

**Behavioral Health Care Services
Criminal Justice Inpatient Services Program
RFQ: Respondents Mandatory Conference
Monday, December 17, 2007**

Questions and Answers:

1. *Does this include women inmates?*

Yes.

2. *Regarding the two months planning period: that's when you'll be refining and defining the program and discussing the dollar amount – is that correct?*

Yes.

Ok. Now then, somewhere in here it says that the County Board of Supervisors initiate the contract negotiation process. So you and the contractor during that two month period work out details and come up with the (?) which is presented to the Board of Supervisors and then that's where the approval process comes from. Are there funds available for this?

We're in conversation with the BOS and Health Agency director so we anticipate that there will be funds – there are some funds but we, again, have not had that conversation yet about the dollar amount that's going to be needed. I can say that both BHCS and the Sherriff's Department –I don't want to speak for you guys – but we're very committed to this, we may in fact need to have conversations with the BOS about additional dollars, but we have some, so we're anticipating that this will occur, that the program will occur.

OK, and one more question on this two months process. So also what I can see happening is you could have these discussions with the contractor at that time and after two months not come to agreement and then you could ultimately go to somebody else, to another contractor, is that correct?

Certainly.

Ok.

All of a sudden something very different and the contractor wants four times the amount of money, or doesn't want to have but four people in the, you know . . . I don't anticipate that but there certainly has to be flexibility for both parties to walk away.

That was just something different – I wanted to make sure that I understood.

That's part of the reason that we put the two months and ten thousand dollars there, so that both sides can come to the table and have a conversation about the viability of the project and work on that.

3. *I believe this is a question for the Sherriff's Department. There is an anticipation that the unit will be on the previous unit that was used for these kinds of services?*

Yes that was our three South at Glen Dyer Jail and it's actually being returned to the condition that it was in back then. As we strip down and turn back into normal housing, investing time and the money in bringing this back to kind of what you might remember if you had experienced it when Glen Dyer was open.

4. *What would be a accreditation sought for this program, or is there going to be rules and regulations, external rules and regulations such would be used to guide the program?*

That will be part of our discussion with the provider, in terms of what , there's really not anything absolutely required. We may in fact have conversation that we say we really want to meet these standards and we talk about that a bit in the RFQ. But again, I think that would be part of the dialog.

5. *I have a question along those lines. I understand that (it being)an acute psychiatric facility, who'll be licensed? Will it be licensed as such?*

In the past it has not been licensed as an acute – it's not part of our hospital, so it really cannot be licensed as a unit of an acute psychiatric hospital. It's a little bit like the previous question – we will want to discuss whether or not we want to get it certified in any way. Obviously it cannot be an acute hospital. Um, do we want it to be a psychiatric health facility? Do we want it to meet requirements for an NHRC? Do we want to simply have it meet those requirements? It would be designated as a 5150 facility. So eligible to receive clients who are involuntarily detained. So again, those are the kinds of dialogs that we would need to have with a potential vendor.

6. *You had mentioned earlier you were contracting out some of the ancillary services – the medical services, then the emergency medications we might be responsible for?*

At this point in time, Prison Health Services, because they're the vendor that's providing the physical health care, um, that Prison Health Services are responsible for the physical health care of the inmates. Another part of the dialog would be what about psychotropic medications? At this point in time, at Santa Rita Jail for instance, which is not an acute inpatient, it's really like an outpatient clinic, BHCS is responsible for the psychotropic medications. That probably would also be the case here. Other ancillary services like food, and that sort of thing is the responsibility of the Sherriff's Department. And if it helps, the Sherriff's Department is really responsible for the food and housing, feeding and housing of the inmates, and the security. BHCS is responsible for the acute psychiatric treatment, if that helps at all. A vendor is not going to be preparing food, a vendor is not going to be doing laundry. That's what the Sherriff's Department does.

7. *The RFQ verses the RFP. It sounds like, for all intents and purposes, the information you're requesting is really an RFP, as far as program design, and what were (sic) your thinking to differentiate going for an RFQ verses an RFP at this point?*

It would have required more time, getting it released, going through, um, County bureaucratic approvals and so forth, and so an RFQ was an easier process to initiate from a vendor perspective. . .

From a vendor perspective!

. . . then if we're looking at it as an RFP.

Maybe I can respond to that. As far as we're concerned, that two month period is really a negotiation of a proposal, if you will, a program description. We're really looking – is there anybody out there that's qualified. If you've never run an acute patient facility before, if you've never worked around inmates before, if you've never done that kind of – then there's sort of wobbly qualifications there. You're really not qualified. And I can see, and again that's why we built that two month period with the dollar amount, because we understand that a potential vendor is going to spend some time and energy putting together these kinds of descriptions. They're not yet grounded in the location that this will be in; they're not yet described in terms of the partnership with the Sherriff's Department; so it was really important for us to see who was out there that may be qualified to do this, and yet have a several month period where we can be much more specific and articulate, hopefully, about the actual practice, procedures, partnership that will really need to be described.

I think that's very helpful – some more looking at qualifications, experience, compatibility.

8. *You mentioned the possibility of licensure policy (?) of the CBC(?) – did the facility before, when it was open through Glen Dyer – did the physical, and I understand it's being brought back to basically the same condition that it was then –*

Better.

Better. Will the physical plant there meet any of the physical requirements of the licensure that might be contemplated?

I don't know. I would have to investigate that. I think we'll have to look into that.

And a follow up – the reason for closing down the initial unit was. . .

The Sherriff's Department was closing Glen Dyer. There wasn't going to be a there, there. So we'd be alone there . . . I mean there'd be no Sherriff's Department there. Is that right, Sergeant?

Yes.

Glen Dyer was closed for several years as part of the downscaling. I was here when that was closed and ran that unit. The unit did close down prior to the jail closing down. Part of the thinking was, from the Sherriff's office, was that the plant could not be accredited as it was constructed at that point in time, couldn't meet necessarily all the accreditation or licensing requirements, and felt that at that point in time he wanted to close. And I know Telecare was operating, and I think at the time it went down, so they might have further information. And that

was just my point. If it was closed down at that point in time by the Sherriff due to accreditation or licensing . . .

I think it was really the Sherriff accreditation piece, and they might be able to answer that better. Um, A – there's a new Sherriff, and B – this is something that we are negotiating with the Sherriff's Department. So there's licensure and accreditation for treatment and there's also accreditation processes for jails. So those are two very different things, and again that would be part of the dialog. But I think the Sherriff's Department was headed toward closing Glen Dyer – well, they did close Glen Dyer for several years.

I think just if I could add something. I think the trend now, at least statewide, is that local jails are developing their in-house LPS units that , sort of, are separate from or stand apart from hospital based kinds of progams, and there's been no problem with the State, the Dept. of Health Services in terms of these units. My understanding is the Sheriff is not accrediting the North County Jail site, but this unit would be an LPS unit and as I said, it's being done statewide in other counties, and it seems to have the support that this is a thing that it's ok to do.

An LPS status is a designation by the Director of Mental Health, Dr. Thomas, so that is not a, again, getting back to some of the licensing questions, it's not a licensed acute inpatient facility, it's a designation as an LPS facility, a 5150 facility.

9. . . . *I guess I was asking, in terms of the facility, and I think (?) they answered (?) is like meeting the fire and safety codes and all that and it looks like that's not going to be a problem . . .*

That's the responsibility of the Sherriff's Department. They are detaining inmates there, and that's their responsibility – Sergeant, speak up if I'm saying something wrong –um, we are there to provide acute – we being the vendor and BHCS – are there to provide acute psychiatric inpatient care to those inmates. They are inmates when they are in that, you know, in that facility. They're not released, their status isn't changed, they're inmates.

10. *Will there be SLEB requirements with this contract? (What was the question?)*

SLEB – Small Local Emerging Businesses. The County has a policy around "Slebness".

They will apply. Again, what a department generally has to do is go through a process that says there is certain expertise that you're not necessarily going to find a small local emerging business meeting those qualifications, so again we'll have to see who actually applies. You all here, you may walk out today and say "I'm not going to apply for this", so we don't know who's going to actually put in a response to us, so again that would be the kind of conversation we would need to have. But my guess is we'll have to go through some explanation with the County Administrators office.

11. *Are these beds single cells, these twenty beds?*

If you're asking are the beds that are being used in that ward will all be single beds, yes that's correct.

I think you asked – I do have, like sort of a floor plan, when we were doing discussions about reconstructing the unit, so I'm not sure that it's totally accurate but you're certainly welcomed to have it distributed.

12. *Does the Department, either Department, I guess, have an idea of the level of security personnel that will be stationed in this area?*

Our expectation is that there will not be Sherriff's deputies in the unit. This is considered an inpatient facility, it is a treatment facility, and our preference is that when inmates come in there, are they still inmates? Yes, but they are acutely ill, and need treatment. There's obviously a capacity to call for assistance that is very close by if needed, but again or preference is to not – and the Sherriff's Department has agreed with this – that there not be deputies on the unit.

Ok, but they will control the entry and exit . . .

They control the perimeter.

And will respond to the floor if necessary. We'll be in charge of all the security, maintaining wards at the facility at all times, but as far as not being stationed on the floor I'm allowing that to be handled as not all the facility, that's that department.

13. *Is there any staff, existing staff, at the present time, or this will be all new?*

No, all new. Well, there's existing Sheriffs personnel, but not treatment . . .

The Sherriff's Department technician that is in what we call our Housing Control, which is an observation and kind of a control room where they watch down on the floor, and that will be manned by one of our technicians who will be part of just kind of making sure of whose going through there on the floor, opening sliders and that sort of thing, but they're not in direct contact – it's removed.

Only radio contact?

They will have radio-visual.

14. *Is this a stand alone unit, where all the meals and recreation will be in that unit?*

Yes. But again, the meals will be prepared by the Sherriff's Department, and will be brought to the unit.

And pharmacy services will be brought to the unit . . .

Correct.

And nursing service will be brought to the unit, through the County, or is that part of what we . . . ?

That's Prison Health . . . by the Sheriff's vendor. I am not sure of that, that may be something – whether they're brought to the unit or the inmate, depending, I presume on the medical condition, there is a medical clinic at Glen Dyer, depending on what the medical condition is, it may be that the inmate is taken by

the deputy staff to the medical clinic for treatment and then returned to the unit. So again, that, I think is part of . . .

There's not going to be any nursing personnel on the unit, then, on an acute psychiatric unit . . . ?

There may be . . .

. . . a psychiatric nurse . . .

A psychiatric nurse, sure, but I thought you were asking like if somebody had an infection and needed an injection of antibiotic, or something like that.

There is a medical clinic at both North County Jail and a more advanced clinic at Santa Rita. They try to handle everything in-house, and there's (?) response on the floor, and it decided where patients would only be moved if necessary.

Right. Those are some of the procedures that we would need to work out with the vendor, BHCS and the Sherriff's Department.

14. *And do you anticipate that the psych nurses would be provided by the County, or would they be part of our (interruption) . . .*

They'd be part of your vendor staffing pattern.

15. *So the County wants recommendations on staffing patterns?*

Yes.

You're going to have to articulate in the RFP how you have done programs similarly. So hopefully there, and possibly where you're talking about the personnel you would hire, you know, there are ways in which you're going to be cluing us as to what you would imagine the composition of your staffing would be, and their duties. Uh, but we're not asking for a design, you know, so we're asking for how you have done similar kinds of things, and what are the expertise you would look for in the kinds of people you would have operating the unit.

And if in that description you discuss rations, if you discuss qualifications or mix, that's fine. We're not expecting you to be locked into a particular, in other words if you say 'I'd have three nurses and six social workers' we're not going to lock you into that, that's part of the discussion.

And at this point in time you're not necessarily interested in all the cost data or expense data associated with that staffing?

No, doesn't ask for it anywhere.

16. *The current mental health outpatient services, is the Sheriff's office providing that?*

No, BHCS provides that. And those are county employees. Millie will be responsible for the oversight of this program. Which is not unlike what we do in the community – we have many program types that are both county operated and contracted out, and a manager is responsible for both of those. So Millie is the Director of Criminal Justice Services.

And we are looking to have a close collaborative relationship with the acute unit simply because we will be sharing the same inmates, we will need to be sending

inmates to that unit on 5150 basis for stabilization, you guys will stabilize them and return them back to us to the jail, and we want to make sure we're all on the same page when we handle those inmates.

17. *Based on your past experience do you estimate that you will fill the ten beds designated for Alameda on a regular basis, on a daily basis?*

I would, yes I would.

I mean there may be some days, but generally, we would.

18. *Do you see this program as being basically a stabilization and treatment program, or do you also see that some forensic competency evaluations could also be dealt with in the (interruption)*

No, no competency, no. This is an acute inpatient facility.

We may house some folks, for example we have a young man that just came back from jail having been to State hospital and found competent, as soon as he came back to jail he's stopping his medications, there's suicidal gestures, and things like that, so there may be folks who are in the whole competency service realm, but it won't be up to you to do anything that's related to their competency assessment or restoration, or anything like that.

19. *There was one more question that your staff sent – who will make admission decisions – the Criminal Justice inpatient service unit staff or the referring staff? And that's, I think that's important.*

Well, certainly my staff at runs the mental health service at the jail will be doing the 5150s. Hopefully there won't be disagreement about that, but once the person gets to your unit you will then do what you do in terms of admission and assessment. We would not like to see that person turned around and sent back to jail and us getting into some kind of a power struggle over whether this person needs acute care. I think it's important that the acute unit understands what the issues are when someone is in jail that needs to be 5150'd, and will work again collaboratively with us. But it'll be a shared, I think, experience.

20. *There might be, based on some of these conversations, we will be sending out the responses to the questions in writing, correct?*

Yes.

We may have to do an issue clarification letter, or a clarification letter of some sort, particularly around the timing. Could we get a sense of, were you thinking Paul perhaps slipping the January 3rd, moving that out a bit, or . . .

I was looking back at my old notes and the last draft I sent in had very different dates and people played with this for a bit and changed it. So I'd have to look at it again, so what does this . . .can this happen, can this happen, and I didn't want to do that like, right now.

We want to people a reasonable amount of time to complete it, we obviously understand that holidays are coming up and that sort of thing. And we want to make sure we give a full couple months of dialog time in developing a program.

So we may clarify some other things in the letter, so it that's ok with people . . .
When can we, we probably want to make that decision maybe by the end of this week?

By the end of this day.

By the end of this day.

We'll post it on the web and we will also, I think we've got your email addresses . . .
. . . so we can make we get a clarification letter to the right person, so we don't miss you.

22. *I don't understand the little penciled notes on that (preliminary unit layout diagram)?*

Millie, there's some questions about the little map here . . .

Actually, again, this is just something we were looking at I think, just to give you an idea of kind of what the unit looks like as opposed to . . . and ignore this on the back, this was some discussion about what the nurses station might look like, but this has since been changed, so just to give you kind of an idea of how the cells are laid out.

And there will be seclusion rooms, three? Is that what we decided Sergeant?
Two or three, I forget.

When you say seclusion rooms you're talking about . . .

Restraint

Yeah, restraint beds, we have two.

**Behavioral Health Care Services
Criminal Justice Inpatient Services Program
RFQ: Respondents Mandatory Conference
Monday, December 17, 2007**

Revisions to language:

Page 5:

Respondent's Minimum Requirements

Interested Respondents must meet or exceed the following criteria in order to qualify for funding consideration:

- A verifiable history of at least three years of providing acute mental health services, and at least one of those years to criminal justice clients.
- Providers must have the capacity to receive referral calls and accept referrals seven days a week, 24 hours a day.
- Preferences will be given to providers with the ability to provide services in English and at least one of the other identified core languages: Spanish, Vietnamese, Cantonese, Farsi and Cambodian. While the primary language needed other than English would be Spanish, the provider will be expected to have the capacity to serve patients whatever their preferred language.

On the following page you will find the revised
Calendar of Events.

Client and Services Reports: A summary of the number of clients served in each period and other indicators that will be mutually agreed upon during contract negotiations;

Financial Reports: Year to date and/or quarterly expenditures and revenues by program area will be required.

III. INSTRUCTIONS TO RESPONDENTS

F. COUNTY CONTACTS

All questions regarding this RFQ should be directed to Diana Cunningham via email at dcunningham@acbhcs.org. All questions are to be submitted in writing by December 19, 2007. BHCS will post addenda with official responses at the BHCS website. Go to <http://bhcs.co.alameda.ca.us/> to download the RFQ and the addenda and any other information related to this RFQ.

G. CALENDAR OF EVENTS

EVENT	DATE / ACTION
Mandatory Respondents' Conference	December 17, 2007, 10 AM - 12 Noon
Questions Regarding any Specifications in this Request	December 19, 2007
RFQ Addendum Issued	December 21, 2007
RFQ Responses Due	January 10, 2008
Response Review Period	January 18, 2008
Respondent Interviews	January 23, 2008
Notification of Award	January 25, 2008
Bid Protest Due	February 1, 2008
Planning Process	February 11, 2008 – April 11, 2008
Contract Start Date	April 14, 2008

Note: Award and start dates are approximate.

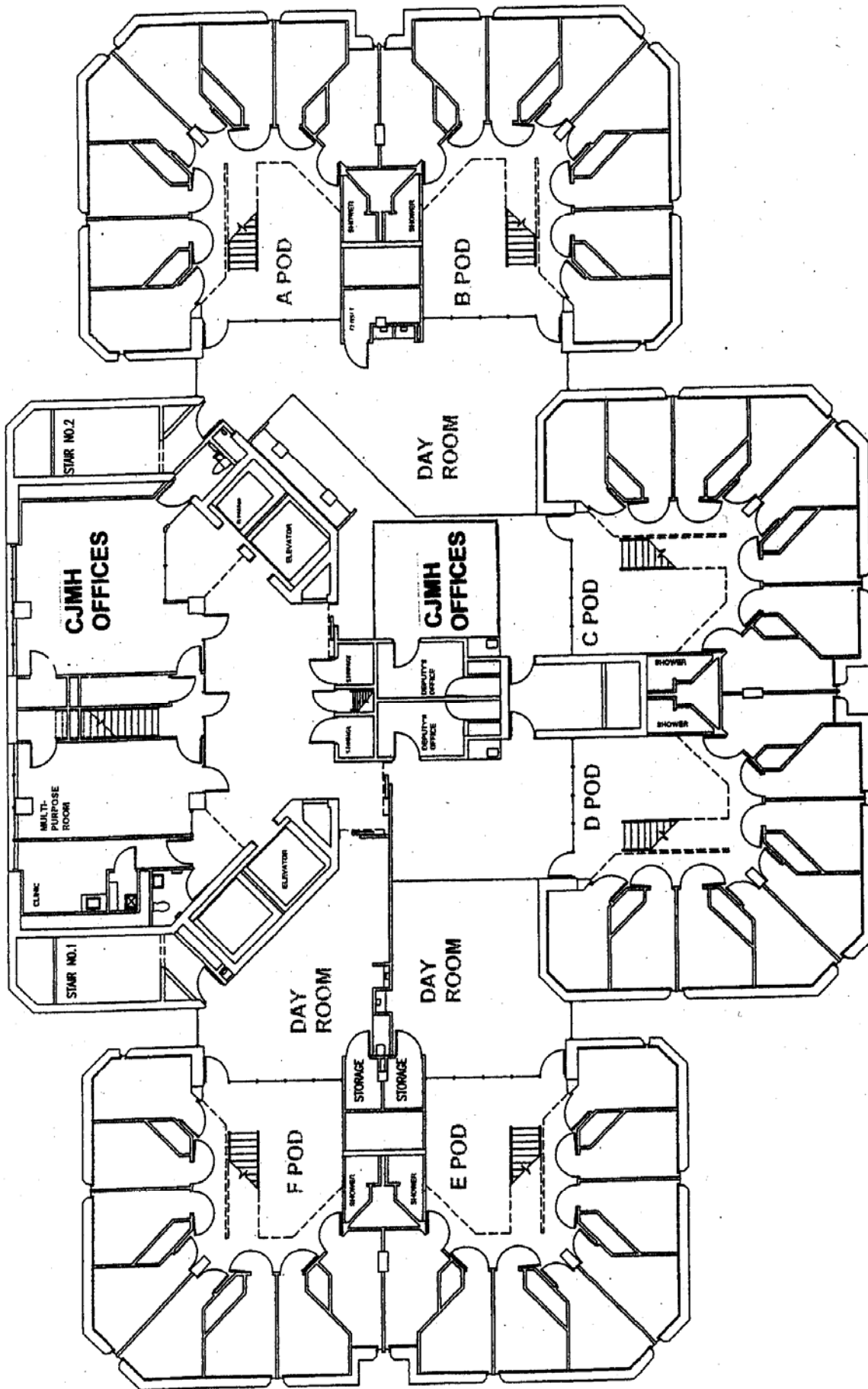
It is the sole responsibility of each Respondent to be familiar with all the specifications, terms and conditions and with the site. By the submission of a Response, Respondent certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

H. MANDATORY INFORMATION MEETING / RESPONDENTS' CONFERENCE

One **mandatory** informational meeting/Respondents conference will be held to provide an opportunity for potential providers to ask specific questions about the project and request RFQ clarification and provide the County with an opportunity to receive feedback regarding the project and RFQ.

Written questions submitted prior to the informational meeting/Respondents conference in accordance with the Calendar of Events, and verbal questions received at the conference will be addressed whenever possible at the conference. All questions will be addressed and the list of attendees will be included in an RFQ Addendum following the conference in accordance with the Calendar of Events

Preliminary Diagram of Proposed CJIS Facility



**HOUSING 3 LEVEL 1
FLOOR PLAN**

SCALE: 1/8" = 1' 0"