



**Key Dates:**

- May 2, 2022: Pre-Proposal conference.
- May 19, 2022: Proposals due by 4:00pm local Arizona time
- May 30 – June 17, 2022: Oral presentations will be scheduled for contractors who meet minimum qualifications
- June 29, 2022: Notice of award will be made and posted to the pima county behavioral health website ([https://webcms.pima.gov/government/behavioral\\_health/](https://webcms.pima.gov/government/behavioral_health/))
- June 30, 2022 @ 4:30pm local Arizona time: Public bid opening will be held via Microsoft Teams meeting.

**Contractor Questions:**

1. Can we remove \$500,000 performance bond requirement?  
No. Contractors must be able to prove ability to secure a \$500,000 bond as a minimum qualification.
2. Is there a deadline for questions to be submitted?  
Questions may be submitted up to proposal due date; however, County may not answer questions submitted after May 9, 10 days prior to proposal close.
3. Can the deadline be extended two weeks?  
No, we will not extend the due date. Please submit proposals before 4pm AZ time on May 19, 2022. This timeline is based on timelines set forth by the County procurement department.
4. Do we intend to include juveniles in MAT programming?  
No, MAT programming will be for adult detainees only.
5. Overview of Restoration to Competency (RTC) program  
Pima County has an established RTC program that just celebrated its 15-year anniversary. County provides forensic educators and psychologists for competency evaluations. Contractor will provide clinical services only – a psychiatrist at .50 FTE is a minimum per the critical staffing worksheet, but additional staffing may be proposed. Average case load for the RTC program is about 30 individuals; a waitlist is created when cases reach above 35.
6. Does County prefer to stay with contracted pharmacy?  
County has no preference, but any costs related to transitioning pharmacies must be included in the pricing exhibit.
7. When are PPDs implanted—during intake or during the 14-day health assessment? Are PPDs implanted on all inmates or only as medically indicated?  
Pima County follows NCCHC standards.
8. Are there currently any unfilled positions?  
Yes, there are currently unfilled positions. Contractors are encouraged to propose staffing models that are appropriate for the population being served, but must, at a minimum provide



models that include the Critical Onsite Staffing positions outlined in Attachments 8 and 9 of the RFP. Contractors are encouraged to propose staffing in addition to the critical positions; however, it will not benefit contractors to propose staffing models that are higher than can feasibly be achieved, as they will be held to the staffing model submitted with the RFP response. Please note County holds quality of care above quantity of staff.

9. What types of groups [for Behavioral Health] are currently provided? Please indicate the number of times per week each group is provided.  
Mental health groups are determined by the vendor. The vendor determines frequency of groups.
10. Are discharge planning services required? If so, please provide specific requirements.  
Yes, discharge planning services are required. See NCCHC standards for specific requirements.
11. Please provide the following information for the past two (2) years:
  - a. Number of attempted suicides  
2020: 7  
2021: 11
  - b. Number of deaths by suicide  
2020: 1  
2021: 1
  - c. Number in restrictive housing  
This information was not tracked in the previous two years in the medical record.
  - d. Number of forced psychotropic medication events  
This information was not tracked in the previous two years.
  - e. Number of Psychiatrist visits per month  
Please see attachment 1 to Appendix VIV, PCADC Population and Services Summary.
  - f. Number of Mental Health Professional visits per month  
Please see attachment 1 to Appendix VIV, PCADC Population and Services Summary.
  - g. Number of mental health grievances per month  
Average number of patient grievances = 77
  - h. Number of episodes of seclusions per month  
0 for the last two years
12. During the past two (2) years, what is the average number of individuals receiving dialysis treatments? Less than five individuals over the past 2 years.
  - a. How much has been spent annually on dialysis over the past two (2) years?  
This is not tracked separately from other services provided offsite.
  - b. What are the average weekly number of treatments?  
This is not tracked separately from other services provided offsite.
  - c. Please identify the off-site dialysis provider.



Dialysis providers are determined by the medical vendor. Pima County does not have a contract for a dialysis provider.

13. Are there currently any specialty clinics being conducted on site? If so please identify Provider name and contact information and Frequency of clinic.

OB/GYN and optometry clinics are currently being conducted on site. Provider and clinic frequency is determined by the vendor.

14. Please provide statistical data for the past two (2) years by facility (PCADC and/or PCJDC) regarding on-site services, including but not limited to:

a. Bookings

As of April, 2022 there were 3,175 active adult inmates at PCADC, and 67 active juvenile detainees at PCJDC. Please see Attachment 1: PCADC Population and Services Summary and Attachment 2, PCJDC Population to Appendix VIV for average daily populations.

b. Intakes

PCADC: Average 1399 per month

PCJDC: Average 33 per month

c. Physician sick call

Please see Attachment 1: PCADC Population and Services Summary and Attachment 2, PCJDC Population to Appendix VIV for total # Sick Nurse Call encounters.

d. 14 Day H&P - Inmate physicals

Please see Attachment 1: PCADC Population and Services Summary and Attachment 2, PCJDC Population to Appendix VIV for total # 14 day medical physical intake exams (7 days for juveniles).

e. Number of chronic care visits by type

Chronic care visits are not tracked by type. Please see Attachment 1: PCADC Population and Services Summary and Attachment 2, PCJDC Population to Appendix VIV for the number of chronic care encounters.

f. Number of on-site clinic visits by type (e.g., OB/GYN, orthopedics, ophthalmology, cardiology, etc.)

Youth detained at the PCJDC are sent off-site for specialty clinic visits. Please see Attachment 1: PCADC Population and Services Summary to review services provided onsite.

15. Please provide the number of Back-logs for year-to-date 2022 for Nursing sick call, Physician sick call, 14 Day H&P.

0

16. The existing contract specifies financial consequences for not meeting defined business requirements. Please provide each requirement that the incumbent is not meeting the threshold and at what percent.



On average, incumbent is meeting thresholds for business requirements.

17. Has the current contractor been assessed any cost for not meeting thresholds?

Yes.

18. How long does the average med pass take to complete?

Depends on staffing and patient population.

19. Please provide the Average number of inmates with diabetes each month

11

20. Please provide average number of patients receiving MAT services for last 2 years.

Approximately 1,000 individuals have received MAT since the program began in 2019; however, initially only pregnant women and those who were inducted into MAT in the community before detention received MAT services. This number is anticipated to increase with expansion of MAT programming to all individuals undergoing CIWA/COWS protocols.

a. Do you work with a community provider/local clinic to provide methadone?

No; Pima County has obtained DEA licensure to provide MAT on site at the PCADC through the medical vendor.

b. If so, please provide their name and contact information.

N/A

c. Do you have grant funding for MAT?

No.

21. Please identify the facility's Jail Management System (JMS). [Spillman](#).

a. Will direct access to the JMS be available on the clinical computers?

No, clinical computers will have direct access to the County-owned electronic health record only. The electronic health record has an interface with the JMS which updates information in the EHR, but Contractors will not receive direct access to the Jail Management System.

b. If so, what are the requirements (installation, network, accounts)?

N/A

c. Does the County or current Contractor provide any wireless connectivity/access to medical?

Contractor has control of whether employees have wireless vs. LAN line access

22. What internet circuits will be available to the Contractor? 1. Dedicated circuit? Or delivered through County's network?

Internet circuits may be delivered through County's network or provided by the Contractor.

23. Does the current Contractor provide time clocks?

Yes.



24. Are the clinical computers currently managed on the County's Windows domain, the Contractor's Windows domain, or in a Windows workgroup (unmanaged)?  
[Contractor's Domain.](#)
25. Regarding clarification on the Vendor's responsibility for the RTC program. We now understand that the Vendor is responsible only to provide a clinician. For clarification, does clinician refer to a Psychiatrist? If not, can you tell us what specific licensure / qualifications are being requested? Is this a full time (40 hour per week) position? If not, can you specify the amount of hours required each week?  
[Please refer to the critical staffing attachment, which directs a psychiatrist to be hired at .50 FTE, or 16-20 hours per week depending on census.](#)
26. The current contract seems to indicate that there is an option to extend the current contract for up to 2 separate 2 year extensions. Can you tell us why the County did not extend?  
[The County Board of Supervisors directed the department to go out for competitive proposal after 12-months.](#)
27. Are automated dispensing machines used in any capacity at either facility for medication dispensing, release medications, or starter dosing? If so, please provide details on how these machines are incorporated into your current pharmacy program.  
[Yes. The pharmacy at PCADC/PCJDC is contracted with the current medical vendor, not Pima County. Details of the pharmacy program belong to the current medical vendor and their pharmacy.](#)
28. How many medications or what percentage of medications are distributed as stock? Do you receive stock in 30-count blister cards? Or, is all stock received in manufacturers' bulk bottles?  
[The pharmacy at PCADC/PCJDC is contracted with the current medical vendor, not Pima County. Details of the pharmacy program belong to the current medical vendor and their pharmacy.](#)
29. Does Pima County currently have a MAT program in place or does Pima County require the awarded vendor to implement a MAT program using the requirements in Section 4.1.5?  
[Pima County will require the vendor to abide by requirements in Section 4.1.5 as well as NCCHC and DEA standards for Opioid Treatment Programs.](#)
30. What is the name of the current barcode electronic order reconciliation and medication return management system that is provided by your medical or pharmacy vendor?  
[This information is not owned by Pima County, it is owned by the pharmaceutical vendor contracted with the current medical vendor.](#)
31. What is the name of the current online reporting dashboard used by facility and county personnel to access meaningful and accurate reporting 24/7/365 that is provided by your medical vendor?  
[Pima County Behavioral Health owns its own Electronic Medical Record, TechCare. Contractors are required to use the County's electronic medical record.](#)



32. Is Pima County an Arizona \$AVE participant, MMCAP Member Facility with access to MMCAP Contract MMS17017, or any other Cooperative Procurement Organizations for correctional prescription dispensing services? **No, Pima County Behavioral Health is not a pharmacy. Medical vendors must have their own pharmacy or contract with a pharmacy to ensure provision of pharmaceuticals.**
33. If so, would Pima County consider accessing one of these cooperative procurement contracts (which have already been competitively solicited) and accessible to Pima County in order to meet your current medication dispensing and pharmacy program management needs? **No, Pima County Behavioral Health is not a pharmacy. Provision of pharmaceuticals will be the responsibility of the medical vendor.**
34. If so, would you permit an informational response for pharmacy services from pharmacy providers with correctional pharmacy experience and expertise? **No, this RFP is for medical, dental, and behavioral health care. Pima County has no intention to contract directly with a pharmacy.**
35. What covered entity is Pima County currently working with regarding access to 340B pricing for your STD, HIV, and Hepatitis C medications? **Pima County Behavioral Health is not a pharmacy. The medical vendor will provide medications, and may contract with a pharmacy to do so.**
36. Pg. 46, Appendix VII: Sample Contract Articles, Section 24.2 - Records Marked Confidential; Notice and Protective Order a. What provision of the Arizona Revised Statutes requires the County to release records objectively marked as "CONFIDENTIAL" following notice of ten (10) business days, after a public-records request, if Contractor does not secure an Order from a court enjoining the release before the expiration of the ten (10) day period? **A.R.S. § 39-121 et seq. Knowledge of Arizona statutes will affect scoring.**
37. Attachment A1-1 and A2-1: Performance Indicators: How much in performance indicator paybacks/penalties has the current vendor and past vendor been assessed in each of the past 2 years? **The current vendor has been assessed for \$4,000.00 in liquidated damages for not meeting minimum performance indicators.**
38. Multiple performance indicators have a frequency of bi-monthly. Does this indicate offerors could incur financial consequences twice per month or every other month? **Audits occur monthly; Bi-monthly performance indicators are assessed every other month.**
39. 3. Attachment A1-4 and A2-4: Quality of Care Indicators a. How much in quality indicator paybacks/penalties has the current vendor and past vendor been assessed in each of the past 2 years?



Quality of Care indicators are an incentive offered to the Contractor for providing quality service, not a penalty or payback. This is a new mechanism to encourage Contractors to provide service above and beyond the minimum, and has not been included in previous contracts.

40. What is your current vacancy percentage compared to contract FTEs?  
N/A. Vendors are encouraged to use their own judgement for staffing models and should not base responses on previous or current contracts.
41. 5. Page 148, Exhibit B, section 13 a. Are HIV medications considered to be outlier medications subject to the \$25,000 limit?  
No.
42. 6. Page 148, Exhibit B: Attachment 5 and 6 a. How many times and by how much on an annual basis have the outlier pharmaceutical and offsite expenditures exceeded the \$25,000 threshold respectively?  
0 times within the last two years.
43. Page 149, Exhibit B: Section 14.2 a. Are the costs of inpatient stays paid by AHCCCS directly?  
No. Costs of inpatient stays are paid by the County since the County participates in the Federal Financial Program; AHCCCS pays 2/3 of all costs. The County then passes those savings on to the Contractor, and charges a third of the overall cost. This translates to extensive savings for the Contractor.
44. Attachment B1-1 a. What specific costs are the county requesting be included in lines Detoxification Services and 7 – MAT Services? Should staffing associated with MAT/detox not be included in line item 1 for each year and Total columns?  
Staffing should be included in the staffing column. Detox and MAT line items should include elements other than staffing that are required for service delivery (pharmaceuticals, equipment, etc.). Specific costs and activities should be guided by Contractor's expertise related to delivering these services.
45. b. There are no numbers identifying the lines for Medications and Pharmaceutical Services, Start Up Costs, IT Costs, and Detoxification services - should these lines be completed with the associated costs?  
Yes. These are suggested line items.
46. Should Detoxification Services costs be included in Year 1, 2, 3, and Totals? There is no box designation for these costs.  
Yes.
47. Appendix VI - Appendix VI states vendors must complete Worksheets 1-7 and the pages following the Appendix are titled Attachments 1-7 with similar subtitles. a. Please confirm these are one in the same. If not, please provide Worksheets 1-7.  
They are the same.



48. Exhibit B: Both sections seem to reference similar sheets with different names (App. VI references Worksheets 1-7 and Exhibit B references B1-1, B1-5, B2-1, B2-5, B3-1, A1-3, A2-3, etc.) Please confirm the following the corresponding forms associated with each shown below are the same form:

App VI, Worksheet 1: Att. 1 – PCADC Pricing Proposal vs. Exhibit B, B1-1 Pricing: PCADC  
Worksheet 2: Att. 2 – PCJDC Pricing Proposal vs. Exhibit B, B2-1 Pricing: PCJDC  
Worksheet 3: Att. 3 – Pricing Proposal for Psychological Services vs. Exhibit B, B3-1 Pricing: Psychological Services for the PCSD  
Worksheet 6: Att. 6 – PCADC Summary Schedule of Staffing Costs vs. Exhibit B, B1-5 Summary Schedule of Staffing Costs – PCADC  
Worksheet 7: Att. 7 PCJDC Summary Schedule of Staffing Costs vs. Exhibit B, B2-5 Summary Schedule of Staffing Costs – PCJDC  
Appendix VI: Attachments A1-3 a. Please confirm Appendix VI Worksheet 4: PCADC Onsite Staffing Commitment is the same as Attachment 1-3: Contractor Onsite Staffing Commitment.  
Appendix VI: Attachment A2-3 a. Please confirm Appendix VI Worksheet 5: PCJDC Onsite Staffing Commitment is the same as Attachment 2-3: Contracted Onsite Staffing Commitment - PCJDC.  
[The Attachments in Appendix VII: Contract Articles are included to show contractors how their responses will be incorporated into the contract; the worksheets required as a response to the RFP will become the attachments in Appendix VII upon award, which is why they look similar.](#)

49. Please confirm that all dialysis services, whether provided offsite or onsite, would be subject to the \$25,000 threshold.

[Any episode of care costing more than \\$25,000 per episode is subject to the \\$25,000 threshold.](#)

50. 13. Appendix VIV: Attachment 5 a. Please confirm the amounts shown are total expenditures and not just the portion under the \$25,000 threshold.

[These are total expenditures.](#)

51. 14. Appendix VIV: Attachment 6 a. Please confirm the amounts shown are total expenditures and not just the portion under the \$25,000 threshold.

[These are total expenditures.](#)

52. b. What offsite or onsite specialty costs are not included in the amounts provided in Attachment 6: Summary of Offsite Services Costs?

[All costs are included.](#)

53. Are all costs associated with all services listed in Exhibit B Sections 14.2.1, 14.2.2, 14.2.3, and 14.2.4 included in Attachment 6: Summary of Offsite Services Costs?

[Yes.](#)

54. Is the dental X-ray equipment film or digital?

[Film.](#)





55. Would the County be willing to substitute a Dental Assistant for a Dental Hygienist?  
No. Dental Assistants cannot accomplish the same tasks as Dental Hygienists.
56. What is the average number of inmates in the INVEST program per month for the last 2 years?  
N/A. The INVEST program is a new program that began enrolling clients in June 2021.
57. Will the current EHR allow for new interfaces to systems used by a new vendor? If so, who will be responsible for the cost of the new interfaces?  
Yes. Contractor is responsible for the cost of new interfaces.
58. Appendix VI: Pricing and Staffing Proposals a. Please provide clarity on what information should be included on Attachment 4 – Proposed Contracted Onsite Staffing Commitment - PCADC vs. Attachment 8 – Critical Onsite Staffing Commitment – PCADC.  
“Proposed Contracted Onsite Staffing Commitment” is the Contractor proposed staffing and is required to be provided as part of the RFP response; the Critical Onsite Staffing attachment should not be included as part of proposal response, it is provided as a reference to guide contractor proposals.
59. Please provide clarity on what information should be included on Attachment 5 – Proposed Contracted Onsite Staffing Commitment - PCJDC vs. Attachment 9 – Critical Onsite Staffing Commitment – PCJDC.  
See answer above.
60. Can Pima County please provide a two-month report for February 2022 and March 2022 with actual pharmacy utilization data of all medications dispensed (and patient names redacted) as an addendum to the RFP?  
A two-month aggregate report is included as an addendum to the RFP and posted on the Behavioral Health website.
61. In Section 3, General Specifications & Deviations, on page 3 of the RFP, it states that “Offerors must submit deviation requests to County in the form set forth in Appendix VII: Deviation Requests.” However, we do not see this form in the RFP document. Please provide or clarify how Offerors should submit any deviation requests.  
A deviation request form has been created and is included as Appendix VIII in Addendum 1 to the RFP, posted on the Behavioral Health Website.
62. Appendix IV: Litigation and Judgments (p.16): Will the County accept a PDF of the litigation list that includes all required information in lieu of retyping the template form with this information?  
No. All proposals must use the forms contained in the RFP package.
63. Appendix III: Client Listing Form (p.15): Will the County accept an established client list that includes all required information in lieu of retyping the template form with this information? As a large company our client list includes approximately 300 entries.  
No. Follow the instructions in the RFP.



64. RFP at p. 41, Professional Services Contract, Sec. 6.7 (Invoice Adjustments) – AND- Exhibit B: Pricing and Compensation, Part 1: Terms and Conditions Applicable to Pricing and Compensation, Sec. 11.1.2, RFP at p. 147: Would the County be agreeable to the selection of a reviewer (agreed to by the parties) the expense of which shall be equally shared by the Parties? [Requests for changes to contract language should be submitted as a deviation request per section 6.](#)
65. How many patients are currently identified on the MH caseload? Specifically identified as SMI? [As of April 2022, Mental Health caseload is 372, with 169 having SMI designation.](#)
66. In an average month, how many patients arrive to booking with a petition under Title 36? [In April 2022 18 patients arrived to booking with a Title 36 petition.](#)
67. In an average month, how many patients require a petition under Title 36 after booking? Are the 2 evaluations associated with Title 36 that are required in the RFP to be completed by the contractor or a Court appointed evaluator? [In April 2022, 9 patients underwent a Title 36 petition after booking. Contractors will be required to provide 2 physician evaluations for petitioned patients in their care within the statute time frames, even if a petition was initiated by a community provider.](#)
68. On average, how many patients do you anticipate being enrolled each month in the INVEST program? How many patients have been enrolled since June 2021? [There are approximately 100 patients currently enrolled in this pilot program. Contractors will be expected to deliver the same level of care to these individuals as they do for all patients. A meaningful monthly average cannot be projected as enrollment varies based on multiple factors outside of County's control.](#)
69. Please confirm vendors are to email 3 days prior to submission date, to Molly Hilber via email, the Deviations Appendix VII or can these be submitted with the proposal? [Deviation Requests must be submitted at least three business days prior to the initial solicitation due date.](#)
70. Please confirm the minimum RN staffing required for the MAT program is 24/7 coverage. [The minimum RN staffing is 1.0 FTE.](#)
71. On Appendix III, Client Listing Form, there is a blank for “Healthcare Licenses Held.” Can you clarify what type of information the County is looking for here? [Examples of healthcare licenses would include DEA licensure to provide opioid treatment programming, licensure to operate an Outpatient Treatment Center, and/or licensure to provide inpatient treatment, if applicable. If Contractor facility has accreditation in lieu of licensure, list N/A under Healthcare Licenses and list accreditations in the “Accreditations Held” section.](#)