ☐ no

THE DECISION RULE:

Any rule answered "yes"?



HIGH PROBABILITY
of having a Substance Dependence Disorder

All rules answered "no"?



LOW PROBABILITY
of having a Substance Dependence Disorder

Check if DEF is 8 or more. Elevated DEF scores increase the possibility of the SASSI missing substance dependent individuals. Elevated DEF may also reflect situational factors.

S.A.S.S.I

Name _____ Gender **M** Age _____

Client ID: _____ Test Date: _____

RAP

Check if RAP is 2 or more.

Results may not be meaningful.

Try to resolve problem before proceeding.

| | | Face Valid Alcohol | Face Valid Other Drugs | Symptoms | Obvious Attributes | Subtle Attributes | Defensiveness | Supplemental Addiction Measure | Family vs. Controls | Correctional |
|---------|----|--------------------|------------------------|----------|--------------------|-------------------|---------------|--------------------------------|---------------------|--------------|
| | | FVA | FVOD | SYM | OAT | SAT | DEF | SAM | FAM | COR |
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| T Score | 90 | 24 | 26 | 11 | | | | 13 | | |
| | | 23 | 25 | | | 7 | | | | 14 |
| | 80 | 22 | 24 | 10 | 12 | | | 12 | | |
| | | 21 | 23 | | | | | | 14 | 13 |
| | | 20 | 22 | | | | | | | |
| | | 19 | 21 | 9 | 11 | | | 11 | | 12 |
| | | 18 | 20 | | | 6 | 11 | | 13 | 11 |
| | | 17 | 19 | 8 | 10 | | | 10 | | |
| | | 16 | 18 | | | | | | | |
| | | 15 | 17 | | | | | | | |
| | 70 | 14 | 16 | 7 | 9 | | | | 12 | 10 |
| | | 13 | 15 | | | | | | | |
| | | 12 | 14 | | | 5 | 9 | 9 | | 9 |
| | | 11 | 13 | 6 | 8 | | | | 11 | 8 |
| | | 10 | 12 | | | | 8 | 8 | | |
| | 60 | 9 | 11 | 5 | 7 | | | | | |
| | | 8 | 10 | | | 4 | 7 | 7 | 10 | 7 |
| | | 7 | 9 | 6 | 6 | | | | 9 | 6 |
| | | 6 | 8 | 4 | 5 | | 6 | 6 | | |
| | | 5 | 7 | | | 3 | | | | 5 |
| | 50 | 4 | 6 | 3 | | | | | | |
| | | 3 | 5 | | | | 5 | 5 | 8 | 4 |
| | | 2 | 4 | | 4 | | | | | |
| | | 1 | 3 | | 3 | | 4 | 4 | 7 | 3 |
| | 40 | 0 | 2 | 1 | | 2 | | | | |
| | | | 1 | | 2 | | 3 | 3 | 6 | 2 |
| | | | 0 | | 1 | | | | | 1 |
| | 30 | | | | 0 | 1 | 2 | 2 | 5 | 0 |

| | | | |
|--------|-----------------|-----|----|
| Page 1 | FVA 18 or more? | yes | no |
|--------|-----------------|-----|----|

Figure 2

FVOD 16 or more?

yes no

| | | | |
|--------|----------------|-----|----|
| Rule 3 | SYM 7 or more? | yes | no |
|--------|----------------|-----|----|

PAGE 4

OAT 10 or more?

yes no

| Table 5 | SAT 6 or more? | yes | no |
|---------|----------------|-----|----|
|---------|----------------|-----|----|

Q. 6

OAT 7 or more _____ and

SAT 5 or more _____

Both? ☐ yes ☐ no

FVA 9 or more OR } ____ and
 FVOD 15 or more }
 SAM 8 or more ____ Both? ☐ Yes ☐ No

Rule 8

OAT 5 or more _____ and
DEF 8 or more _____ and
SAM 8 or more _____. **All three?** ☐ yes ☐ no

Rule 9

| | | |
|------|---------------------|-------------|
| FVA | 8 or more or | } _____ and |
| FVOD | 6 or more | |
| SAT | 2 or more _____ and | |
| DEF | 4 or more _____ and | |
| SAM | 4 or more _____ | All four? |

☐ yes ☐

Any rule answered "yes"?

High Probability

of having a Substance Dependence Disorder

All rules answered "no"?

LOW PROBABILITY

of having a Substance Dependence Disorder

Check if DEF is 8 or more. Elevated DEF scores increase the possibility of the SASSI missing substance dependent individuals. Elevated DEF may also reflect situational factors.