

Addendum #1 for Sobering Center Services RFP issued June 25, 2007

This Addendum #1 contains the transcription of the Sobering Center Services Bidders Conference held June 19, 2007, as well as the complete listing of all questions (and answers) submitted by prospective Bidders by the June 13, 2007 deadline. The contents of the Addendum are to be considered part of the Sobering Center Services RFP issued June 1, 2007. See www.acbhcs.org for the original RFP and other pertinent documents.

Barbara Becker is the speaker in the following “A. Transcription of the Bidders Conference”, unless otherwise identified; with the exception of questions asked by the attendees.

A. Transcription of the Bidders Conference:

I. Introductions

- Thank you all for coming and participating in this process. Before everyone introduces themselves, please be sure you picked up:
 - Bidder’s Conference Agenda
 - A copy of the Questions and Answers to this RFP submitted by prospective Bidders by the June 13th Deadline
 - And a copy of the Sobering Center facility Floor Plan
- Everyone introduces self:
 - Barbara Becker, ACBHCS
 - Bev Meginness ACBHCS
 - Marc J. Hering, Center Point
 - Teresa Bowman, Helen Vine Detox
 - Cathy Horowitz, Helen Vine Detox
 - Karen Andrews, Horizon Services
 - Keith Lewis, Horizon Services
 - Susan Cinelli, Bi-Bett
 - Donald Taylor, Bi-Bett
 - Patrice Brozek, ACBHCS
 - Robin Jones, Allied Fellowship Services
- I’d like to remind you all to make sure that you have signed the sign-in sheet, and make sure I can read your e-mail address.
- This Bidder’s Conference is to answer questions directly related to the RFP.
 - Multiple questions were submitted by Providers and the questions, with answers are in the handout.
 - In a minute we will all take some time to read through Questions and Answers in case any additional clarification is needed.
 - We are recording this meeting and a transcript of the Conference as well as the questions and answers previously submitted will be sent to the Bidders here today as well as posted on our website as an Addendum Friday June 22 (*delayed till Monday June 25 by email announcement 6/22*).
 - The Conference will focus on any additional questions you have. If we can give you a clear concise answer we will, if not we will answer the questions raised here today in the Addendum.

- I do want to say that this Conference is not an opportunity to discuss issues, but to specifically answer questions you, as prospective Bidders may have.
- You can see from the agenda that we will answer or clarify questions already submitted as the last item on the agenda.
- Let's take a few minutes for everyone to read the written Questions and Answers before we move on.
- Has everyone had enough time to read through these questions?
 - First thing I want to do is make a correction to the agenda. You will see that item number 2 says an Overview of the Residential Social Model. That is not correct, it is an overview today of the Sobering Center.

II. Overview of Sobering Center

- The residents of this County and the larger community of providers have long awaited these detoxification-sobering center services.
- We are delighted that Measure A funding became available for these services and that we will be located in an exquisite healthful setting on the Fairmont Hospital Campus in San Leandro.
- We anticipate the construction of this building to be completed in early December 2007.
- This 50 person short-stay facility will serve adults determined to be eligible for Sobering Center Services and not needing a higher level of service for their inebriation episode.
- The facility design will beautifully accommodate the programmatic needs of the Sobering Center Services.
- The awarded Provider will be able to deliver highest quality services in this new, clean, and well equipped facility.

III. RFP Tour of Highlights & Orientation to Structure of Packet

- I'd like to briefly now take a tour of the highlights of the structure of the RFP packet that you all received.
 - The packet is meant to be viewed in its entirety. Meaning, while only certain elements require your response, responding indicates you have read and understood the entire packet.
 - Any questions regarding the packet should be raised here today as this will be the last opportunity to ask questions regarding the RFP process.
 - As the Table of Contents indicates, the packet consists of 4 Sections and 17 Attachments:
 - Each section has a specific purpose, and the components of the sections are organized to support the county's RFP process in as easy a manner as possible for the respondents keeping in mind that this is a municipal contract.
 - The sections are also ordered in a particular fashion so that the reader starts out with an overview:
 - Acronym and Term Glossary
 - Then the Statement of Work; which is more descriptive of the Intent of the project.

- The Instructions to the Bidder's on how to best respond
 - And finally the Terms & Conditions of the services to be purchased.
- The Attachments, and in this case, for the Sobering Center RFP, there are 17, include both County (GSA) required documents such as Insurance and SLEB paperwork, and Attachments pertinent to this particular contract such as the Draft of the Occupancy Agreement and the Sobering Center Ramp-Up Plan.

IV. Review of RFP Narrative Requirements

- These requirements will reference the Intent, Scope, Background, and many other areas of the RFP, but will be mostly easily be seen by readers in Sections II. H. and O.8.
- It is the responsibility of all respondents to thoroughly review all sections of the RFP as there are response requirements through out the document.
- We have included a "Response/Content Submittal Completeness Check List" (Attachment 17) to help you with the organization and completeness of your response.

V. Submission & Key Dates

- This refers to the crucial dates of the RFP process as detailed in the Calendar of Events Section III. L on pages 15 and 16.
- There are no changes to the timeline with the exception of the Board Award Date.
 - First let me say that Bids will be due July 11 and that we anticipate staying with the schedule and the Notice of Award to be issued on July 27.
 - Due to the Board of Supervisors' Meeting calendar, the BOS will not meet in August and therefore, the Board Award will be on the Agenda September 11, 2007.
 - This will not change the progress of this project and should be viewed as an adjustment to the calendar only.

VI. Review of the Residential Social Model Detoxification Facility Floor Plan

- Included in the handouts this morning is a copy of the Sobering Center facility handout. We are confident that this design will work very well for the program given the constraints of the building size we had to work with and our budget.
- The Fire Marshal had numerous requirements which we've addressed.
- This facility floor plan is distributed for your information, and is not part of the RFP package. Please regard it as a work in progress, as the furnishings shown are not definitive in placement or style.

VII. Questions and Answers

- We have now reached the section of the agenda that accommodates any questions or clarifications you might have. I'd like to back up a minute, because I think we've had some people join us that didn't get introduced. Hi, I'm Bill Stewart and I'm from Oakland. I'm here representing HEPPAC. And you? I'm Loris Mattox representing HEPPAC. Do you know the other folks at the table? Then let's take a moment and have

everyone introduced themselves. (Everyone reintroduces themselves). We're at the point in the Agenda when we can answer any additional questions.

- Let's begin with the Questions and Answers from June 13th. Are there any clarifications you'd like on any of the previously submitted questions? If you're asking for clarification, please let us know which question number you are referencing. Susan?

Q: *A question regarding Transport – Questions #3 and also #5. I believe you stated that the EMT transporting to also have one SC employee in transport? And an EMT transport is 12 hours a day.*

A: That's to be negotiated. What we have started out with in our partnership with the EMS is that they would originally transport from 3 hospitals: Alta Bates, Highland Hospital, and John George Pavilion, so that schedule may not work for the Sobering Center Provider and will be negotiated.

Q: *Let's say hypothetically that the SC is to provide an employee to ride with the EMT and that's 8, maybe to 12 hours a day, 7 days a week - realizing that you don't quite know yet. And then in addition to that, I believe you are stating the Sobering Center is to provide departure transport, taking people back to the location where they came from, and again I would have to assume it would have to be 2 people and as far as I see, it is 24 hours a day 7 days a week.*

A: Your question is?

Q: *I just realized how much labor time that is.*

A: This is a labor intensive program. I do want to say that because this a new service for Alameda County, we have a Ramp-Up Proposal that was part of the RPF package, and working with both our partners at EMS, and considerations for Law Enforcement that we will be working with, we are projecting in the beginning, that the only transport coming in will be the EMTs in the AMR-driven vans, and that would include one EMT and one Sobering Center person. And if the EMTs, which is a Union Shop – AMR - work 12 hour shifts, that does not make a requirement that the Sobering Center have the same person for those 12 hours. This is going to be a flexible negotiation/relationship built between the Sobering Center and EMS. All the departure from the Sobering Center will be the sole responsibility of the Sobering Center Contractor. We are not anticipating your providing EMTs in departure vans. As far as the scheduling of the departure vans, that too, is part of the Ramp-Up Proposal, and I would say that when we are operating at full capacity, 50 individuals at the Sobering Center – that there will be departure vans departing frequently.

A: Are there any other clarifications on those same questions regarding transport?

Q: If the EMT pickup van . . . if an EMT decides that this person may need more extensive medical treatment, will the van take the person to the hospital or will they use some other procedure?

- A:** The Sobering Center EMT relationship is only transporting to the Sobering Center. If the EMT determines that someone needs a higher level of medical attention, they will contact and make arrangements for the transport of that individual to the hospital, whether that means calling 911, or dispatch to AMR for an ambulance. The Sobering Center transporter will not be transporting anywhere but the Sobering Center.
- Did a new person join us? Would you identify yourself and be sure you sign in on the sign-in sheet.
 - I'm Barbara Cummings, and I'm in Behavioral Health Care contracts management.
 - Are there any other clarifications to any of the written questions that were distributed?

Q: *How many incoming vans will there be?*

A: In the beginning, Phase I, we're anticipating that AMR will be operating 2 vans. When we get to Phase IV, which is incoming as the responsibility of the Sobering Center Contractor, that will also be anticipated at 2 vans. So that we would have 4 vans with EMTs – 2 of them contracted to AMR and the other 2 belonging to the Sobering Center, but all 4 would have an EMT. All incoming vans would have an EMT.

Q: *The part that I guess I missed somewhere - Will the contractor take over the contract with EMS?*

- A:** No. I'll try to clarify that. I agree it's a complicated situation, and it is a proposal based on what we think will work best. The awarded contractor must approach this project with a great deal of flexibility to build something that works with EMS and the EMTs. So in
- **Phase I** – that's the AMR van only on the road. That is EMT and 1 Sobering Center employee/staff person, and they are only going to the 3 hospitals and bringing people in.
 - **Phase II** - briefly – just to make clear how we get from Phase 1 to Phase IV, is authorized and approved law enforcement drop-off. And that too has a scheduled ramp-up. There will be procedures developed on what circumstances they can bring a person to the Sobering Center.
 - Ramp-up **Phase III** is approved and authorized community-based organizations working in partnership with the Sobering Center that have transport - have existing good transport, and I will say this is not a transport that is delivering an elderly person to the dentist – this is a transport that deals with the same population. What we are hoping to do is to make an arrangement with a few – 2 to 3 – existing community-based organizations that have expertise at transporting this population – that on a given moment would say "this particular person can benefit from services at the Sobering Center". And we both call to make sure there is a spot, and it can only be approved and authorized by the Sobering Center, and they would bring that person to the Sobering Center, and would pick that person up from the Sobering Center. That would be Phase III.
 - **Phase IV** is the Sobering Center contracts 2 vans staffed with an EMT and a Sobering Center staff beginning to canvas known areas, do outreach to individuals on the street that are then screened to be determined to be good candidates for that particular episode of their inebriation, and taken to the Sobering Center. In all

instances, with the exception of the community-based organizations running transport in Phase III, the Sobering Center will be responsible for departure. The police will not be picking anyone up.

Q: *So the Sobering Center will be picking up for incoming in Phase IV? So you have a departure van, theoretically, 24/7 and you have a Sobering Center incoming van 24/7?*

A: That is correct. I would also just say that we anticipate starting this program small. While we have 50 mats, the health and safety of the individuals is paramount to all concerned, and we may choose to start saying we have 10 mats and let's see how that works, then add a mat and add a zip code as we develop. I don't have a timeline for how quickly we will be at full capacity. This is a new service, and the health and safety, and working out the relationships between EMS and the Sobering Center will take some time.

Q: *On the incoming - I realize on the departure that 2 vans will be provided – but on the incoming - by the time you are at Phase IV, is it 2 vans that AMR will be providing and then using the 2 vans also that the Sobering Center has? Are those 2 vans that the Sobering Center has going to be clearly only for departure? And, the incoming, even when the Sobering Center is working with EMTs on it, the vans are all . . .*

A: Exactly right – the Sobering Center will have 2 nine person vans purchased for the use of departure only. That will be part of the furnishings and equipment that this contract will provide. EMS, our partnership with them, will provide the incoming – and those are converted AMR ambulances to carry as many as four individuals with seat belts. Don?

Q: The departure – where is the arrival of the departure? Is there a designated area? Is it somebody's home or a park or?

What we are attempting to do with the departure - incoming - no one enters into the Sobering Center that isn't authorized. This is not a walk-in facility. Family members and other interested parties can not and will not be allowed to drop people at the Sobering Center or pick them up. The intent of the Sobering Center is that every individual that is served there, the Sobering Center staff will offer to make a phone call for that individual and say; now that you have been at the Sobering Center can we take you to your home - your mother's home within Alameda County? We are trying the best we can return people to a destination that is not the street corner we pick them up from. And so we will try to connect people to services, whether it is shelters, whatever services we can connect them to and offer them - we have only 2 departure vans, this is a large county. And so, we can't realistically sit here at the table and know that we will be able to transport everyone to the destination of their choice. So what we're going to say is by exception, the departure van will take people with a voucher from BART or AC Transit, but they must be returned to the community they came from, if we are not placing them in other services.

Q: *So we have someone who is homeless and they get picked up by someone on a complaint – so the EMT person comes to pick them up – because they don't have an address, does that mean that they're not qualified to enter into the Sobering Center, or . . .*

A: Well, homelessness is an address, unfortunately.

Q: *Okay, so it doesn't mean the departure site can be just an area . . .*

A: Yes. If we get a call that says Broadway and 13th, and we are unable to place that person in a safe service, they will be returned to Broadway and 13th. We cannot move a homeless population to the San Leandro campus, or transport them to another community. And so, I want to make sure that it's understood that the departure – as best we can – and we don't know our population yet to know how many of them we can place and how many of them will be returned to the viaduct/business area in which they came.

Q: *The departure – outgoing, I'm pretty much clear on, but incoming . . . can you speak just a little bit more about authorization?*

A: In order for the Sobering Center to function within the constraints we have, which means, not moving the homeless population to the San Leandro campus – all incoming transport will have to be authorized and approved, and that means case by case. When we are running at full capacity, anyone that has any intent in any of the Phases – let's say we're at Phase IV – and the police say "I have three people for the Sobering Center", they will be calling the Sobering Center to say, "Law Enforcement, Oakland, Broadway and 13th – I have three people – do you have room for me?" And we have designed a tracking system that will track the beds in the Sobering Center and so it will be the responsibility of the Sobering Center staff to say "Oakland – we have 3 beds for you, you're 20 minutes out – we're holding your spots". And that would occur with any of the transports that come in. Each and every time, they have to get approval because we have to be able to manage the flow in the Sobering Center without having law enforcement lined up around the block on a busy Friday night. If you look at the handout on page 2 – this shows the transport parking at the Sobering Center so it handles incoming and outgoing departure – we have 11 spaces designated for transport incoming and a reserve of 6 spaces, and this is for incoming and departure van parking at the Sobering Center. I just want to say we are trying to build in adequate resources for this program to work when it is at capacity. Did you have any other questions about the incoming?

Q: *Is pre-approval based solely on the spaces available?*

A: That is correct in a limited way, meaning the only people that are only going to be able to call in Phase I are the AMR EMT vans. When we move to Phase II, we are adding a service, and not taking away a service. So Phase II is law enforcement. And I will say that the Ramp-Up Proposal says we start law enforcement very small. Sheriff, Oakland, Berkeley, San Leandro, Hayward PD. Part of the training will be to work with those law enforcement Agencies so that we are not open to the entire County originally. Only those 5 jurisdictions will be able to call the Sobering Center, case by case, give their locations, and be approved for bringing in that particular car of individuals.

When we have the pre-approved transport from the community outreach, as I say – I anticipate 3 organizations in the beginning that might, if the provider, the awarded

Contractor, and EMS, approves of those long-term existing well-known transport, have that approval and then call.

Q: *Who is going to be responsible for developing criteria for who is appropriate for the Sobering Center medical needs?*

A: That's an excellent question. We will have a medical director through EMS for a non-medical facility. That is quite a switch for Behavioral Health Care. Our partnership with EMS – they have designated, and I don't know if it's a part-time position yet, none of that has been worked out - the individual will be responsible for writing the criteria for law enforcement, and for working with all the EMTs, and the training for all EMTs throughout the system. There are 400 EMTs contracted to AMR. All of them will get training. There have been requests from the fire departments in the 14 cities for them also to have this training on dealing with the inebriates who may be transportable to the Sobering Center. So while I don't have criteria to distribute now, the plan is that that will be developed. That is another reason why we want to have the provider on board long before we start opening the door. Susan? – and then there are more questions at this end of the room.

Q: *Well I hate to be redundant – for the Sobering Center Contractor – you have 2 vans for departure – departure is assumed 24/7. In Phase IV, you're stating, but I don't see it on here, that the Sobering Center will be responsible also in Phase IV for incoming.*

A: That's correct.

Q: *Are you saying there will be 2 additional vans?*

A: Yes.

Q: *And the staffing should still come out of this budget?*

A: The question regarding Phase IV – all departure for all phases will be on the Sobering Center staffing, and there will be 2 nine-person vans. The incoming on Phase IV, will be 2 additional vans, which I say will be owned and operated by AMR, and staffed with one EMT and one Sobering Center employee.

Q: *Each one?*

A: Each van.

Q: *So it's the incoming that's going to have the EMT Contractor combination – it's not the departure.*

A: Correct. It's not the departure – the departure is solely the responsibility of the Sobering Center Contractor.

Q: *Well, the Sobering Center staff will not be involved with the pickups of people from John George.*

A: That's correct.

Q: *Only on the second set of vans.*

A: That's correct.

Q: *Let me see if I understood that right. This is complicated . . . The Sobering Center staff will be involved in picking up from those three emergency rooms because they will all be in a van with an EMT on the pickup.*

A: That's correct. I answered incorrectly before. You are correct. In Phase I, there will be a total of 4 AMR vans when we are at full Ramp-Up. Two vans will have an EMT and a Sobering Center staff, and they will do hospital pickups. That's Phase I. When we get to Phase IV, those two new AMR vans will also include an EMT and a Sobering Center staff for incoming.

Q: *So is that a total of 4?*

A: That is a total of 4 incoming vans with an EMT and Sobering Center staff. Two that come in for Phase I, and two additional that come in for Phase IV.

Q: *So the Sobering Center will pay for the Sobering Center staff, and the EMT and vans will be paid for by EMS (Emergency Medical Services)?*

A: That's correct.

Q: *There will be 2 additional vans for departure?*

A: That is correct

Q: *You need to put this in your answer. With a nice flow chart – can you please chart that out for me?*

A: I would be glad to do that. So I'm going to say it again, and also put it in the answer – Sobering Center will have a total of six vans dedicated. Two are departure vans that will belong exclusively to the Sobering Center - all for departure. The other 4 vans will be staffed with one EMT and one Sobering Center employee and will be incoming. Two of them belong to Phase I, and the other two belong to Phase IV.

We offer a “diagram” of the transport components but suggest that all respondents reference the Ramp-Up Proposal *(Attachment 16) for details:

Incoming Transport:

At full capacity operation: 4 AMR vans staffed with 1 EMT and 1 Sobering Center staff per van
Phase I is 2 vans pick-up at hospitals only
Phase IV is 2 additional vans for pick-up within community

Departure Transport:

All departure vans are the sole responsibility of the Sobering Center staff unless it is a call for a higher level of medical or law enforcement services.

Q: *What is the anticipated length of stay?*

A: We anticipate an average stay of 4 to 6 hours – that's an average stay. I will be honest to tell you that we do believe that people coming at 11:00 p.m. will not be departing in the middle of the night. We are not a shelter. We are not a 24-hour facility, but the reality of the population is that there may be people who will spend more the average 4 to 6 hours. That is an average stay, but we know to get an average, you have longer and you have shorter.

Q: *Is there a policy that states we will not drop off from 2:00 a.m. to 6:00 a.m.?*

A: I don't have a policy as such but I think that in negotiations after the award has been made, the Contractor in running this organization will develop those rules and regulations that work to the best interest of the consumers, the staff, and the partners.

Q: *Have Phases been pre-established in terms of a timeline?*

A: The question is on Phases and how they will progress. We have devised a Ramp-Up Proposal based on the needs and requirements of EMS, what we anticipate the provider will need, and law enforcement. The Ramp-Up Proposal that is part of the RFP says a minimum of 30 days for the first phase. And that is only the 2 EMS vans picking up at the hospital, including one EMT and one Sobering Center employee. It says we move to Phase II where we have authorized law enforcement dropping off at 30 days.

I want to say the reason we want to bring law enforcement in as soon as possible is I believe, based on experience with this business in other communities, that approximately 75% of the drop offs at the Sobering Center will be law enforcement. And if we don't bring them in pretty quickly, we may lose our audience. However, that doesn't mean we are at full capacity at 50 beds - we may still be operating with 10 beds. It will be a cooperative partnership developed between the Sobering Center Contractor, EMS, Behavioral Health Care Monitor, on when to progress. The number one priority is the health and safety of the consumers and the staff, and I don't have a crystal ball to say that we will be full capacity in 6 months – one year – I don't know. We are going to progress safely. The intent is to ramp up safely and to full capacity as best we can, but none us knows what that timeline is.

Q: *I want to ask a question that is somewhat hypothetical. We know that for police drop offs, it's 4 to 6 hours, or when the person is able to care for themselves. Are we using that same*

criteria? And what if after 10 hours a person is still incapable of caring for himself? How do we discharge? And, if there is a medical need that comes up, do we only have 911 or can the EMTs transport from the Sobering Center to the hospital if need be?

A: The question about police drop offs – the average length of stay was not based on anything law enforcement said – it was based on a Sobering Center both in Portland and Seattle. We know what an average means. We will not be taking people from the Sobering Center - when they come in they must be ambulatory of a sort. They can be assisted in, but they must be ambulatory - this is voluntary ambulatory facility. They will be transported out also voluntary and ambulatory. This is not a medical facility. We are not providing primary care or any medical services at this facility. The EMTs are there for the safe monitoring of the consumers. If the EMT, and I believe the EMTs will be doing 15 minute consciousness checks on these individuals in the Sobering Center as they're sleeping – if the EMT determines they need more medical service than is available there, there will be a 911 call to transport that person out. We will not be, through the Sobering Center operation, transporting people to a higher level of medical service. Nor will we be transporting them to a higher level of law enforcement services. If there is a behavioral issue of a person at the Sobering Center and it can't be resolved within the Sobering Center staff and the individual in a voluntary facility, then the Sobering Center will call for law enforcement back-up. All those relationships will be developed with our partners - both the medical, and the law enforcement, and I'll throw in housing, because there is a great interest in providing housing for this population, and so those folks will be at the table as well. This is a short stay safe place to sleep it off. One more quick question.

Q: *Will that include people who have been brought in by the police, who want to leave the Sobering Center in 2 hours?*

A: The departure vans will accommodate as best they can the scheduling.

Q: *Are we going into a mandate with the local police that we will hold their police drop-offs for at least 4 hours?*

A: No, this is not a custody facility and I will give an example of the police bringing in an individual, and they get to the Sobering Center and they have changed their mind, and they do not want to stay. Part of the criteria for the police admitting someone to the Sobering Center is that police bring only by the criteria that will be developed, appropriate individuals. If they bring someone who changes their mind, and a brief conversation with the Sobering Center staff cannot convince the individual that this is a nice safe place to sleep it off, then at that moment the police have brought in an uncooperative person, and that is their responsibility. If the police have departed, and after an hour in the Sobering Center, the individual is no longer cooperative, we will transport that person out, and if that is not feasible because of the level of agitation of the person, or lack of cooperation, that is a law enforcement back up call, and that is the Sheriff's Department. The Sheriff's Department is closely monitoring our progress because they want be sure that every single city brings us appropriate individuals. This is not a dumping ground for police, for hospitals, for anybody else. This is a service – a health care service to treat individuals who have been resistant to treatment, and are not receiving services. Susan?

- Q:** *Speaking about the persons not being appropriate to discharge from the Sobering Center say in 10 hours – say they're still in bad shape – is it possible to have some kind of guarantee among the Detox providers that a few beds will be reserved for the Sobering Center?*
- A:** We have not, in the RFPs, put any restrictions or requirements on either provider to serve the other. The language that was written is the development of a cooperative relationship between the two, and while those of you in the service treatment business are much more attuned to the actual activities of the population, what I'm going to say is that we anticipate and will work very hard to build a cooperative relationship between the two services, but there is no preferential treatment for any population by geography, or otherwise, but we are working towards a very cooperative partnership with both these services because they will be able to serve each other.
- Q:** *I want to go back to the EMT issues and the need for further medical care. Are the EMTs going to be responsible for monitoring the consumers while they're sleeping and etc., and if it's determined that there are additional medical needs - did I hear you say that it is the EMT's responsibility for either dealing with 911 or other contacts to the hospital and transporting to the hospital?*
- A:** The relationship between the Sobering Center staff and the EMT will be fine tuned, worked out, developed on exactly . . . the EMT's are there because of their medical experience. They will not be transporting to any higher level of service from the Sobering Center. That would be a 911 call. If an individual receiving services at the Sobering Center is determined, by Sobering Center staff, EMT staff, to need a higher level of service, that will be a 911 call to respond.
- Q:** *And that's what I thought I heard you say, so that raises all sorts of concerns about liability. There needs to be, in my opinion, some statement from the County as to who is the responsible party for triaging medical needs, addressing medical needs, and getting that person to appropriate medical attention.*
- A:** And that will occur. That will all be worked out with the EMS and the Sobering Center provider. I agree with you 100% - this is a new level of service that we do not have experience with. We have met and worked for the last 3 years to build the service to this point, but without the actual provider at the table, we only get so far in the development of how this will work.
- Q:** *And that's what I needed to hear. So there's no expectation, I would assume, that in writing our proposal and developing these things, for us to be able to address those issues, because those are post-award issues.*
- A:** That's correct, and I hope that I was clear in the RFP where I said "to the best of your ability, or knowing that you will partner with EMS, here is what we'd like to hear from you" – more of a structural issue – how will you go about building this relationship – not the components or the content of the relationships – but the structure that will occur – we

are designing a new system, and we all need to be on the same goal of the health and safety of the consumer. Each time and every time. We will have a repeat population, but just because Sally Jones presented a certain way days 1-17, day 18, Sally Jones must be viewed as this is the first time we have seen this consumer. And that is a level of awareness and attention to each service that the provider must assume in the training of their staff, and their daily operations, and in their work in the community.

Q: *You did say that EMTs would be doing 15 minute checks?*

A: That's correct, I did say that, and I'm also going to say that the EMTs, when they're at the table . . . and the 15 minute check is something we have heard works successfully in other programs. In other programs, sometimes, it's done by the EMT, and sometimes by the Sobering Center person – this is a relationship that will be developed. While I sit here today and tell you it will be done by the EMTs, I am erring on the side of the safety of the consumers and what I have built so far with EMS on who has the medical say. I can tell EMS that we will provide a provider that will be very schooled, educated and experienced in dealing with this population, but this is a new service.

Q: *That sounds like it's a combination of liability on this issue.*

A: Those are the details that have to be worked out, and that's why this is a flexible program. This is not a "cookie cutter" – this is a new service.

Q: *You talked about the communication system in the vans and in the Sobering Center . . .*

A: Yes. Thank you. If you look at the handout, you'll see the parking we talked about, the next page is a little bit of a departure waiting area – where people can be outside to have a cigarette while they're waiting for the departure van – it looks a little bit like a bus stop - the people who choose to wait outside in the fresh air without walking around on the campus. The last page shows the Intake Area in the Sobering Center. Those 2 doors at the beginning - that's really the entrance to the Sobering Center. The Intake Area is the Central Communication Command Control. It's an area that's about 14 ½ feet square. It is basically glass/plastic/plexiglass – whatever the product is going to be – from counter-high up. It will have some sliding panels, and it will contain – to be determined by the Sobering Center personnel, and the EMTs, a number of work stations and computers. One of them will be the bed control, there will be a bank of phones – we may have as many as 8 phone lines coming in – and so the persons working in this area will be controlling the phone calls – they'll have what I call a bed control map – that will show the 50 beds in the facility; – the 50 mats – who's occupied by which one, what time they came in – it will give them access to history on that person – this is a combination of an Access-based program that's being developed here (BHCS) that's bare-bones structure, and the Provider and EMS will be working with our I.S. folks to make and collect the data that will be reportable by you. I would say that AMR – those transport vans with the EMTs – AMR has a dispatch system. It is a union shop – they have union rules. AMR EMTs in transport will communicate to their dispatch system. We anticipate that cell phones will also be used whether they are by the Sobering Center staff, or the outreach vans, to communicate with the Sobering Center. "I have 2 people I'd like to bring in". I haven't made any rules or

regulations on how that transport – how that communication occurs. This too will be worked out, but what we anticipate is that this will be a Central Communications Network. We will not have a radio system. We will have back-up from law enforcement, so that all vehicles on the road serving the Sobering Center will have the emergency 7-digit number of law-enforcement. So this Center here is to control the traffic flow, and once again, flexibility of the Sobering Center provider and EMS on what works best for each of the situations, and I believe that we will have different criteria for different situations. The police have their own method of communicating, and they will be calling in – they will not be stopping by without pre-approval. Does that answer your question? Keith?

Q: *I'm trying to picture this – someone sitting up there answering maybe 8 lines that are going that they may be responding to, and those will be telephone lines from either the Police Department, Police dispatcher, or the AMR dispatcher, or could be some other person as well. So they'll be listening to this, dealing with the phone calls, checking on the bed list on the computer . . .*

A: Yes. And this may be more than one person's job. It could be 3 people's jobs.

Q: *It could be 4 people's jobs.*

A: It will be whatever level of staffing the program requires. We are building into this once again the flexibility of as many data – and once again, we're going to start really small to build the confidence level among all the partners.

Q: *Is the "air traffic controller" – that's the Sobering Center staff?*

A: Yes it is.

Q: *So the "air traffic control" is the responsibility of the Sobering Center?*

A: That's correct.

Q: *Will the Sobering Center vans have the same emergency communication systems that you just referred to?*

A: The incoming vans with AMR will all be connected to AMR dispatch – that's incoming. The departure van – Sobering Center responsibility entirely - will have whatever communication the provider thinks is the best communication tool with the Sobering Center. For instance, it's departure time. You say, "this departure van is going to North County – you five individuals ready for North County, get in the van. Those going to South County, get in the other van". How you choose to communicate with the Sobering Center while you're doing your departure, will be the Sobering Center Contractor's responsibility.

Q: *So if you have an emergency situation on the freeway and you need a 911 police back-up, you would have to use a cell phone?*

- A:** I will say that each van – and we've worked this out with law enforcement – because I have 14 police jurisdictions – Highway Patrol – if you're on 580 or 880. Instance #1: AMR Phase I picks up 2 individuals at Highland Hospital. Everything's fine. Three blocks away, it's not fine. They need law enforcement back-up. They have a “cheat sheet”. They're in Oakland. Call Oakland. “I'm the Sobering Center. I need help. I'm at Broadway and 13th.” You're going to get a high-priority response.
- Q:** *But that's in the AMR van.*
- A:** In the departure van, it's the same thing. You've got a list of the 14-city and Highway Patrol back-up 7-digit phone numbers. Same sentence. “I'm the Sobering Center transport van. I need back-up”. I'm in Hayward – so you call the Hayward Police. I'm on 580. We are avoiding the 911 system because that goes through Sacramento, meaning we lose time.
- Q:** *OK, so it's a cell phone, but it's a specialized number.*
- A:** It's the police 7-digit emergency number for each of the 14 cities as well as the Sheriff and Highway Patrol, so that no matter where you are, you are known. We will spend a great deal of time with the awarded provider with law enforcement and with medical back-up – we will eventually be serving 14 hospitals. The individuals in all these organizations – there will be a key person from the Oakland Police – they have been at the table for 3 years - from the Berkeley Police, from the Sheriff's Department. The framework of these relationships has been established. They are very excited about this service and about wanting to make it work. Any other questions? In conclusion – Susan?
- Q:** *What are the rules on sub-contracting?*
- A:** We had not anticipated that there would be sub-contracting. What we anticipate is that there will be a relationship between one awarded contractor for the Sobering Center and that relationship will be built with EMS and the other partners. I believe the RFP says clearly that we are looking for one contractor to respond to the service.
- Q:** *I was thinking about contracting out the transport. In Phase IV, it does put a considerable challenge on staff. We've got 4 staff perhaps on the road – and maybe 4 people on the phones – that's 8 people 24/7 and you're not counting one EMT. Maybe the EMT is continually roving and one person's stuck handing the phones and computers and so forth – I'm just trying to put this in my head to figure out how many staff . . .*
- A:** While we presented a Ramp-Up Proposal, one of the things that will occur is what transport method works best in which community which hours of the day. I think that we're going to develop and learn over time – well AMR works great picking up people from the hospital on Mondays and Wednesdays, but what are the possibilities of putting a van out on the street on San Pablo and 40th on Wednesday afternoons because that's the time that that van serves best. I hope that all at this table will look at the Ramp-Up Proposal as a proposal. It is not the bones – it is not the skeleton. You need to approach this project as “we're going to develop this, and we're going to see what works best with flexibility in this program”. So that if you've got 4 incoming vans – that's 4 staff, and you've got 2 departure vans, that's 2 more staff, and 3 there (Intake Area) – I'm don't

know if that's going to be how it actually develops. I do believe that we will have a minimum of 70% of incoming by law enforcement drop-off. There is no way we could have enough incoming vans on the road to meet the needs of this community. If we pick up 2 people at Highland Hospital and bring them to the Sobering Center, that could be an hour – and so that's not a real practical way. We will need multiple methods of transport and working out within what days of the week – what seasons – this is going to be a flexibly built operation, and will require the flexibility of the provider both in the Ramp-Up and in the review of what the services are.

Q: *Will the Sobering Center contractor be responsible for the maintenance and insurance at for the most 2 vans?*

A: That's correct.

Q: *And for the Detox, one.*

A: That's correct. Are there any other questions?

In conclusion I would like to thank you all very much for your support of this process and more importantly your interest in these new services. As you know, this has been a long process for us all and we are delighted to be at this milestone. It is very exciting to bring these types of services to the community. I hope that this conference has not been more overwhelming than any of you anticipated. I am very interested in your responses.

Thank you. The Addendum #1 will be issued on Friday June 22. (*Email of June 22 notified delay of one business day to Monday June 25, 2007*)

- The Addendum will include the previously submitted Q& A and a transcript of this morning proceedings
- All prospective Bidders will receive this Addendum by email. Please be sure your email address is listed correctly by your name on the sign in sheet.

I look forward to receiving your Bids on July 11 by noon.

Thank you for your time today.

B. Questions & Answers Previously Submitted June 13, 2007 by Bidders:

Question #1. Pg. 14 I. 3. d. requests a Discharge plan for all admitted. What are you looking for here?

ANSWER: The RFP has asked the Bidder's to state in a Quarterly Narrative Report "Discharge Plan for all admitted". This should include the planned and executed return destination for all individuals per Sobering Center episode. The Sobering Center Contractor will be responsible for all departure plans and transports for all consumers who

arrive, and/or use services at the Sobering Center. The Windows based Access Program designed for the Sobering Center will allow for the collection of this data.

Question #2. Pg. 14 I. 1. SC will be required to enter client & service info into ACBHCS INSYST. Explain more.

ANSWER: Sobering Center Services will require that each consumer receiving services be registered in the INSYST System and that an episode be opened and closed to track use of the program.

Question #3. Please elaborate re relationship & role of EMTs. Will they be alone in PU van or will they have a SC staff with them?

ANSWER: The Incoming Transport Vans referenced in Phases I & IV of the Ramp-Up Proposal (Attachment 16) will include 1 EMT and 1 Sobering Center employee.

Question #3a: What will be their responsibility at the SC?

ANSWER: The EMTs and the Contractor will be partners in the safe delivery of services at the Sobering Center and during transport described in Phases I & IV of the Ramp-Up Proposal (Attachment 16). As the Sobering Center RFP states Section H.2. (Page 11) "The Sobering Center will operate as a partnership with County EMS, ACBHCS, and the community to best serve the consumers. It is EMS who will employ all the EMTs at the Sobering Center and in the Transport component. The Contractor is expected to develop, document, and implement procedures with EMS to insure the health and safety of all staff and consumers as the highest priority. This partnership approach will require the Contractor to be flexible and build cooperative mutually beneficial relationship with all the partners to allow for the full potential use of the Sobering Center facility by consumers on an as needed basis."

Question #4. Will there be a communication station - radios in cars, staff at a mike in the SS talking to the van staff?

ANSWER: The Intake/Control Area, centrally located in the Sobering Center will contain multiple phone lines to communicate with Transport Van staff, and all other Incoming Transport methods as described in the Ramp-Up Proposal (Attachment 16). EMS/AMR Transport, as described in Phase I of the Ramp-Up Proposal (Attachment 16), will use AMR Dispatch and/or cell phones for communication with the Sobering Center. All incoming transport will call the Sobering Center to see if space is available.

Question #5. How many vans total are you proposing? Is there a required maintenance provider? GSA?

ANSWER: It is anticipated that two (2) nine person vans will be purchased as part of the Sobering Center equipment for the exclusive use of the Sobering Center personnel as departure vehicles. The Contractor will be responsible for all maintenance and insurance for these vehicles with a vendor of their choice.

Any incoming Transport Vans as described in Phases I of the Ramp-UP Proposal will be the property of AMR and maintained by them.

Question #6. The RFP mentions both Detox & SS having a positive affect on other services. Will that be expected to be measured by the provider?

ANSWER: As described in the RFP Section I.3. (Page 14), the Contractor will be required to produce quarterly narrative reports including the necessary criteria.

Question #7. If a provider bids on both services & creates a budget that might be \$1,100,000 for the Detox & \$900,000 for the SC would that be open to discussion?

ANSWER: The RFPs clearly state that the budget for each service is \$1M. Bids should reflect the budget maximum to be considered. If a Bidder is awarded both services, the awarded Contractor may, during negotiations, present alternatives within the limits of the two program budgets.

Question #8. Both programs are being asked to provide language appropriate services. Please elaborate on what is expected.

ANSWER: The Contractor is to have the capacity to deliver services in the native language of monolingual individuals for our threshold languages (Spanish, Farsi, Vietnamese, Chinese, and English).

Question #9. Does the EMT Company have contracts/agreements with any hospitals requiring that they take prospective service recipients to them?

ANSWER: Yes. However, with the Sobering Center in operation, the AMR Sobering Center Transport Vans (Phase I & IV of the Ramp-Up Proposal (Attachment 16)) will only transport consumers to Sobering Center in Sobering Center designated vans. If an individual needs a higher level of medical services, the EMT Transport van will arrange for that alternative transport to an appropriate venue.

Question #10. Are limitations regarding the number of admissions at the Detox & SC expected. Please elaborate.

ANSWER: The intent of the new services is to operate both facilities at capacity with the health and safety of consumers and staff as the highest priority.