1. Can Capacity to Proceed Evaluation be done by a Licensed Clinician?
   
   [http://ncrules.state.nc.us/ncac/title%2010a%20- %20health%20and%20human%20services/chapter%2028%20-%20mental%20health,%20state%20operated%20facilities%20and%20services/subchapter%20a/10a%20ncac%2028a%20.0102.pdf](http://ncrules.state.nc.us/ncac/title%2010a%20- %20health%20and%20human%20services/chapter%2028%20-%20mental%20health,%20state%20operated%20facilities%20and%20services/subchapter%20a/10a%20ncac%2028a%20.0102.pdf)

   Forensic Screening Examinations are conducted per NCGS §15A-1002 by Certified Forensic Evaluators who are Qualified Professionals as defined in 10A NCAC 28A.0102, whose qualifications have been verified by the LME/MCO, and who have successfully completed Basic Forensic Screener Training offered by the Forensic Services Unit at Central Regional Hospital.

2. Are you expected to provide Holiday Coverage in the jail?
   
   A- Yes

3. What is Wake County’s role in the selection process?
   
   A- They will be a part of the RFP Review Team.

4. Are you expected to do CCA’s on everyone you see?
   
   A- No. We expect the provider jail staff and ABH to develop protocols that dictate who receives CCA’s.

5. Are you planning to improve access to other services for uninsured post release?
   
   A- ABH leadership is currently evaluating how best to spend our limited state dollars moving forward. We will be involving providers as this evolves. There may be the opportunity to seek additional assistance from Wake County once we have data to share.

6. Will CTI training be offered?
   
   A- ABH does have a trainer and is willing to offer training.

7. What is your sense of volume?
   
   A- We believe for post release there will be at least 40 for CTI.
   
   OPT? Unfortunately we do not have hard data on this. We can tell you that at any time there are 56 available beds in the Mental health Unit for inmates with special mental health needs.

8. Share measures we want to see the jail committed to work with us on achieving.
   
   A- Reduction of recidivism
   
   Increase in connection to services, seen within 7 days
   
   Increase in connection to housing resources and other social services

9. What is the age breakdown?
A-The jail admits persons as young as 16 with no outer age limit. Population mix can vary each day.

10. How does it work with the Jail Psychiatrist ordering suicide and when to come off suicide watch?
   A-This requires much coordination and communication between jail staff and the provider. The jail psychiatrist does have the final say, however, we would expect the provider, Alliance and the jail to have written protocols for communication that are agreed upon so that teamwork can occur. We would like for a clinician to be assigned to the suicide watch cells.

11. Do you know when an individual is going to be released?
   A-Unfortunately not always. They may bond out or be released within hours or days of incarceration. Many individuals we do know, however, due to court dates and disposition planning.

12. Are you able to add a new service site for the program if you are awarded?
   A-Yes.

13. What is the total number of inmates typically assigned to the special observation units at a given time (all three units, at both locations)?
   A-This number fluctuates day to day. See attached report for a snapshot.

14. Are there demographics or other characteristics that distinguish the two separate locations (e.g. are women served separately)?
   A-Before housed all inmates in the jail are screened by Detention Classification. The Classification process reviews charges, etc and make a determination of where an inmate may be housed. A recommended housing location is also given by the nurse if there is a medical or mental health issue noted on admission. Both women and juveniles may be housed at either location. However; most often juveniles are housed at the downtown jail that are void of medical issues or special observation status.

15. Is there any other information you can provide regarding demographics and clinical characteristics of those served on the special observation units?
   A-It varies widely and we have limited data. We would like for the proposer to be developing those profiles based on research and the literature.

16. Are there certain populations the Jail Behavioral Health Program would not work with pre-trial (e.g. sexual offenders)? If no limitations, would behavioral health counselors be responsible for responding to the court/attorney regarding services provided in the jail?
   A-The jail mental health team should work with any person detained who is in need of clinical supports while in the jail. With a proper consent, the provider may be asked to share pertinent clinical information with the person’s attorney or court.

17. Is it acceptable to use a mobile hot spot to create localized secure internet access in the jail, or is there a prohibition against this?
   A-It may be accepted, however, we have not yet been able to confirm with the Director. However, there is WiFi available in the west side dorms and in Medical Observation, currently.
18. Some criminogenic assessment tools require ongoing fees, is this an acceptable expense for reimbursement?
   A-Yes it must be in the approved budget however.

19. Who is responsible for assigning inmates to the Behavioral Health Program? Or What is the current protocol for inmate transfer from the regular population to a special observation unit?
   A-All inmates receive a medical and mental health screen before housed in the jail. The intake nurse is the first initial medical contact. A referral may be made at that time if there is any medical or mental health needs noted. Inmates are assigned to the behavioral health program by referral, self-referral, or in collaboration with the medical team, psychiatrist and the behavioral health team.

20. What is the jail’s current protocol for suicidal inmates?
   A-Inmates that are at risk for harm to themselves may receive suicide watch order from the psychiatrist, medical provider, or registered nurse. This is also true if there is a recommendation from the behavioral health team or detention staff.

21. What type of space is available for the Behavioral Health Program in regards to office space, individual therapy space, and group room space?
   A-There is office space available on the male mental health unit as well as in the downtown location and Hammond Rd. location.

22. To date, group therapy hasn’t been a possibility in the Wake County Jail due to a shortage of correctional officers and the amount of coordination and time that it would take to get inmates to a group. What has changed within the Jail to make this now possible?
   A-There are ongoing conversations about expanding the use of space for psycho-educational groups. To begin with groups will be offered on the male mental health unit where detainees will not need to be escorted.

23. There was no mention of Forensic outpatient services as part of this RFP. Does Alliance foresee the current provider network serving this population?
   A-We anticipate the selected agency may refer inward and out. We will have to monitor availability, again, particularly given the precarious situation with state monies moving forward.

24. Is Wake County planning on using the current space provided on Falstaff Rd as part of this contract?
   Please clarify what space you are referring to and we will follow up.

25. The RFP stated that the provider will need to use their own criminogenic tool for post-release planning. Will this tool be included in the inmate’s Wake County medical record?
   A-The provider is expected to keep medical records on each consumer served. Information sharing is dictated by the organization’s policies and HIPAA. We expect the selected provider to have the ability to make decisions about the information sharing based on current rules such as 42CFR.
26. Within the jail, who prioritizes the list of individuals needing to be seen?
   A-See answer to question #4

27. Are the inmates considered to be Wake county consumers with the responsibility for their care falling on the county or are they considered to be the provider’s consumers?
   A-They are the provider’s consumers for treatment services and the county’s consumers for corrections.

28. Will it be a requirement for the chosen agency to have a forensic psychologist provide supervision for those staff completing capacity to proceed evaluations?
   A-Please view the rules for Capacity to Proceed Evaluations. Alliance accepts the requirements outlined.

29. How will information sharing occur between the Jail, the provider, and Alliance?
   A- Since that is a question we are asking on the RFP, you can assume we expect your organization to have researched this and have their own answer.

30. Will the non-UCR dollars pay for staff salaries on the CTI team or are all costs associated with CTI only covered under the UCR dollars?
   A-We will consider costs in the budget to cover the non-UCR portion of CTI costs.

31. It would appear that warm-handoffs contradict the idea of staggered admission to CTI. Could you speak more as to how both of these can be achieved?
   A-Persons eligible for CTI who have agreed to participate in the program a warm hand off will occur. For persons referred or being served by other providers, the jail mental health team will facilitate a warm hand off to the extent possible.

32. Can the provider share PHI on Wake County inmates with Alliance if providers will be documenting in a Wake County record?
   A- I am not sure I understand the relevance of the Wake County record as it pertains to the question. I assume provider will work with Alliance through claims and care coordinators to share relevant minimum necessary PHI of Alliance consumers. But I would like to know what protections will the provider have in place to legally document PHI, in particular Part 2 protected SA information in the Wake County jail record? This is also a legal question that Provider needs to consult counsel if they are not familiar with HIPAA and Part 2. Please note, in the event a Provider documents in the Wake County records with the necessary and proper protections in place, they are also required to maintain their own medical record pursuant to the contract with Alliance, and state policy (APSM -45-2).

33. The CTI outcomes note that a provider will be expected to increase the number of days that someone is housed. It was mentioned at the pre-bid that there will be long-term rental assistance dollars to assist; however, the larger issue is finding landlords willing to rent to felons. How will Alliance assist with this?
   A-How will the provider propose supporting this as well? This is a systemic issue that we all must tackle together. To that end our staff are working on housing, however, we do expect
providers to support that through their various networks. This is not solely an Alliance responsibility; it is all of our systems’ responsibilities.

34. Will LCAS staff be expected to be present at the jail during state recognized holidays?
   A-the provider should plan their staffing to cover holidays, recognizing that only two licensed staff are required to be LCAS’s so it may be difficult to cover every holiday.