**COUNTY OF ALAMEDA  
HEALTH CARE SERVICES AGENCY (HCSA)**

ADDENDUM No. 3

to

RFP No. HCSA-901117

### for

**Juvenile Justice Center Services**

**Specification Clarification/Modification and Recap of the Networking/Bidders Conferences**

**October 30, October 31 and November 29, 2017**

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| --- |
| **This County of Alameda, General Services Agency (GSA), RFP/Q Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County’s Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFP/Q Addendum will also be posted on the GSA Contracting Opportunities website located at** [**http://www.acgov.org/gsa/purchasing/bid\_content/ContractOpportunities.jsp**](http://www.acgov.org/gsa/purchasing/bid_content/ContractOpportunities.jsp)**.** |

**RFP Modifications**

**The following Sections have been modified to read as shown below.** Changes made to the original RFP document are in **bold** print and highlighted, and deletions made have a ~~strike through~~.

Section I.A. Intent, page 4 shall read as follows:

The County intends to award a 15-month contract (up to three months for transition and 12 months for services post-transition) (with option to renew) to the Bidder ~~in Alameda County~~ whose response conforms to the RFP and meets the County’s requirements.

Section II. E. Specific Requirements/Deliverables/Reports, Item 1.a., page 10 shall include the following new information and shall read as follows:

A mid-level practitioner (1 FTE), e.g., Physician Assistant or Nurse Practitioner or physician on-site during high-demand hours, to provide the primary/preventive care services (outlined ~~in the Specific Requirements / Deliverables / Reports Section of this RFP~~**below**), as well as to help coordinate care among the different partners within the Juvenile Facilities.

Section II. E. Specific Requirements/Deliverables/Reports, Item 2.m., page 15 shall read as follows:

Ancillary Services: Bidder will be responsible for all laboratory, x-ray, and other ancillary services for all non-hospitalized youth while they are in custody. Costs for hospitalized youth are described ~~in Section E.2~~ below.

Section III.G. Evaluation Criteria / Selection Committee, page 22 shall include the following new information and shall read as follows:

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Completeness of Response, Financial Stability, and Debarment and Suspension) will be evaluated by a County Selection Committee (CSC).  The County Selection Committee may be composed of County staff and other parties that may have expertise or experience in the areas of ~~health, housing, and related services for low income, disabled persons~~ **health care and services to adolescents through 21 years of age, high-need populations, and/or juvenile justice involved youth**. The CSC will score and recommend a Bidder in accordance with the evaluation criteria set forth in this RFP.  Other than the initial pass/fail Evaluation Criteria, the evaluation of the proposals shall be within the sole judgment and discretion of the CSC.

All contact during the evaluation phase shall be through ~~Kristel Acacio, Supervising~~ **Andrea Dodge,** Program Specialist only. Bidders shall neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC may result in disqualification of Bidder.

Section III. G. Evaluation Criteria / Selection Committee, pp. 24-27 shall include the following new information and shall read as follows:

The Evaluation Criteria and their respective weights are as follows:

|  |  |  |
| --- | --- | --- |
|  | **Evaluation Criteria** | **Weight** |
|  | **Threshold/Minimum Requirements** |  |
|  | **Completeness of Response:**  Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent Addenda and do not address each of the items listed below will be considered incomplete, be rated a Fail in the Evaluation Criteria and will receive no further consideration.  Responses that are rated a Fail and are not considered may be picked up at the delivery location within 14 calendar days of contract award and/or the completion of the competitive process. | Pass/Fail |
|  | **Debarment and Suspension:**  Bidders, its principal and named subBidders are not identified on the list of Federally debarred, suspended or other excluded parties located at [www.sam.gov](http://www.sam.gov). | Pass/Fail |
|  | **References (See Exhibit A – Bid Response Packet)** | Pass/Fail |
|  | **Ranking Criteria** |  |
|  | **Cost:**  The points for Cost will be computed by dividing the amount of the lowest responsive bid received by each bidder’s total proposed cost.  An evaluation will also be made of:   1. **Reasonableness** (i.e., does the proposed pricing accurately reflect the bidder’s effort to meet requirements and objectives?); 2. **Realism** (i.e., is the proposed cost appropriate to the nature of the products and services to be provided?);   Consideration of price in terms of overall affordability may be controlling in circumstances where two or more proposals are otherwise adjudged to be equal, or when a superior proposal is at a price that the County cannot afford. | 15 Points |
|  | **Relevant Experience:**  Proposals will be evaluated against the RFP specifications and the questions below:  1. How extensive is the knowledge and experience of the organization and personnel designated to work on the project in providing medical and other services to the target population (i.e., adolescents aged 11 through 21, high-need populations, juvenile justice involved youth) as outlined in the RFP?   1. Do the individuals assigned to the project have experience on similar projects (e.g. integrated service delivery, multi-system collaboration, collaborative teams, working in a co-located environment)? 2. Do the Bidder and individuals assigned to the project have the desired relevant experience in providing trauma informed care, gender-responsive care, culturally humble/relevant care, integrated care, patient centered, and team based care? 3. Does the Bidder show evidence of successful project outcomes through previous services delivered to the target population? 4. Does the Bidder demonstrate experience relative to an ability to launch a project and ramp up quickly? | 25 Points |
|  | **Description of Proposed Services:** An evaluation will be made of the quality of the proposed approach and delivery of juvenile justice medical services, including the Bidder’s description of how the services will meet or exceed the requirements of the County. An additional evaluation will be made of:   * + 1. The Bidder’s plan to adjust delivery of services in order to respond to fluctuating numbers of youth in the Juvenile Facilities.     2. The Bidder’s approach to coordination of services at the Juvenile Facilities in collaboration with multiple partners.     3. The Bidder’s plan for ramping the project up quickly and transitioning services from the current contractor.     4. The Bidder’s discussion of any challenges identified by the Bidder and proposed approach for addressing those challenges. | ~~30~~ **25** Points |
|  | **Description of Collaboration and Linkages:** An evaluation will be made of the Bidder’s description of existing collaboration with key partners, and proposed strategies and activities to provide ongoing support to services at the Juvenile Facilities. | 5 Points |
|  | **Deliverables and Reports:** An evaluation will be made of the Bidder’s description of data collection to support reporting on the indicators outlined in the RFP. | 10 Points |
| 1. **`** | **Understanding of the Project:**  Proposals will be evaluated against the RFP specifications and the questions below:   1. Has Bidder demonstrated a thorough understanding of the purpose and scope of the project? 2. Has Bidder demonstrated that it understands the deliverables the County expects it to provide? 3. Has the Bidder demonstrated a thorough understanding of the interagency collaborative nature required for the project? 4. Has Bidder demonstrated key collaboration and linkages, with a plan for leveraging those partnerships for ongoing support? | ~~15~~ **10** Points |
|  | **Oral Interview:**  **The oral interview on the proposal shall not exceed 60 minutes. The oral interview may include responding to standard and specific questions from the CSC regarding the Bidder’s proposal. The scoring may be revised based on the oral interview.** | **10 points** |
| **SMALL LOCAL EMERGING BUSINESS PREFERENCE** | | |
|  | Local Preference: Points equaling five percent (5%) of bidder’s total score, for the above Evaluation Criteria, will be added. This will be the bidder’s final score for purposes of award evaluation. | Five Percent (5%) |
|  | Small and Local or Emerging and Local Preference: Points equaling five percent (5%) of bidder’s total score, for the above Evaluation Criteria, will be added. This will be the bidder’s final score for purposes of award evaluation. | Five Percent (5%) |

Section III. M. Invoicing, Item 2, page 30 shall include the following new information and shall read as follows:

County will use best efforts to make payment within ~~thirty (30)~~ **forty-five (45)** days following receipt and review of invoice and upon complete satisfactory receipt of product and performance of services.

Section III. O. Account Manager / Support Staff, Item 3, page 33 shall include the following new information and shall read as follows:

Bidder account manager shall be familiar with County requirements and standards and work with **BHCS, ACPD and** the ACPHD to ensure that established standards are adhered to.

Exhibit A, Bidder Information and Acceptance, page 2 shall include the following new information and shall read as follows:

The undersigned is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the Specifications, Terms & Conditions of the Bid Documents of RFP No. HCSA-~~900617 – Group Living Facilities Association~~**901117 – Juvenile Justice Center Services**.

Exhibit A, Bid Form(s), page 5 shall include the following new information and shall read as follows:

The proposed budget should list all costs, including proposed staffing, operating expenses, and indirect costs for Bidders to provide all services included in the scope. Bidders should also include any one-time/start-up expenses. The total proposed cost is the cost the County will pay for the ~~3-year~~ **up to** **15-month** term of any contract that is a result of this bid, contingent on funding availability. The County reserves the right to negotiate final contract amounts and budget line items, and contracts may differ from bid responses as they were submitted in this regard.

Exhibit A, Required Documentation and Submittals, page 8 shall include the following new information and shall read as follows:

**Description of the Proposed Services (5 to 6 pages)**: Bid response shall include a description of the terms and conditions of services to be provided during the contract term. Specifically, Bidders must include in their response a detailed description of the required elements of work as stated in the [Scope](#_SCOPE) [and Specific Requirements / Deliverables / Reports](#_SPECIFIC_REQUIREMENTS/DELIVERABLES/) Sections of this RFP (see Sections ~~IB and ID~~**IC and IE**):

**Responses to Written Questions**

**Bid/Contract Questions**

**Q1: Will there be just one award granted?**

*A1: Yes, the County intends to award one contract as a result of this RFP.*

**Q2: What are anticipated terms for renewal years of the contract? Would the annual budget be expected to approximate 12/15ths of the $2.71 million budget for the initial 15-month period?**

*A2: Per the RFP Intent section, page 4: “If the option to renew for (an) additional fiscal year(s) is exercised, the term for each shall be for 12 months, pending availability of funding.” In the event that the contract is renewed, it is expected that the amount awarded for the 12-month period will be pro-rated, pending contract negotiations.*

**Q3: Are the bidder minimum qualifications specifically outlined in the RFP?**

*A3: The bidder minimum qualifications are specifically outlined in RFP Section I.D., Bidder Qualifications, pp. 9-10.*

**Small Local Emerging Business (SLEB) Certification**

**Q4: We are concerned with meeting the 20% SLEB portion of the request.  We would be staffing with local residents, but will likely have difficulties reaching the 20% subcontractor requirement, as we provide all services in-house.  Would we be automatically disqualified if we had less then 20% or no SLEB Sub-Bidders?**

*A4: Per the RFP, Section III.L. Award, Item 2, p. 29: “Small and Emerging Locally Owned Business: The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County’s purchase of goods and services.*

*“As a result of the County’s commitment to advance the economic opportunities of these businesses,* ***Bidders must meet the County’s Small and Emerging Locally Owned Business requirements in order to be considered for the contract award.*** *These requirements can be found online at:*

“[*http://acgov.org/auditor/sleb/overview.htm*](http://acgov.org/auditor/sleb/overview.htm)*”*

*Additionally, according to the above web link, “Bidders not meeting the definition of a small or emerging local business do not qualify for a bid preference and must subcontract with one or more County certified small and/or emerging local businesses for at least twenty percent (20%) of the total bid amount in order to be considered for contract award.”*

*Also according to the above web link, “The following entities are exempt from the Small and Emerging Local Business (SLEB) requirements as described above and are not required to subcontract with a SLEB:*

* *non-profit community based organizations (CBO) that are providing services on behalf of the County directly to County clients/residents;*
* *non-profit churches or non-profit religious organizations (NPO);*
* *public schools; and universities; and*
* *government agencies.”*

**Q5: Is it worth the extra points for a non-profit to become SLEB certified?**

*A5: SLEB certification is valuable because it allows bidders to receive additional points associated with the certification when bidding on County contracts. Per the RFP Section II. G. Evaluation Criteria / Selection Committee, page 23: “Each of the Evaluation Criteria below will be used in ranking and determining the quality of bidders’ proposals. Proposals will be evaluated according to each Evaluation Criteria, and scored on the zero to five-point scale outlined below. The scores for all Evaluation Criteria will then be added, according to their assigned weight (below), to arrive at a weighted score for each proposal. A proposal with a high weighted total will be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any project is five hundred fifty (550) points, including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum 10% of final score).”*

*A bidder’s SLEB certification must be valid as of the bid response due date. See the response to Question 4 regarding steps for bidders to take if they are not SLEB certified by the RFP due date.*

*For information about the definition of a SLEB, please review the “Local Business Provision for Sealed Bid Procurements Only” section on the County SLEB overview web page at* [*http://acgov.org/auditor/sleb/overview.htm*](http://acgov.org/auditor/sleb/overview.htm)*; the RFP Exhibit A – Bid Response Packet, Bidder Information and Acceptance, page 3, Item #10; and the RFP Exhibit A – Bid Response Packet, page 10, SLEB Partnering Information Sheet.*

**Q6: On the 3rd Bidders Conference on the 29th of November, will there be a tour of the facility?**

*A6: There is no facility tour planned during the November 29 Bidders Conference.*

**Q7: We note that you will not be doing a facility tour during the upcoming bidders conference.    In our experience, it is important for us to actually see the operations to determine the staffing piece of our proposal.  Will it be possible for us to schedule a tour of the juvenile facilities?**

*A7: There is no facility tour planned at this time.*

**Scope of Work Questions**

**Q8: Please provide a copy of your current health services contract(s), including pricing and amendments.**

*A8:* The *Fiscal Year 2016-2017 contract is a public document that can be accessed at* [*http://www.acgov.org/board/bos\_calendar/documents/DocsAgendaReg\_06\_28\_16/HEALTH%20CARE%20SERVICES/Regular%20Calendar/HCSA\_235796.pdf*](http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_06_28_16/HEALTH%20CARE%20SERVICES/Regular%20Calendar/HCSA_235796.pdf)*.*

**Q9: We primarily work with adults, but we have some Peds. These kids are under 18 years old correct?**

*A9: Per the RFP, Section I.B. Background, page 5, “Alameda County Juvenile Hall is a 24-hour secure detention facility capable of housing 358 boys/young men and girls/young women through age 21.” Additionally, Section 1.B. Background, page 6 states that: “Camp Wilmont Sweeney is a 50-bed minimum security residential program for adolescent males ranging from 15 through 19 years of age.”*

**Census**

**Q10: What has been the average annual JJC population for the last three years, and what is your projected JJC population for the next three years?**

*A10: The average annual bookings (not population) at the JJC for the last three years has been 2,067. The population currently fluctuates between 65-75 youth in Juvenile Hall and around 20 at Camp Sweeney. While it is difficult to project accurate numbers for the next three years, the Juvenile Hall will open a new unit for transition age youth in 2018 that will house up to 20 additional young men and a new camp that will house up to 32 additional young women. However, there has been a national and statewide decline in juvenile detention.*

**Q11: Is there a specific ADP the County would like bidders to use in preparing their proposals? (RFP gives ranges and suggests population may increase)**

*A11: There is no set average daily population (ADP). The County does not anticipate more than a 10 to 15% increase.*

**Q12: What has been the County's census for pregnant females each of the past twoyears?**

*A12: During the 2016-2017 fiscal year, there were 5 pregnant females admitted to the Juvenile Hall.*

**Facilities**

**Q13: Please provide the County's plans for any facility expansions, if any.**

*A13: The County is currently in the process of designing a new camp program which will increase population slightly. It will have a 32-bed female population and is planned to break ground next year. Move-in is projected for 2021.*

**Programs and services**

**Q14: What is the average length of stay?**

*A14: The average length of stay in Juvenile Hall is 21 days. At Camp Wilmont Sweeny, the average length of stay is 6 to 9 months.*

**Q15: Please provide statistics for the following for the last two years:**

**# of hospitalizations and # of hospital days**

**# of offsite specialist visits**

**# of optometry appointments, including how many youths required corrective lenses**

**# or % of youth on**

* **All medications**
* **Psychotropic medications**

*A15: All information provided is for Fiscal Year 2016-2017:*

* *2 hospital admissions*
* *153 offsite specialty visits*
* *984 youth on medications*
* *268 youth on psychotropic medications*

*Neither the number of optometry appointments nor the number of youth who require corrective lenses are available.*

**Q16: Is the County's infirmary appropriately set-up to provide basic OB/GYN programs and services on-site?**

*A16: Yes, the JJC medical clinic provides basic OB/GYN programs and services.*

**Q17: What hours are behavioral health services provided by BHCS on-site? Are the mental health providers available 24/7?**

*A17: Services are available 24 hours a day, 7 days a week. There is a Guidance Clinic open on-site from 8:00 am to 5:00 pm, 7 days a week. Some staff may work later due to scheduling or emergencies. There are clinicians on-site during the hours of operation for most of the year, excluding holidays and when scheduling challenges arise. Clinicians are on-call after hours.*

**Q18: Please describe the current discharge planning system in place, if any**

*A18: There is a transition center within JJC that is supervised by Probation and includes partners from BHCS, the Center for Health Schools and Communities, the Department of Public Health, and Oakland Unified School District. Each partner agency is responsible for specific duties to support the discharge/transition of youth and their families.*

*Please note that as described in the RFP, Section C. (Scope), page 7, “The selected Bidder will be responsible for … ensuring continuity of care for youth discharged from the Juvenile Facilities, which may include coordinating care with BHCS and ACPHD, scheduling follow-up appointments with other community health care providers, and engaging families.”*

**Q19: Who provides dental services for the JJCS?**

*A19: The selected Bidder will provide dental services.*

**Q20: If you currently provide on-site dentistry, how many hours per week do you have a dentist and/or hygienist on-site?**

*A20: Currently, a dentist is on-site 16-24 hours per week.*

**Q21: How long is the typical wait to see the dentist or hygienist?**

*A21: A dentist is on site three days a week. Youth are scheduled for appointments on those days as needed.*

**Q22: Which laboratory provider does the County currently use for lab services? How often are they on-site? What's the annual cost for lab services?**

*A22: The selected Bidder will be responsible for laboratory services. No information is available at this time regarding how often the current provider is on-site or the annual cost for lab services.*

**Q23: Which medical waste provider does the County currently use? How often are they on-site? What's the annual cost for medical waste services?**

*A23: The current medical provider uses Stericycle Inc. No information is available at this time regarding how often they are on-site or the annual cost for medical waste services.*

**Q24: What specific requirements does the vendor have regarding transportation?**

*A24: The selected Bidder must coordinate all transportation with Probation staff. Probation staff are responsible for scheduling and facilitating transportation and escorting detained youth. In emergency situations where an ambulance is needed, the selected Bidder will call for the ambulance and notify Probation staff immediately.*

**Budget**

**Q25: What did the County spend for offsite costs (hospitalization, outpatient, specialty services) for each of the last two years?**

*A25: The current medical provider invoiced the County a total of $199,496 for medical purchased services during the 2016-2017 fiscal year.*

**Q26: The current CHO budget was roughly 3.2million & this is 2.7million – why was it decreased?**

*A26: The JJC medical services contract amount was decreased to reflect a significant decline in the number of youth detained in the juvenile facilities.*

**Staffing**

**Q27: Can you provide the current staffing plan by licensure level, with current compensation and benefits?**

*A27:*

* + *Medical Doctor: 0.2 Full-Time Equivalency (FTE)*
  + *Registered Nurses: 3 FTE*
  + *Nurse Practitioner: 1 FTE (plus on-call)*
  + *Licensed Vocational Nurses: 3 FTE*
  + *Dentist: 0.6 FTE*
  + *Secretary: 1 FTE*
  + *Discharge Specialist: 1 FTE*
  + *Clinic Manager: 0.6 FTE*

*Information is not available regarding current compensation and benefits.*

**Q28: Are there currently any vacant positions among healthcare staff? If so, identify the positions and the length of their vacancy**

*A28: There are no vacant positions among health care staff at this time.*

**Q29: Are there any collective bargaining agreements in place for current medical or mental health staff? If so, can you provide a copy of the Collective Bargaining Agreement?**

*A29: Mental health staff are Alameda County staff and represented by SIEU Local 1021. The staff of the current medical provider have their own union representation and collective bargaining agreement. A Collective Bargaining Agreement is not available.*

**Q30: Is there an expectation that the County be notified if there is a need to increase staffing to adopt to dynamic census changes in the halls?**

*A30: All staff changes should be communicated to the appropriate County representatives. The selected Bidder is expected to staff appropriately within the contract amount.*

**Q31: Please clarify the following requirement: “Hours of Operation: Bidder shall provide medical services 24 hours a day, 365 days a year.” Our primary care clinics are NOT open 24 hours a day. Is this requirement in reference to the Bidder’s medical clinics in general, or to the staffing that the Bidder would be responsible for hiring and placing at the Juvenile Justice centers if awarded the contract?**

*A31: Access to medical services and appropriate medical personnel must be provided at the JJC 24 hours a day/365 days a year in order to respond to sick calls, medical crises/emergencies, deliver medications, and clear youth to be detained in the JJC.*

*Additionally, in the Exhibit A, Required Documentation and Submittals, #6, Description of Proposed Services, page 8:*

***“Description of the Proposed Services (5 to 6 pages)****:  Bid response shall include a description of the terms and conditions of services to be provided during the contract term. Specifically, Bidders must include in their response a detailed description of the required elements of work as stated in the* [*Scope*](#_SCOPE)[*and Specific Requirements / Deliverables / Reports*](#_SPECIFIC_REQUIREMENTS/DELIVERABLES/) *Sections of this RFP … : …*

* *a plan for ramping the project up quickly including a gradual increase of staffing levels over the first three months; …”*

**Q32: Please explain the County's detention officers' role in assisting with the management of JJC medical, mental and ancillary healthcare programs and services**

*A32: County detention officers are able to refer detained youth to medical and mental health services. Detention officers also schedule and facilitate off-site transportation and escort youth at all times. Detention officers do not assist with delivery of care or services.*

**Q33: Do the detention officer’s complete the initial medical pre-screening questionnaire?**

*A33: The initial medical pre-screening, also known as the fitness for detention medical screening, will be conducted by the selected Bidder.*

**Provider partnerships**

**Q34: What hospitals are currently used for emergencies and for inpatient care?**

*A34: These include UCSF Benioff Children’s Hospital, Highland, Eden, San Leandro and St. Rose.*

**Q35: What are the expectations while working with the Guidance Clinic – regarding staffing, etc.**

*A35: It is expected that there will be a strong partnership between the medical provider (selected awarded Bidder) staff and the guidance clinic (BHCS). For example, BHCS clinicians initiate all 5150 holds, however the medical provider must medically clear youth to be transported off site for intensive mental health services. Medical staff also refer youth to the Guidance Clinic for mental health services. Regular meetings between the medical provider and guidance clinic will be necessary.*

**Q36: Are there any current agreements/funding with the Public Health Department for STD testing on minors? (ClaSP-Chlamydia Screening Project)**

*A36: Yes, the current medical provider has a CLASP grant from the Department of Public Health to conduct Sexually-Transmitted Disease (STD) screening.*

**Q37: Does the facility participate in any re-integration and multi-disciplinary meetings with medical and probation?**

*A37: The selected Bidder is expected to partner with Probation and BHCS to coordinate follow-up care for youth being discharged from detention, including multi-disciplinary meetings as needed.*

**Electronic records / internet**

**Q38: Which JMS system is currently in use at the JJCS?**

*A38: The JJC’s Jail Management System (JMS) is a County proprietary system. The County is looking at Caseload Pro for future use.*

**Q39: Does your facility currently use an EMR system? If so, which one and when was it implemented?**

*A39: The current provider uses EPIC as its Electronic Medical Records (EMR) system. The date of implementation is not known.*

**Q40: Who is responsible for EMR costs - annual license fees, training, technical support and maintenance?**

*A40: The selected Bidder is responsible for EMR costs.*

**Q41: Please describe the internet and Wi-Fi accessibility for healthcare staff in your facility**

*A41: This is the responsibility of the selected Bidder. Internet and Wi-Fi accessibility must be encrypted and password protected and must be approved by and meet all security requirements of both the Alameda County Information Technology Department and Probation Information Technology Unit.*

**Accreditation / certification / standards**

**Q42: Are any of the JJCS facilities currently accredited? Does the County intend to pursue any accreditations in the upcoming year- if so, which one(s), and who will be responsible for associated costs?**

*A42: The JJ facilities meet Title 15 requirements. They are currently not accredited, and there are no plans to do so during the next few years.*

**Q43: Are there any current audits or investigations pending for the County's JJC facilities?**

*A43: There are no audits or investigations currently pending. However, there are always ongoing inspections including annual health inspections, court inspections, and inspections from the Juvenile Justice and Delinquency Prevention Commission. There is a bi-annual inspection by the Board of State and Community Corrections scheduled for January 2018.*

**Q44: Does the facility participate in the Performance-based Standards (PbS) program?**

*A44: No, Alameda County is not currently a PbS site/jurisdiction.*

**Medications / prescription management**

**Q45: How often are medication passes conducted each day? Who conducts medication pass?**

*A45: A Licensed Vocational Nurse (LVN) employed by the current medical provider conducts medication passes twice daily, or as needed.*

**Q46: Does the JJCS participate in the Vaccines For Children [VFC) program, and if so, when was the last VFC inspection? Is the selected bidder expected to use the VFC program?**

*A46: Yes, VFC is currently in place at JJC. The date of the last VFC inspection is not known. The selected Bidder is not expected to use the VFC program.*

**Q47: How many vaccines are administered annually?**

*A47: 936 vaccines were administered during the 2016-2017 fiscal year.*

**Q48: Is there a methadone program? If so, please describe.**

*A48: There is no methadone program.*

**Q49: What is the average number of prescriptions filled per month for the past 12 months per facility?**

*A49: A total of 985 medications were administered during the 2016-2017 fiscal year.*

**Q50: What is your current cutoff-time for new orders to be submitted to the pharmacy for shipment?**

**Do you intend to keep this the same?**

*A50: The cutoff-time for new orders to be submitted to the pharmacy is not specified in the existing contract.*

**Q51: What type of medication packaging (blister cards, vials, strips, other) do you currently use?**

**Do you intend to keep the same packaging?**

*A51: The type of medication packaging is not specified in the existing contract. There is no intention of specifying this in any future contract.*

**Q52: How many days’ worth of medication (7, 14, 30 days) is typically dispensed for routine medication orders? Do you intend to keep this the same?**

*A52: Youth detained in the JJC are not provided with multiple days’ worth of medication. Medications are administered in-person by medical staff.*

**Q53: How many medications or what percentage of medications are dispensed as stock?**

*A53: The number of percentage of medications to be dispensed as stock is not specified in the existing contract.*

**Q54: What company is your current pharmacy services provider?**

*A54: The current contract does not specify which company should be used for pharmacy services. The selected Bidder should specify their plans in their proposal.*

**Q55: Does the facility participate in Healthy Futures (Immunization database)?**

*A55: Participation in Healthy Futures is not included in the current contract.*

**Q56: Who is the current pharmacy provider?**

*A56: The current provider contracts directly for pharmacy services. The name of the current pharmacy provider is not available.*

**Q57: Do you allow family members to provide inmate medications?**

*A57: No, family members are not authorized to provide medications to residents of the facilities.*

**Q58: Please describe your Keep On Person (KOP) policy, if any**

*A58: The facilities do not have a KOP policy.*

**Q59: How much was spent on (l) all medications, (2) HIV medications and (3) psychotropic medications for each of the last two years?**

*A59: The current medical provider invoiced the County a total of $217,814 for pharmaceuticals during the 2016-2017 fiscal year. A breakdown by type of medication is not available at this time.*

**Q60: Medication utilization data is extremely important for bidders in determining a final and accurate bid rate in their response to your solicitation. Not providing actual medication utilization data to all bidders, when bidders per the RFP are responsible for medication costs, would result in an unfair competitive advantage to your incumbent provider who already has this information. All bidders, not just your incumbent provider, need the information to firmly establish their bid rates more accurately and intelligently and in the best interests of your facilities and the taxpayers of Alameda County.**

**Our understanding is that utilization information is not considered proprietary, and therefore available without the need for a public records or FOIA request, since public money is used to pay for pharmacy services and medications under the current contract. So no unfair advantage is imparted to your incumbent provider, can you please request and then provide a two-month utilization report that includes actual pharmacy utilization data (with patient names redacted) as this information can be quickly generated by your current vendor or their pharmacy subcontractor?**

*A60: Individual pharmacy utilization reporting is not required in the current contract. See the responses to Questions 15, 49, and 59 for information that will be useful in addressing this question and proposing a budget.*

**Q61: Do you currently receive inspections of the medication areas at your facilities?**

**If so, how frequently?**

*A61: Yes, Alameda County Public Health Department conducts an annual inspection of the medical facility.*

**Q62: Do your facilities currently use an electronic prescription order entry and eMAR system that is provided to you by your current vendor at no additional cost?**

**If so, what is the name of the system?**

**If not, would you consider adding this required to your current solicitation, as electronic med pass will decrease the time required for med pass by up to 50% and that time can be used by your staff to provide other health care services to your juvenile residents?**

*A62: The use of electronic prescription order entry and electronic medication administration record (eMAR) is not specified in the current contract. There are currently no plans to add electronic prescription order entry and eMAR to the contract solicitation.*

**Q63: Do your facilities currently use a barcode electronic order reconciliation and medication return management system that is provided at no cost by your current vendor?**

**If not, would you consider adding this requirement to your current solicitation, as manual daily order check-in and return processing time can be decreased by up to 75% and medication diversion potential is virtually eliminated?**

*A63: The use of barcode electronic order reconciliation and medication return management is not specified in the current contract. There are currently no plans to barcode electronic order reconciliation and medication return to the contract solicitation.*

**Q64: Do your facilities currently have access to an online reporting dashboard provided by your current vendor at no cost for you to access meaningful and accurate reporting 24/7/365?**

**If not, would you consider adding this requirement to your current solicitation so your facility-level staff and administrators can analyze prescriber ordering trends and costs to better manage facility operations through accessible reporting?**

*A64: The current medical provider does not use an online reporting dashboard. However, the selected Bidder may be asked to report deliverables via an online reporting system/dashboard.*

**Q65: Do your facilities currently use an electronic health record (EHR)/electronic medical record (EMR) system?**

**If so, is an interface required to connect with the system to transmit prescription orders?**

**If so, what is the name of the system?**

**If so, could you please provide the name, email address, and phone number for your software account executive so bidders can reach out to discuss system capabilities and interface specifications?**

*A65: The selected Bidder will be required to have their own EHR/EMR and will be responsible for maintaining the EHR/EMR. The current medical provider uses Epic.*

**Q66: Does the county require special training to input vaccines given or vaccine history into their data base?**

*A66: The County does not require any special training. The selected Bidder is responsible for ensuring all medical staff are appropriately trained and receive ongoing training as needed.*

**Q67: Does the facility currently use data loggers to monitor the temperatures for the VFC program? If so, are the data loggers 2018 VFC compliant?**

*A67: The current contract does require the use of data loggers to monitor the temperatures for the VFC program. The current contract does not include language around compliance for data loggers.*

**Equipment**

**Q68: Please provide a listing of all medical equipment onsite that will be available for use by the Proposer. Please identify year purchased and condition.**

*A68: Per the RFP Exhibit A, Required Documentation and Submittals, Section 9. Budget and Budget Narrative (page 9): “Alameda County shall provide only the equipment on-site at the start of the contract, and any other equipment that the County chooses to purchase and retain ownership of or chooses to replace or update. The selected Bidder shall be responsible for the purchase of all other equipment, including replacement equipment as needed, and shall retain ownership of the equipment that it purchases. Equipment purchases should be included in the budget and budget narrative.”*

*Medical equipment currently on-site that is available for use by the selected Bidder includes:*

* *Dental equipment required to provide routine exams, cleanings, and extractions*
* *Optometry equipment*
* *Radiology equipment*
* *Telemedicine mobile station*
* *Each exam room is equipped with exam tables and mounted otoscopes*
* *There are two medical observation units with two exam tables in each room*
* *Refrigerators and freezers will be available for storage*
* *Office equipment such as desks and chairs will be available*

*All equipment is in used but good condition. Year equipment was purchased is not available. This is not an exhaustive list, but represents major equipment that will be available to the selected Bidder.*

*Selected bidder will be responsible for all electronics, medical supplies, medications, vaccines, lab equipment, and any other equipment/supplies required to deliver appropriate care.*

*For additional information, please refer to the RFP Section I.E., Specific Requirements / Deliverables / Reports: Item 2.e., page 14, Special needs of Pregnant and Postpartum Girls/Women, No. 4; Item 2.n., page 15, Consulting Services and Medical Equipment; Item 10., page 19, Medical Equipment and Supplies.*

**Q69: Who is responsible for repair and/or replacement of medical equipment?**

*A69: The selected bidder is responsible for repair and/or replacement of all medical equipment. These costs should be factored into the budget.*

**Q70: Please list any office equipment (computers, lap tops, printers, etc.) that will be available for use by the Proposer, including year purchased and condition**

*A70: The selected Bidder will be responsible for purchasing all electronic equipment such as computers, laptops, printers, and Wi-Fi equipment.*

**Q71: Which diagnostic/X-ray provider does the County currently use for diagnostic/X­ray services? How often are they on-site? What's the annual cost for diagnostic/x-ray services?***A71: Currently, no X-ray services are provided onsite; however, equipment is available on-site.*

**Q72: When was the last time the refrigerator/freezer were serviced? How old is the current equipment? Extended warranties?**

*A72: No information is available regarding the last time the refrigerator/freezer were serviced; the age of the current equipment; or extended warranties.*

**Q73: Does the dental room have the proper equipment to provide routine cleanings? Restorative care? Wisdom tooth extractions? Does it utilize digital x-rays?**

*A73: The dental room has the proper equipment to provide routing cleanings, restorative care, and extractions. Use of digital x-rays is unknown.*

The following participants attended the Bidders Conferences; this list also includes those who submitted written questions:

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