
SECTION 3 SOLICITATION SPECIFICATIONS

P25120-11 Behavioral Health Care Center Services



OKLAHOMA COUNTY BOARD OF COUNTY COMMISSIONERS

P25120-11
Behavioral Health Care Center Services

DRAFT
REQUEST FOR PROPOSAL

SECTION 1 - SUMMARY:

The Board of County Commissioners for Oklahoma County are seeking qualified vendors to provide behavioral health services at the new Oklahoma County Behavioral Care Center (BCC) once construction is complete in coordination with the Oklahoma County Detention Center.

The Behavioral Care Center will house residents participating in a licensed, adult residential, mental health treatment program. The program will provide an alternative to incarceration for individuals charged with misdemeanor offenses. Services will be designed to provide comprehensive treatment services to individuals who have a mental illness and/or substance use disorder. Traditional residents must be able and willing to consent to treatment.

The Behavioral Care Services provider will work closely with Oklahoma County Sheriff's Office staff, Detention Center staff, District Attorney and Public Defender's staff to determine who is appropriate for admission to, and discharge from, the residential program.

The Oklahoma County Detention Center currently houses approximately 1500 inmates at one location from multiple jurisdictions. The BCC will have a capacity of 60 beds. The New Behavioral Care Center is expected to be completed on or before December 2026 and will be located at SE 22nd and Grand Boulevard in Oklahoma City.

Behavioral Health Services to be provided include, but are not limited to, psychiatric services, psychological services, substance abuse treatment services, case management services, therapeutic recreational activity services and pharmaceutical responsibilities, including coordination of pharmacy services. The Contractor shall provide supplies, equipment, support services, and select staffing, including physicians who are board certified or board eligible in psychiatry, nurses, behavioral health services administrators, and other support staff as needed.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

SECTION 2 – PROCEDURAL GUIDELINES/PROJECT DESCRIPTION:

The Behavioral Care Center program should be designed to provide comprehensive treatment services to individuals who have a mental illness and/or substance use disorder. The primary goals of the program should include, but not be limited to:

- Increasing residents' awareness and understanding of their specific mental health and/or substance use disorders to enhance their ability to cope with them;
- Providing treatment and support that are individualized to meet resident's needs, including psychotropic medications when applicable;
- Improving quality of care by providing and supporting integrated treatment;
- Reducing stigma among residents by providing information in a group setting, as well as individual sessions as needed;
- Proactively engaging clients in the development of their recovery plans;
- Providing comprehensive re-entry/discharge planning, to include medication, healthcare, employment, housing and social supports.

Clinical programming should comprise a variety of evidence-based, trauma-informed interventions and curriculum for residents and others designated for participation by the courts and/or previously mentioned personnel from multiple Court/Law Enforcement Offices. The Behavioral Care Services provider will serve as the primary decision-making entity within the unit, while respecting correctional considerations inherent in operating a facility that is part of a larger system. The Behavioral Care Services provider will be utilized to provide clinical oversight and direction for the unit. A psychiatrist and mental health nurse practitioner, provided by a service provider, will provide clinical support, along with a team of other mental health and medical providers. Behavioral health technicians should be assigned to the unit 24 hours a day, 7 days a week, and provide feedback to the overall treatment team about individual residents as needed.

Residents may experience short lengths of stay, 7 days or less, or may stay up to 30 days. The Behavioral Care Center Services team should attempt to stabilize residents and transition them into community-based care as soon as clinically indicated.

Services within the Behavioral Care Center will include, but are not limited to:

- Intake screening and diagnostic evaluation:
- Crisis Management.
- Psychiatric evaluation.
- medication-assisted treatment (MAT).
- Group treatment.
- Individual treatment.
- Substance use treatment.
- Recreational activities.
- Dis-charge planning services ;

- Treatment team reviews and,
- Continuous quality improvement (CQI) and program evaluation.

Anticipated treatment will include, but not limited to:

- Schizoaffective Disorder
- Unspecified Psychosis
- Mood and Anxiety Disorder
- Major Depressive Disorder
- Generalized Anxiety Disorder
- Post-Traumatic Stress Disorder
- Substance Use Disorder
- Autism Spectrum Disorder
- Attention-Deficit Hyperactivity Disorder
- Bulimia Nervosa
- Oppositional Defiant Disorder
- Impulse Control Disorder
- Personality Disorder
- Adjustment Disorder

Eligibility for Residents

Designated Behavioral Care Services personnel will use program criteria to evaluate an arrestee to determine eligibility. Medical personnel perform intake medical screenings on newly admitted arrestees. If medical personnel determine the arrestee does not have the medical capacity to participate, the arrestee is no longer deemed eligible. Arrestees who are under the influence of an intoxicant or controlled substance undergo a detoxification period. Personnel will complete an initial mental health evaluation on newly admitted arrestees, including administering the Behavioral Care Services admission assessment tools.

Eligibility criteria should include:

- Mental health or substance use diagnosis
- Misdemeanor charges
- Acuity level low enough to actively participate in treatment programming

If deemed eligible, Behavioral Care Services personnel will add the potential resident to the referral list and forward relevant eligibility information to the reviewing authorities. Personnel from specialty courts and probation may also contact the reviewing authorities to refer individuals to the program.

If it is determined the arrestee is qualified to enter the program and he is still in custody at the time of the next Behavioral Care Services special review, representatives from the DA's and PD's offices discuss the program with the inmate at the review. If arrestee verbally agrees to participate, a mental health counselor then reviews the "Residents Rights and Responsibilities" agreement with arrestee. If an arrestee agrees to participate, they will sign the form acknowledging agreement. The counselor will sign as a witness and provide a copy to the arrestee.

Behavioral Care Services eligible individuals must be booked into jail on the arrest, the criminal misdemeanor charges will remain in a pending status. A key component of the program is that it is an

agreement to complete treatment in exchange for dismissal of charges and expungement of arrest. The arrestee will sign a "Resident Agreement" acknowledging that upon successful completion of the Behavioral Care Services program, his criminal charges will be nolle, and an expungement order will be processed.

Admission Process

After an arrestee completes the necessary paperwork, the arrestee becomes a resident and transfers to the Behavioral Care Center where personnel will begin the admission process. The resident will "dress out" into an assigned uniform and the personnel will issue all necessary clothing, hygiene items, and resident handbook. Personnel will escort the resident to the assigned housing unit and review general rules with the new resident.

Personnel will notify the Behavioral Care Services medical personnel of the new admission. Medical personnel review the initial medical screening to determine if the resident has immediate medical needs, and schedule the resident for a comprehensive health assessment, or physical.

Within 24 hours of the resident's admission to the Behavioral Care Center, mental health personnel review the initial mental health screening and complete additional screenings as indicated, which may include:

- Adverse Childhood Experiences (ACE's screening tool).
- PTSD Symptom Scale.
- Beck Depression Inventory
- Columbia Suicide Severity Rating Scale – Full Version
- Trauma Symptom Inventory

Mental health personnel determine whether there is a need to request outside records and complete a "Release of Information" form for the resident to sign as needed in order to obtain records.

Unit Orientation

AS soon as reasonably possible after arrival at the Behavioral Care Center, the residents will meet with mental health personnel for orientation to the unit.

Orientation will consist of both verbal and written descriptions of the Behavioral Care Center mission, the unit schedule, and expectations related to participating in treatment and following program rules and regulations. During this meeting, mental health personnel give the resident the preliminary weekly schedule for group and individual treatment sessions, along with times for recreation and free time. Personnel introduce the residents to other personnel and residents and provide a tour of the unit.

Assessment and Programming

The Behavioral Care Center Services team will use the information from both mental health screenings, along with referral documentation, to develop a preliminary treatment plan, and forward the plan to the psychiatrist/mental health nurse practitioner assigned to the case for review and input. The treatment team discusses the initial treatment plan at the next scheduled team meeting, and makes modifications as clinically indicated.

The psychiatrist or mental health nurse practitioner evaluates each resident newly admitted to the unit within 48 hours of admission, or sooner if urgent circumstances are present. When an admission occurs

after regular business hours or on a weekend, the psychiatrist/mental health nurse practitioner meets with the client on the next business day. Personnel contact the on-call psychiatrist/mental health nurse practitioner for on-call crisis consultation if needed. The psychiatrist/mental health nurse practitioner reviews the treatment plan and makes any edits or additions as needed.

Personnel provide each resident with a schedule for both group and individual treatment sessions, per support, and dedicated time devoted to discharge planning.

Treatment Team

The treatment team includes the mental health program manager, the mental health nurse practitioner, and other mental health or medical personnel. The team will meet twice per week to review the resident's progress toward the treatment plan goals, general behavior, any areas of concern, and discharge planning efforts.

The team makes modifications to a resident's treatment plan as clinically indicated based on progress or lack of progress toward plan goals. Mental health personnel discuss any modifications to a treatment plan with the residents.

Treatment Refusals

The program offered at the Behavioral Care Center is voluntary, and residents have a right to refuse any form of treatment offered. If the resident refuses programming or medication, personnel meet with the resident to determine the reason for the refusal and work with the resident to increase compliance. If the resident continues to refuse, the mental health program manager calls a special staffing, which is a meeting to determine if the resident should continue in, or be discharged from, the program.

Normal Facility Operational Practices

Will be provided upon award

Recreation

Residents should receive programming that gives them the ability to work on their wellness and fitness. Throughout the day, residents have time for individual recreation, allowing them the ability to work on self-care.

Discharge from the Program

Residents can be discharged from the program due to:

- A recommendation from the treatment team that the resident has stabilized, has made progress on initial treatment goals, and a continuation of treatment in the community is clinically indicated
- A completion of a sentence
- The resident refused to participate in treatment as outlined above,
- Inappropriate, disrespectful, and/or disruptive behavior.

If discharge from the program is indicated but the individual will remain in custody, the mental health program manager notifies the Behavioral Care Center Director and/or Designee that the resident is no longer in the program and needs to be transferred to the main processing facility to return to an inmate status. The mental health program manager also makes the necessary notifications to the DA's and PD's offices and/or to other court personnel.

Oklahoma County follows traditional court determinations of disposition for residents who do not qualify as residents for the Behavioral Care Center.

If the resident is discharged from the program and released from custody, a representative from the DA's Office initiates the release on the resident's pending charges. A representative from the PD's office delivers the release to the clerk's office personnel who generate a release as outlined above and sends it to the releasing division.

Discharge Planning

Mental health personnel create discharge planning in conjunction with the discharge planner.

A discharge planner forwards the discharge summary form to the mental health program manager for review and approval. The discharge planner reviews the summary with the resident and sends a copy to the community-based agency that the client is scheduled to follow up with upon discharge.

The discharge planner notifies medical personnel of the resident's pending discharge and requests discharge medications or prescriptions, if applicable. If safe to do so, medical personnel provide up to a 30-day supply of medications upon release.

The discharge planner obtains correct contact information for the residents. The planner contacts the former resident via phone within 24 hours of discharge, and again 30 and 60 days from discharge.

Personnel will document all discharge planning activities in the resident's electronic medical record.

Program Effectiveness

Behavioral Care Center personnel monitor program effectiveness and resident outcome data using a variety of measures developed as part of the CQI program. The mental health program manager ensures all aspects of the CQI program are carried out.

SECTION 3 – REQUEST FOR PROPOSAL REQUIREMENTS:

Respondents shall carefully read the information contained in the following criteria and submit a complete Statement of Qualifications that fully responds to all questions in Section 3 and is formatted as directed in Section 3. Incomplete Qualifications will be considered non-responsive and subject to rejection.

3.1 RESPONDENT'S STATEMENTS OF QUALIFICATIONS AND AVAILABILITY TO UNDERTAKE THE PROJECT

(Maximum of **two (2) printed** pages per question not to exceed total page count.)

3.1.1 Provide a statement of interest for the services including a narrative describing the respondent's unique qualifications as they pertain to this request.

3.1.2 Provide a statement on the availability and commitment of the respondent, its principal(s) and assigned professionals to undertake the project.

3.1.3 Provide proof of licensure as required within the State of Oklahoma as well as proof of insurance and limitations.

3.1.4 Identify if your firm is currently for sale or involved in any transaction to expand or to become

acquired by another business entity. If so, please explain the impact both in organizational and directional terms.

3.1.5 Provide any details of all past or pending litigation or claims filed against your firm that may affect your performance under the Owner.

3.1.6 Identify if your firm is currently in default on any loan agreement or financing agreement with any financial institution, or other entity. If so, specify date(s), detail, circumstances, and prospects for resolution

3.1.7 Demonstrate familiarity with relevant laws, regulations, building codes, industry standards, and best practices governing similar services.

3.1.8 Does any relationship exist by relative, business associate, capital funding agreement, or any other such kinship between your firm and any Owner employee, officer, or elected official? If so, please disclose.

3.1.9 Identify the officer or principle in charge who will have daily operational responsibility for the overall service, including their experience with similar projects, number of years with the firm, and their city of residence.

3.1.10 Provide at least three (3) references similar in scope and size. The Owner may contact references during any part of this selection process. The Owner reserves the right to contact any other references at any time during the selection process. Please acknowledge your approval for Owner to contact your references.

3.1.11 Briefly describe the firm's approach for anticipation, recognizing and controlling safety risks and note any safety resources that the firm provides.

3.1.12 Describe your fiduciary responsibility, cost estimating methods and cost control methods for publicly funded services.

3.1.13 Describe your procedures for implementing industry's best practices:

3.1.14 Provide a narrative of how each aspect of the procedural guidelines/project description can be met by your firm.

SECTION 4 – FORMAT FOR PROPOSAL SUBMISSION:

4.1.1 Proposal shall be prepared SIMPLY AND ECONOMICALLY, providing a straightforward, concise description of the respondent's ability to meet the requirements set forth in the RFP. Emphasis shall be on the QUALITY, completeness, clarity of content, responsiveness to requirements, and an understanding of Owner's needs.

4.1.2 Proposals shall be a MAXIMUM OF FIFTY (50) PRINTED PAGES. The cover, table of contents, divider sheets do not count as printed pages. Each copy must be in the following order:

- Cover
- Cover Letter
- Table of Contents
- Requirements Criterion
- Letter of Commitment – The letter of Commitment must be submitted at the same time as sealed Proposals.

4.1.3 Respondents shall carefully read the information contained in this RFP and submit a complete response to all requirements and questions as directed. Incomplete proposals will be considered non-responsive and subject to rejection.

4.1.4 Information submitted by respondents in response to this RFP shall become the property of the Owner.

4.1.5 Proposals that are qualified with conditional clauses, alterations, items not called for in the RFP documents, or irregularities of any kind must be listed as an exception and are subject to rejection by the Owner, at its option.

4.1.6 The Owner makes no representations of any kind that an award will be made because of this RFP, or subsequent RFP. The Owner reserves the right to accept or reject any or all Proposals, waive any formalities or minor technical inconsistencies, or delete any item or requirements from this RFP when deemed to be in the Owner's best interest.

4.1.7 Proposals shall consist of answers to the services provided, identified in Section 2 of the RFP. Respondent shall separate each section of the Proposal by use of divider sheet with an integral tab for ready reference.

VENDOR MUST LIST ANY EXCEPTIONS TO BID SPECIFICATIONS:

It is the County's intent that this Invitation to Bid (ITB)/Request for Proposal (RFP) permit competition. It shall be the bidder's responsibility to advise the Purchasing Agent in writing if any language, requirement, specification, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this solicitation to a single source. Such notification must be received by the Purchasing Agent not later than fifteen (15) days prior to the date set for bids to close

While Oklahoma County intends to make an award to the lowest and best bidder(s), the various county departments will compare pricing as awarded on this bid to the Oklahoma Statewide contracts. If pricing and availability is determined to be of greater advantage to the department, the county reserves the right to purchase from that statewide vendor under the provisions of Oklahoma Statute Title 19 Section 1501. A. 3. para. l & m. Proper justification will be provided by the end user to the County Purchasing Department before issuance of the purchase order.

***** Questions and Answers:** Any questions pertaining to this bid must be submitted no later than 5:00 p.m. Central Daylight Time May via fax, email, or mail. Send questions to:

Oklahoma County Central Purchasing
Attention: Purchasing
320 Robert S Kerr, Suite 117
Oklahoma City, OK 73102
Fax Number: 405-713-1491
Email: purchasing@oklahomacounty.org

INSERT W9 FORM HERE