



**MARYLAND**  
DEPARTMENT OF  
BUDGET & MANAGEMENT

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Deputy Secretary

**QUESTIONS AND RESPONSES # 4**  
**PROJECT NO. Q001002014**  
**Department of Public Safety and Correctional Services**  
**Inmate Mental Health Care Services**  
**February 7, 2012**

Ladies/Gentlemen:

This List of Questions and Responses #4, questions #158 through #168, is being issued to clarify certain information contained in the above named RFP.

**The statements and interpretations of contract requirements, which are stated in the following questions of potential Offerors, are not binding on the State, unless the State expressly amends the RFP. Nothing in the State's responses to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the vendor asking the question as to what the contract does or does not require.**

Please note the caveats in the above bolded sentences applies to statements and interpretations of Offerors included in questions from potential Offerors. These caveats do not apply to the answers provided by DPSCS in response to questions. It is fully intended that potential Offerors can and should rely upon all answers provided by DPSCS for submitting their Technical and Financial Proposals. Moreover, DPSCS will use these answers both in evaluating Offerors proposal responses and in monitoring the performance of the selected Offeror.

**158. NOTE: The below response includes information in addition to what was previously answered in Question & Responses #3, Item #138. Please provide a list of mental health care statistics by site for each of the past three years that includes the number of:**

- a. Routine sick call encounters – 5265 (6 months data\*)
- b. Urgent sick call encounters – 594 (6 months data\*)
- c. Chronic care clinic encounters – Average of 4246 ++
- d. Crisis interventions - none
- e. Special confinement rounds - 121,135 rounds in a 6 month period\*
- f. Emergent IMMS referrals – IMMS referrals are conducted by the Medical Contractor and not currently broken down by Emergent, Urgent or Routine.
- g. Urgent IMMS referrals – see f above
- h. Routine IMMS referrals – see f above
- i. Suicide/homicide risk assessment screenings - 28786 for calendar year 2011
- j. Mental health 7 day intake exams – 12818 for calendar year 2011.
- k. Referrals to the Patuxent Assessment Unit – 371 for calendar year 2011

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- l. IMHTU Referrals*
- m. IMHTU patient days*
- n. Medication orders – (psychiatric medication fills): FY 2009; 129,949, FY2010; 171,450, FY2011; 206,736*
- o. Average number of daily medications administered by mental health staff – the administration of medications has not previously been the responsibility of the Mental Health Contractor and therefore no statistics are available*
- p. Lab orders – see response to Questions and Response#1, Question #4*
- q. Inmate grievances – typically 5-10 per month related to mental health services.*
- r. Completed suicides FY09 – 9, FY10 – 7, FY11 – 4.*
- s. Suicide attempts – 14 attempts for calendar year 2011*
- t. State mental health facility/hospital referrals 5 total since 2010*
- u. Off-site specialty or hospital care referrals - none*

- \* DPSCS has revamped its data gathering procedures and is providing the most recent 6 months of data for extrapolation as to the number of occurrences of these activities for several years into the past and future. The historical reference provided is not to be construed as a guarantee or an indication of what may occur under the duration of the Contract.

++ Based on this information, the Department has revised Attachment F – Price Proposal Form as Item #1 in Amendment #4 to increase the estimated Daily Population to reflect this increase from previous estimates.

**RESPONSE:** See above. Statistics for items *l* and *m* above are not available from the Department. Unless otherwise stated, three years of statistics is not available.

159. Section 3.41.2 (p.81). Please provide a copy of the Department's Emergency Preparedness Plan and/or COOP plan, as well as the same for MCAC, Patuxent, BCDC (Including WDC) and MCI-W insofar as those plans relate to Federal inmates with mental health issues (MCAC) and acute mental health units (Patuxent, MCI-W, BCDC, WDC).

**RESPONSE:** Under State Govt. Article, § 10-618(j), dealing with Access to Public Records, inspection of the following types of public records may be denied if disclosure would be contrary to the public interest:

1. Response plans or procedures prepared to prevent or respond to emergency situations, the disclosure of which would reveal vulnerability assessments, specific tactics, specific emergency procedures, or specific security procedures
2. Building plans, schematic drawings, etc. for facilities, the disclosure of which would reveal internal layout; life, safety and support systems; surveillance techniques; alarm or security systems: personnel deployments; etc.
3. Records prepared to respond to emergency situations identifying capabilities of individual medical facilities, pharmaceutical caches, etc.

Since the emergency or continuation of operations plans being requested are the types of public records for which disclosure may be denied, under authority of State Govt. Article, § 10-618(j) the Department declines to provide these plans.

160. *For this contract, is the Contractor responsible for providing both psychology and psychiatry services, or only providing psychiatry services?*

**RESPONSE:** Per the RFP, the Contractor is to provide Mental Health Care Services which includes, but is not limited to psychiatry services. The Contractor provides both psychology and psychiatry services in the IMHTUs. Other than in IMHTUs, psychology services in the institutions are provided by State employees. With the below exception, psychiatry services in the institutions are provided by the Contractor. The only State Psychiatrist, located at Patuxent, provides psychiatric services exclusively to the programs run by the Patuxent Institution; specifically the Eligible Persons Program and the Youthful Offender Program. The Contractor will not have any responsibilities in these Patuxent specific programs. See Amendment #4, Item #11.

161. *If the Contractor is responsible for providing psychology services, which, if any, of the psychology staff (including psychologists) will be employed by the Contractor and which will be employed by the State? (Please list by site, position, and number of FTEs.)*

**RESPONSE:** For the list of State Psychologists by location, please refer to Question & Responses #2, Item #111. The Offeror should review Revised (01/27/2012) Attachment O issued with Amendment #3 for the suggested Staffing Matrix of Mental Health Professionals by location and respond accordingly. The Offeror is free to suggest a different Staffing Matrix in its Technical Proposal and it will be evaluated by the Department.

162. *Which mental health professionals and which social worker staff will be employed by the Contractor and which will be employed by the State? (Please list by site, position, and number of FTEs.)*

**RESPONSE:** Again, please review Revised (01/27/2012) Attachment O issued with Amendment #3 for the Contractor's suggested Staffing Matrix for Mental Health Professionals which include Social Workers LCSW-C. All Mental Health Professionals and Social Workers within the Institutions other than IMHTUs, are State Employees.

163. *If the psychologists will continue as State employees, but the Contractor is responsible for provision of psychology as well as psychiatric services, what are the State's expectations for how the Contractor should direct State employees in the provision of psychology services?*

**RESPONSE:** As stated above the vendor is responsible for psychological/psychiatric services in the IMHTU, and psychiatric services in all other Department locations, except as provided in Section 3.25.5 (See Amendment #4, Item #4). The vendor is expected to work in a colleague type relationship with the State Mental Health Professionals

164. The Department rescinds its answer to Question & Responses #3, Item #157 and has revised Attachment Q – Liquidated Damages to reflect that the "\$50, each missed element on audited patient charts" will be a \$50 Liquidated Damage for each assessment that is incomplete or omitted rather than a \$50 Liquidated Damage for each missing element of the assessment. Liquidated Damages will also be assessed if the suicide/homicide risk assessment isn't completed within 24 hours of entry into any DPSCS facility or not entered into the Inmate's EHR within 24 hours after completion of the assessment and will also be assessed if a Seven

(7) Day Intake Exam is not completed within seven (7) days of Intake or not entered into the Inmate's EHR within 24 hours after completion of the Exam. In addition, Section 3.8.1 of the Liquidated Damages Chart has been amended to reflect that there will be \$100 assessed for each incomplete Credentialing File rather than \$100 assessment per credential item missing in the Credentialing File. See Amendment #4, Item #5 for the Revised Attachment Q – Liquidated Damages Table.

165. The Department revises its answer to Question & Responses #1, Item #59(a) to reflect the new approximation of 4,200 Inmates having at least one diagnosable Mental Illness, Question & Responses #2, Item 103(a) to reflect the new estimation of approximately 4,200 Inmates diagnosed as having a Mental Illness and Question and Responses #3, Item #155 as the new Average Daily Population for Calendar Years 1, 2 and 3 to be 4,200, 4,300, and 4,400 respectively.

166. *Are any doctoral level psychology services currently being provided in the BCDC IMHU units?*

RESPONSE: No. There is not doctoral level psychology services provided in the BCDC IMHU.

167. *If so, are they provided by the state or by the mental health services contractor?*

RESPONSE: See response to Question #166 above.

168. Based on Amendment #4, Item #6, the State is re-responding to Question #108 issued with Question & Responses #2 and Question #141 issued with Question & Responses #3:

*108. Section 2.1 Minimum Corporate Qualifications, page 24: Can the Department confirm that it is correct to interpret the meaning of the four bullets contained in this section of the RFP cumulatively instead of individually? In other words, to qualify, the Offeror must have at least three (3) years experience in the delivery of correctional mental health care within a correctional system with at least six different correctional institutional locations, and not less than 10,000 inmates for all locations, and at least one institution with 1,500 inmates?*

**REVISED RESPONSE:** See Amendment #4, Item #6, “bullet #2” For a cumulative total of at least 10,000 prisoners at least eighteen (18) years of age, without regard to how many of these prisoners actually require chronic or acute mental health treatment or care. This total of 10,000 prisoners can be achieved through any combination of the population of prisons or jails in the United States or Canada, whether through providing such services to one or more Correctional Systems as defined above, and/or aggregating the prison populations of one or more Correctional Systems and/or the prison or jail populations of any number of governments in the United States or Canada with less than six (6) prison/jail locations, including a single location.

*141. RFP section 2.1, 3<sup>rd</sup> bullet: Please confirm that managing at least 10,000 inmates across all company locations meets this requirement.*

**REVISED RESPONSE:** see revised response above for Question #108/168.

**Remember proposals are due on February 15, 2012 (per Amendment #4, Item #7 & #8) no later than 2:00 p.m.** If there are questions concerning this solicitation, please contact me via e-mail at [ptracey@dbm.state.md.us](mailto:ptracey@dbm.state.md.us) or call me at (410) 260-7918 as soon as possible.

Date Issued: 02/07/2012

By:

Patti Tracey  
Procurement Officer