Flagler County Sheriff's Office

Request for Proposal # 2020-01

Questions Submitted by Proposers (deadline 9/8/20) and FCSO Responses (RED)

"Provide access to mental health screening and evaluation, treatment, and management at a level of care that commensurate with patient's needs"

Question: Providing access to ALL levels of care may be challenging when addressing serious behavioral health disorders (Serious Mental Illness - SMI or Serious Emotional Disturbance SED or acute substance withdrawal). What is the expectation of the FCSO for the contractor to work with these individuals? The expectation is that the contractor follows these individuals and makes appropriate treatment and medication recommendations with the goal of stabilizing the inmate in the safest manner possible.

"Provide access to mental health screening and evaluation, treatment, and management at a level of care that commensurate with patient's needs; at a level of quality comparable to the at found in the community and accordance with the American Psychiatric Association (APA) and the National Commission on Correctional Health Care (NCCHC)."

Question: What standards within the APA and the NCCHC are you requiring adherence to? It is the goal of the facility to be compliant with the NCCHC accreditation standards (https://www.ncchc.org/mental-health-accreditation) but generally FCSO expects that the best practices and standards utilized in contractor clinics be also implemented in the facility.

HIPAA is mentioned in the RFP but nothing on reasonable privacy in accordance with 42 CFR Part 2 as it pertains to individuals with a substance use disorder. This includes the statement later in the document that information will be kept in the inmate's medical record. What are the expectations of FCSO in adhering to 42 CFR Part 2 as a "federally assisted" substance use treatment program to adhere to reasonable privacy of the individual which includes the following reference from the law, "Jails and Prisons? Part 2 does NOT permit protected information about substance use to flow to or from a correctional facility absent an individual's consent."

Question: What is FCSO's understanding of 42 CFR Part 2 if an inmate does not consent to their substance use being a part of their medical record? This also pertains to the confidentiality concerns of obtaining prior treatment records indicated in the RFP. The FCSO understands the importance and requirement to obtain individual patient consent for all medical and mental health treatment services.

Clarification on the requirements for the Psychiatrist/APRN:

- "Psychiatrist/Psych Nurse Practitioner will provide a minimum of 4-8 hours per week and on-call 1 hour per day for consultation, as well as in-person and video evaluation and intervention as needed at the Jail."
- "The Psychiatrist/psych NP will perform patient evaluations, order and manage psychiatric medications, and diagnostic or psychological testing."
- "The Psychiatrist/psych NP will develop an individualized treatment plan for the patient, to include therapy, tests, and other examinations as appropriate."
- "Inmates who arrive on verifiable, prescribed psychotropic drugs, the Psychiatrist/psych NPs will continue the existing medications until such time the Psychiatrist/psych NP can see and evaluate the inmate."
- "The plan will be developed by a multidisciplinary treatment team comprised of Psychiatrist/psych NP, medical director, mental health clinician, and nursing staff with support and input from the inmate and jail representatives, as necessary."
- "Upon discovering an inmate in crisis, the medical, mental health, or security staff member who identified the crisis will notify the designated medical, mental health, and/or psychiatric staff on duty at the facility, who will ensure the most appropriate person(s) responds to the crisis with a mutually agreed-upon-minimal time of notification. The Psychiatrist/psych NP, if not present on-site, may be available for an on-call telephone or video consultation to support the onsite evaluation."
- "The Psychiatrist/psych NP, if not present on-site, may be available for an on-call telephone or video consultation to support the onsite evaluation."
- "The responding mental health professional and/or Psychiatrist/psych NP will rapidly assess the immediate needs of the inmate, working close with security staff to ensure the inmate's safety and security, as well as that of staff, other inmates, and the facility."

Question: The tasks required of the Psychiatrist/APRN within the RFP indicate 24 hour/7 days a week coverage plus full-time work to complete medication management, treatment planning (typically a QMHP task as med management is the primary function of this role), multidisciplinary treatment team reviews, screening, assessment, charting, etc. How many **total hours** each week will be funded? Will daily, on-call fees be considered? Will FCSO allow the QMHP to complete the Treatment Plan? The intention of the one hour on-call is to build in the potential for an emergent need that the QMHP identifies that requires consultation, it does not expect that one hour each day will be necessary and/or required. It is preferable for this cost to be blended into the monthly program compensation however FCSO will consider a proposal that includes daily, on-call fees. Yes, the QMHP can complete the treatment plan and otherwise can participate, assist and/or complete any tasks as assigned and/or directed by the contractor to meet program goals. FCSO intends to fund up to eight (8) hours of regularly scheduled Psychiatrist/APRN time, either on-site and/or via telemedicine and/or a combination thereof.

"A Qualified Mental Health Professional will be onsite for forty (40) hours to perform mental health assessments on those inmates requiring such." (QMHP)
DCF under Substance abuse services FS 397.311 (34) states the following:
"Qualified professional" means a physician or a physician assistant licensed under chapter 458 or chapter 459; a professional licensed under chapter 490 or chapter 491; an advanced registered nurse practitioner having a specialty in psychiatry licensed under part I of chapter 464; or a person who is certified through a department-recognized certification process for substance

abuse treatment services and who holds, at a minimum, a bachelor's degree. A person who is certified in substance abuse treatment services by a state-recognized certification process in another state at the time of employment with a licensed substance abuse provider in this state may perform the functions of a qualified professional as defined in this chapter but must meet certification requirements contained in this subsection no later than 1 year after his or her date of employment.

Question: Florida does not have a specific "QMHP" language in its certification process. What are the primary functions you want the QMHP to deliver and what requirements such as degree or licensure are you expecting? (To Baker Act in the State of Florida the language requires one would need to be a licensed clinician either Clinical Psychologist or Licensed: Clinical Social Worker, Mental Health Counselor or Marriage and Family Therapist) FCSO expects that the QMHP will be a licensed Clinical Social Worker, licensed Mental Health Counselor or licensed psychiatric nurse.

Timeframes

- "In compliance with industry standards, mental health professionals will perform a mental health evaluation within 14 days of commitment to the facility."

"For any offender who requests routine mental health services upon arrival to the Jail, or is identified at intake

- "The Psychiatrist/psych NP will perform patient evaluations, order and manage psychiatric medications, and diagnostic or psychological testing."
- "Inmates who arrive on verifiable, prescribed psychotropic drugs, the Psychiatrist/psych NPs will ke as needing a mental health or substance abuse evaluation will occur within 14 working days of the offender's reception into the system."

Question: How will inmates be identified for a mental health evaluation, beyond "self-referral"? Is the expectation that all people will have an evaluation if they are in the facility at 14 days or will evidence-based screens to identify mental health concerns be required at Booking? A Brief Mental Health Screen (evidence based) is conducted at intake by jail staff, followed by a mental health screen conducted by medical staff. Referrals may emanate from this process. Regardless, only referrals and "self-referrals" require an evaluation within 14 days by the QMHP.

- "…with a QMHP or Psychiatrist/psych NP conducting a complete mental health assessment within 72 hours of the offenders initial mental health screening intake."

Question: What is the expected timeframe given the differing requirements of assessments and evaluations? Many individuals will have bonded out before the indicated 14 days. What are the expectations of people, especially those that recidivate, identified with SMI or SED that do not stay in the facility up to 14 days? The expectation is that routine referrals and "self-referrals" receive a mental health evaluation within 14 days of commitment. If the referred offender a) presents with serious mental health issues b) are deemed a heightened suicide risk; and/or are taking psychotropic medications other that standard sedatives or hypnotics, the mental health evaluation should occur within 72 hours.

"The psychologist or other QMHP will check the inmate's level of intellectual functioning e.g., mental retardation, other developmental disability, etc."

Question: This type of evaluation is completed by specially trained psychologists, does the RFP require this type of testing as this will be another professional to consider? No

Medication Management:

- continue the existing medications until such time the Psychiatrist/psych NP can see and evaluate the inmate."

Question: Many providers may have concerns with "existing medications" and combinations of medications. Would FCSO allow providers to discontinue dangerous medication combinations? Many jails have a formulary so would a provider be limited to what is on the jail formulary? Would a provider be able to order specific labs, genetic testing? FCSO will allow providers to make medication and treatment decisions (including specific labs,genetic testing, etc.) that are in the best interest of the patient. The FCSO expects that the provider will consider cost containment strategies whenever possible to provide necessary care.

"Orientation to mental health services will be provided to all inmates upon their arrival at the facility, including the description of services and how to access them, accessing available mental health services, consent or refusal of mental health services, and confidentiality."

Question: What is expected at "orientation to mental health services … to all inmates"? Is this a face to face or group training or paper handout? Who is expected to lead the orientation? How often is it held? This can be provided via paper handout, uploaded electronic documents onto inmate tablets. It is not expected that all inmates require a face to face orientation.

"A timely screening and assessment of any inmate who enters the facility or moves between facilities or returning from a court hearing will be completed by the QMHP."

Question: The RFP states that screening and assessment will occur when the inmate moves facilities, goes to court, etc. Is the QMHP to screen and assess every inmate each time they return from the court for past suicide ideation, prior mental health hospitalization, history of suicide, etc. or at the initial "comprehensive, one-to-one encounter"? No, screening, assessment, evaluations are based upon referrals and self-referrals only. For example, a referral may be made when an inmate returns from court with an increase in bond, high sentence, severance of parental rights, etc.

"b) Procedures for dealing with staff/inmate complaints and methods for minimizing the potential for inmate litigation regarding mental health-related issues. In addition, the proposer shall identify the schedule of weekly visits to meet with inmates."

Question: Will FSCO fund a Quality Assurance Staff member to meet with the inmates to review complaints as neither the psychiatrist nor clinician would be able to participate in these meetings? FCSO command staff are involved in all complaints/grievances filed by inmates and if necessary, will consult with designated corporate staff.

Appendix B states 800 average inmate population, but the RFP states 150. Which is it? First paragraph of RFP lists 200 ADP, misprint on Appendix. Use 200.
Page 11 states Include Attachment C, Client References, but the actual attachment in the back is Attachment B, correct? There is no Attachment C. Correct

On page 3 of RFP when describing "emergent" mental health assessment, does the term "during intake" refer to jail staff conducting initial intake or intake completed by the Provider? If it refers to jail intake, then what is the timeframe for the Provider to respond to the "emergent" case? Urgent and Routine descriptions have timeframes, but Emergent does not. This refers to the Jail staff conducting initial intake and the timeframe for assessment will depend upon upon the stability of the inmate for the safety of the QMHP.

Can the 4-8 hours of Psychiatrist/Psych Nurse Practitioner services (4-8 hours a week) occur by telemedicine? Yes

Is the FCSO's EMR system currently set up to document testing materials results, Psychiatric Evaluations, Full clinical bio psychosocial assessments, Clinical Treatment Plans, and clinical progress noting. If not, do you have a mechanism to scan documents into your EMR? EMR is set up for complete documentation and also can scan documents.

We are unable to modify our organization's insurance coverage to meet the insurance limit requirements outlined on p.18 of the RFP. This exception will be fully outlined in our application in Section 5- Exceptions and Deviations. Are we still eligible to apply? Yes.

How is FCSO's EMR accessed by staff not on site? Is a VPN connection required? FCSO will provide laptop, connectivity and access is web-based.

If a VPN is required, does it run in split-tunnel mode or full-tunnel mode? Full-tunnel mode can cause poor videoconferencing quality and issues in
accessing our agency system.
For interfacing with FCSO's EMR, does it provide web services or an API? EMR questions should be directed to the EMR provider, CorEMR. https://coremr.com/features/
If we need to enter data directly into the FCSO system, can it export data entered on a routine basis to be imported into Netsmart's Avatar?
If data can be exported, what format(s) is the data exported in? XML, CSV, JSON?

On p. 9 of the RFP, Section Three- Work Plan letter b. states, "*Procedures for dealing with staff/inmate complaints and methods for minimizing the potential for inmate litigation regarding mental health related issues. In addition, the proposer shall identify the schedule of weekly visits to meet with inmates..*" Can you clarify if the schedule of weekly visits applies to inmates that have been screened and diagnosed as needing MH services? All inmates? Inmates who have initiated complaints about MH services? FCSO command staff are involved in all complaints/grievances filed by inmates and if necessary, will consult with designated corporate staff.

Is there currently a screening tool being used by FCSO staff to identify individuals needing a Mental Health Evaluation? Will FCSO administer the screening tool or will the proposer

administer that screening tool? A Brief Mental Health Screen (evidence based) is conducted at intake by jail staff, followed by a mental health screen conducted by medical staff. Referrals may emanate from this process. Regardless, only referrals and "self-referrals" require an evaluation within 14 days by the QMHP.

Will Flagler County allow us to sub contract the psychiatrist portion of this RFP? We currently contract with a Psychiatry Company to provide these services for our other contracted facilities. The full time on-site mental health professional will be an employee. YES, the psychiatrist can be sub-contracted.

I want to clarify on Page 3 that a Psychiatrist/ Psych NP will need to be available on-call 1 hour per day, 7 days per week including holidays. Please clarify if they need to be on-call 24/7 as well. Also, can you clarify a mental health professional will need to be on-call 24/7. The psychiatrist/Psych NP/Mental health professional will not be required to be on-call 24/7.The intention of the one hour on-call is to build in the potential for an emergent need that the QMHP identifies that requires consultation, it does not expect that one hour each day will be necessary and/or required.

Is telehealth acceptable for the Psychiatrist/Psych NP? Yes.

On p. 9 of the RFP, Section Three- Work Plan letter b. states, "*Procedures for dealing with staff/inmate complaints and methods for minimizing the potential for inmate litigation regarding mental health related issues. In addition, the proposer shall identify the schedule of weekly visits to meet with inmates..*" Can you clarify if the schedule of weekly visits applies to inmates that have been screened and diagnosed as needing MH services? All inmates? Inmates who have initiated complaints about MH services? FCSO command staff are involved in all complaints/grievances filed by inmates and if necessary, will consult with designated corporate staff. A schedule of weekly visits is intended to simply structure timeframes for inmate screening/service sessions.

What is the current jail population and what percentage of that population is referred/self-referred for mental health services? Current population is 185 and estimated population served is 30%-40%.