

COUNTY OF FRESNO
ADDENDUM NUMBER: ONE (1)
RFP NUMBER: 952-5405
CRISIS STABILIZATION CENTER

Issue Date: January 4, 2016

IMPORTANT: SUBMIT PROPOSAL IN SEALED PACKAGE WITH PROPOSAL NUMBER, CLOSING DATE AND BUYER'S NAME MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, PURCHASING
4525 EAST HAMILTON AVENUE, 2nd Floor
FRESNO, CA 93702-4599

CLOSING DATE OF PROPOSAL WILL BE AT 2:00 P.M., ON JANUARY 26, 2016.

PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Shannon W. Kirby**,
phone (559) 600-7116 or e-mail CountyPurchasing@co.fresno.ca.us.

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 952-5405 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN IN BLUE INK AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.

- **Please see Questions & Answers on next page.**
- **Number of copies on page 17 and page 43 is for one (1) original and six (6) copies. Please change to one (1) original and eight (8) copies.**

ACKNOWLEDGMENT OF ADDENDUM NUMBER One (1) TO RFP 952-5405

COMPANY NAME: _____
(PRINT)

SIGNATURE (In Blue Ink): _____

NAME & TITLE: _____
(PRINT)

Purchasing Use: SWK:hrrs

ORG/Requisition: 56302007 / 5631600509

QUESTIONS & ANSWERS

Q1. Are subcontractors permitted to partner with a primary bidder, or will the contract only be awarded to a single bidder to provide all services?

A1. The goal is to award one contractor to provide all services. Per the RFP, the Access Line is not to be subcontracted out.

Q2. Are the proposed bids to cover all three components, or is it acceptable to submit bids for only one or two components?

A2. Bidders should submit one bid to cover all three components of the RFP: a 20-bed Crisis Stabilization Center for adults, an 8-bed Crisis Stabilization Center for children/adolescents, and the operation of an Access Line.

Q3. The deadline for questions is shown as December 29, 2015 on page three (3) of the RFP but January 14, 2016 on page eighteen (18) of the RFP. Please confirm which is the correct deadline for questions.

A3. The deadline for written requests for interpretations or corrections is Tuesday, December 29, 2015 at 10:00am.

Q4. Request for clarification regarding the Access Line – this is a new service and not one that was provided as part of previous contracts, correct?

A4. Yes, the Access Line is being added to the services already being provided. Currently, that service is provided, separately, through an agreement with Professional Exchange Service.

Q5. Updated census data has been provided that reflects program data from July 2015 to November 2015.

A5. Fresno CSC Average Daily Clients Served FY 15-16:

| | July | August | September | October | November | YTD |
|-------------|------|--------|-----------|---------|----------|-----|
| Adults | 31 | 35 | 35 | 32 | 31 | 33 |
| Adolescents | 8 | 8 | 13 | 14 | 10 | 10 |
| All Clients | 39 | 43 | 48 | 46 | 41 | 43 |
| Mon-Fri | | | | | | |
| Adults | 32 | 36 | 37 | 33 | 31 | 34 |
| Adolescents | 8 | 8 | 15 | 15 | 11 | 11 |
| All Clients | 40 | 44 | 51 | 48 | 43 | 45 |
| Weekend | | | | | | |
| Adults | 28 | 34 | 30 | 29 | 30 | 30 |
| Adolescents | 7 | 6 | 7 | 10 | 8 | 8 |
| All Clients | 34 | 40 | 37 | 39 | 38 | 38 |

-Data from Fresno CSC Admission Log -Includes admissions between 7/1/2015-11/30/2015.

Q6. Page 22, item number one (1) under the sub-heading “Staffing” states that “[a] psychiatrist shall be available immediately by telephone 24 hours per day, on site at least once per day, and available for an in-person assessment within two hours...” Currently, this is being accomplished through telepsychiatry. Will that continue with the new contract? If so, would that also apply to a Nurse Practitioner?

A6. Telepsychiatry can continue with the new contract, as stated above. However, DBH does not allow Nurse Practitioners to utilize telepsychiatry within the County, at this time.

Q7. Request for clarification on page 27, bullet point II, item 5 – the title referenced (Title 22, Division 5, Chapter 9, Article 3, Section 77077) pertains to a Psychiatric Health Facility and is not applicable to a Crisis Stabilization Unit. Please confirm.

A7. As some of the clients of the Crisis Stabilization Unit will be there on an involuntary hold (5150), and may not have been able to take care of their own needs for food, it is expected that food would be available to them, just as in a Psychiatric Health Facility.

Q8. Page 28, item d, states that the Access Line will be staffed with appropriate staff. Will this service be similar to the “Ask the Nurse” service Kaiser has or will it be more of a funneling process? What is the intent?

A8. Currently, this service is designed as an exchange or funneling process. The goal is that this line will be staffed by mental health-trained professionals who can appropriately screen the calls. Bidders are to submit a staffing pattern that identifies professional staff who will monitor and operate this phone line. Calls to this line can be transferred to the Crisis Line, DBH’s Urgent Care Wellness Center, or DBH’s Children’s Outpatient line. If the latter two lines are unavailable, non-crisis calls will be transferred to a call log which is monitored daily.

Q9. CARF accreditation is referenced within “Award Criteria” on page 42, under Capability and Qualifications. Is it now required for contracted programs to be CARF accredited? If not would there be bonus points to those that are CARF accredited?

A9. It would be favorable for a bidder to have a CARF accredited program already in existence. CARF accreditation is included on the evaluation tool provided to the review panel.

Q10. How long has the current provider had the contract?

A10. The current provider’s contract began in April 2012. The children’s component of the program began in April 2015.

Q11. Will start-up funds be available?

A11. The bidder can propose a separate budget, with a complete budget narrative, for a ramp-up period beginning July 1, 2016. This budget will be separate from the operational budget submitted for the first fiscal year. For example, if a bidder proposes a ramp-up budget to cover July 1, 2016 to September 30, 2016, then their operational budget for FY 16-17 will only include the time period of October 1, 2016 to June 30, 2017.

Q12. Request for clarification – are bidders to submit budgets for all five fiscal years of the contract?

A12. Bidders will be required to submit budget proposals, with complete budget narratives, for the first two fiscal years of the contract. For the three remaining years, bidders will only be required to submit total fiscal year amounts and will not need to include full budgets with complete budget narratives.

Q13. How will janitorial and security services be provided?

A13. These services are currently privatized and it is expected that they will continue to be so, with bidders including this cost in their cost proposals.

Q14. What is expected of the selected bidder in the Facility Use Agreement?

A14. The selected bidder will not be required to pay rent but will be required to cover the costs for water and sewage via charge backs by the County. Facility management will be provided by the County.

Q15. What is the nearest general acute care hospital?

A15. The nearest general acute care hospital is Community Regional Medical Center located at 2823 Fresno St., Fresno, CA 93721.

Q16. What hospital(s) does the current provider have a relationship with?

A16. The current provider has an agreement with this Community Regional Medical Center.

Q17. Does the contract include an increase in funding and/or services from the previous contract?

A17. With the addition of the operation of an Access Line, the contract will include an increase in services from the previous contract. Bidders are to propose budgets based on their actual costs for operating all three components of the contract at full capacity.

Q18. What are the required medications referenced on page 27, item 2?

A18. There is no list of required medications. It is expected that the selected vendor will, in consultation with its medical staff, have developed a policy regarding what medications (especially emergent medications) would be available at all times.

Q19. What are the current local resources for hospital diversion? i.e. crisis residential programs, supportive housing programs, homeless shelters, DBH services, community provider, etc.?

*A19. Current local resources can be found at the following link under "MHSA Program Summary Sheet" which was updated October 2015:
<http://www.co.fresno.ca.us/DepartmentPage.aspx?id=3244>*

Q20. What is the crisis stabilization denial rate referenced on page 39, item 6?

A20. The current vendor's denial rate is 0%.